Estia Health Hope Valley

Performance Report

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**Commission ID:** 6502

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 17 May 2021 to 19 May 2021

**Date of Performance Report:** 30 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 11 June 2021
* the Performance Assessment Report dated 14 May 2021 for the Assessment Contact conducted on 24 February 2021
* the Performance Assessment Report dated 8 September 2020 for Assessment Contact conducted on 15 July 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff treat them with respect, they are encouraged to do things for themselves, and staff know what is important to them.
* feel accepted and valued irrespective of their ability, gender, age, religion, spirituality or sexual orientation.
* described how they are supported to exercise choiceand independence and to maintain relationships of choice.
* are supported to take risks to enable them to live the best life they can. They are encouraged to provide their perspective and the service acknowledges and supports them with their choices.
* are able to communicate their decisions with staff.
* confirmed their personal privacy was respected during care delivery.

Consumer files sampled showed assessments and a care plans documented an understanding of consumers’ needs and expectations with respect to their identify and diversity. Staff described how they treat consumers with dignity and respect. Observations of staff practice made by the Assessment Team demonstrated staff were mindful and respectful of consumers and their beliefs.

Staff could describe how consumers’ culture influenced how they deliver care and services day-to-day. Care planning documents sampled show specific cultural needs which outline what it means to provide care in a culturally safe way. Staff are provided information on cultural diversity through the onboarding process and as required.

Sampled consumers confirmed they are supported to exercise choice and independence. This includes how they wish to have their care and services delivered and how the service supports them in making decisions and maintaining relationships. Staff could describe how each consumer is supported to make informed choices about their care and services.

Consumers who choose to take risks have risk assessments completed in line with their goals and preferences. Documentation sampled demonstrated assessments identify relevant risks with appropriate strategies. Consumers interviewed were satisfied with how the service supports them in exercising choice in relation to their individual risk profile.

Consumers are provided information, which is accurate, current, timely and communicated clearly and enables them to exercise choice. A range of documentation sampled, including care plans, lifestyle programs and the menu demonstrated consumers are supported to effectively to exercise choice.

Observations made by the Assessment Team confirmed staff ensure consumers’ privacy is respected. Consumers interviewed confirmed staff respect their privacy when providing care and services.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements*.*

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

## The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended Requirement (3)(a) as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and provider’s response to come to a view of compliance with Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the finding are detailed in the specific Requirement below.

## In relation to all other Requirements in this Standard, the Assessment Team found most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and during interviews with the Assessment Team:

* confirmed satisfaction with their care planning experience.
* people important to them are involved in assessment and planning.
* their care is regularly reviewed.

A range of clinical and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. The service has an electronic documentation system to support assessment and care planning. Assessment and care plans include considerations of risk to guide staff practice*.* The organisation has policies and procedures to support staff in undertaking relevant assessments to identify consumers’ needs, goals and preferences.

Care planning documents for consumers sampled identify current needs goals and preference, including advance care planning. Staff interviewed were able to describe how they identify and review end of life needs and preferences with consumers when they first enter the service and ongoing. Assessment and care planning documents sampled showed assessment and planning occurs in partnership with the consumer and other persons the consumer wishes to be involved. This information is recorded in the electronic documentation system.

Consumers sampled confirmed outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Care and service plans are available in both electronic and hard copy format. Care and services are regularly reviewed based on a set schedule and when changes occur impacting on the needs, goals, and preferences of the consumer. The Assessment Team found the service has a range of monitoring processes which includes scheduled care and service plan reviews in addition to a range of audits to ensure consumers have relevant assessments and care plans developed in accordance with their needs, goals and preferences.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team were not satisfied the service effectively demonstrated assessment and care planning processes consistently consider risks to consumers’ health and well-being, specifically in relation to management of medical episodes related to a diagnosed condition and diabetes, to inform delivery of safe and effective care. This was evidenced by the following:

In relation to management of medical episodes;

* Two consumers do not have a specialised care plan to guide staff when they experience a medical episode relating to their diagnosed condition.
* Both consumers have the diagnosis of the medical condition noted on their care plan, staff are aware of this, and the consumers’ risk of falls have been assessed in relation to the medical condition with strategies in place to manage this.
* Consumer A experienced five medical episodes related to their diagnosed condition in the six months preceding the Site Audit which predominantly occurred whilst Consumer A was in bed. While there is no specialised care plan relating to the medical episodes, assessments and the care plan show consideration of the risk of falls and strategies being implemented to ensure Consumer A is safe when the medical episode occurs whilst in bed. In addition, the service has implemented a system to alert staff when Consumer A is experiencing the medical episode.
* Consumer B experienced a medical episode related to their diagnosed condition one week before the Site Audit.
* Documentation showed one month prior to the Site Audit, the Medical Officer had, in consultation with the consumer and representative, ceased the consumer’s long-term medication due to there being no history of the medical episodes.
* Following Consumer B’s medical episode, staff implemented and documented strategies to ensure Consumer B was safe. Consumer B was reviewed by the Medical Officer and recommenced on relevant medication to manage the risk of the medical episode.
* One care staff was not aware of contemporary practice in relation to managing a consumer who is experiencing the specific medical episode Consumer A and B experience. Four care staff stated they would call the nurse if they saw a consumer experiencing the medical episode.

In relation to diabetes management;

* Nursing staff are guided by a diabetic management care plan. This care plan can be accessed by care staff through the consumer’s paper and electronic care plan.
* Two consumer files viewed showed both consumers had diabetic management care plans which staff were following and both plans outlined management strategies and relevant blood glucose level ranges.
* Both plans instructed staff to monitor for signs and symptoms of high and low blood glucose levels, follow the service’s management protocol and to notify the Medical Officer when required. However, both plans did not distinguish which symptoms were associated with high and low blood glucose levels to guide staff.
* There is a diabetic management flow chart available on the organisation’s intranet.
* Both consumers are regularly reviewed by the Medical Officer in relation to their diabetes management.

The provider refuted the Assessment Team’s recommendation of not met and submitted the following information to demonstrate the service were Compliant at the time of the Assessment Contact:

In relation to management of medical episodes;

* Acknowledged there is no consolidated management plan for the medical episode, however, noted the needs and requirements are captured holistically in both consumers’ care and service plans.
* In relation to Consumer A, refute Consumer A as having a diagnosis of the medical condition and provided medical documentation preceding the Site Audit which shows the consumer did not have the diagnosis referenced by the Assessment Team. The service indicated the consumer’s risk of further medical episodes is being managed by ensuring medications are administered as prescribed.
* In relation to Consumer B, acknowledge Consumer B has a diagnosis of the medical condition. This information is reflected in the medication care plan preceding the Site Audit and outlines actions to take in the event medications are not ingested. The response indicates Consumer B’s overall medical episode risk management includes monitoring the consumer’s other clinical signs and symptoms. However, evidence of this information was not provided. Feedback viewed from the representative of Consumer B indicates they were satisfied with how the service had managed Consumer B’s medical episode in the week prior to the Site Audit.
* Training records preceding and following the Site Audit confirmed staff have received training on management of the medical condition.

In relation to diabetes management;

* All diabetic management care plans document symptoms associated with high and low blood glucose levels to assist in identifying those out of range. Evidence of the care plan reflecting this information was not provided. However, the diabetic management flow chart provided does identify signs and symptoms associated with high and low blood glucose levels. The response describes the flow chart being on display in the medication room and also being attached to each diabetic management plan and thus reflects the signs and symptoms of high and low blood glucose levels.
* Training records preceding and following the Site Audit confirmed staff have received training on diabetes management.
* The service reaffirmed their adherence to the diabetic management plans which were developed in accordance with the Medical Officer’s directives for both consumers identified during the Site Audit.
* The response reaffirmed the service’s view that care staff are to report changes in a consumer’s normal presentation and are not required to identify symptoms associated with high and low blood glucose levels.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

In relation to management of the medical episodes, whilst information for both Consumer A and Consumer B is not in a consolidated format, the evidence shows both consumers had strategies developed in the event of the medical episode. In addition, I note the responsive action by the Medical Officer and level of consultation when managing Consumer B’s risk of further medical episodes and the representative’s satisfaction in the management of Consumer B immediately following the medical episode. I have considered the Assessment Team’s information in relation to the one care staff who was not aware of contemporary practice in relation to managing a consumer who is experiencing the specific medical episode and note the service has addressed this by providing further education to staff following the Site Audit.

In relation to diabetes management, I acknowledge both the Assessment Team’s report and provider’s response confirmed staff were following diabetic management care plans. I accept the service’s response in that the diabetic management flow chart, included as part of the provider’s response, does identify signs and symptoms associated with high and low blood glucose levels. The response states this is attached to the diabetic management care plan which guides nursing staff. In addition, the response indicates the flow chart is on display in the medication room to guide staff practice. I have also considered and accept the service’s view in that care staff are to report changes in a consumer’s normal presentation and are not required to identify symptoms associated with high and low blood glucose levels.

For the reasons detailed above, I find Estia Investments, in relation to Estia Health Hope Valley, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

Requirement (3)(b) in Standard 3 was found Non-compliant following an Assessment Contact conducted on 24 February 2021. The Assessment Team’s report for the Site Audit included evidence of actions taken to address deficiencies identified which are detailed in the Requirement below.

The Assessment Team found most consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers interviewed stated they get the care they need and are satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* feel their needs, and preferences are effectively communicated between staff.
* are satisfied with the provision of personal and clinical care.
* have access to doctors and other relevant health professionals when required.

Assessment processes support staff in delivering personal care and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. The organisation has a quality improvement committee which reviews policies and procedures to ensure they are reflective of best practice. Staff interviewed were aware of best practice resources and policies and procedures relevant to their roles.

High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented. Consumer files sampled showed areas of risk in relation to nutrition and hydration, pain, infection and falls management had been identified and planned for. Clinical and care staff interviewed were aware of individual consumers’ high impact or high prevalence risks and strategies to manage relevant risks.

Care plans sampled reflected consumers’ end of life needs and wishes with their comfort maximised and dignity preserved. Sampled files showed the service refers and implements strategies recommended by personnel experienced in palliation.

Consumer files sampled demonstrated a range of monitoring tools and assessments are completed on entry and on an ongoing basis and are used to identify and evaluate changes to consumers’ health, condition and abilities. Care files viewed demonstrated the service responds in a timely manner when changes are identified. Staff interviewed provided examples of when deterioration for individual consumers had occurred and how they implemented relevant actions.

The service has processes to ensure relevant information about the consumer’s condition needs and preferences is documented. This includes handover documentation and care plans. Relevant information is communicated to others where responsibility is shared and used to inform referral processes. Sampled files viewed showed staff refer consumers, where required, to a range of health professionals to inform care planning and delivery.

Infection control practices within the service ensure infection related risks are minimised. Staff interviewed were able to describe infection control and antimicrobial stewardship principles. Consumer files sampled showed the service is identifying and managing infections with the support of the Medical Officer.

Monitoring processes include monthly incident analysis reports, audits, scheduled care plan reviews and monthly Resident of the Day. These processes support staff delivering personal and clinical care.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Requirement (3)(b) in was found Non-compliant following an Assessment Contact conducted 24 February 2021. The service was found to be unable to demonstrate effective management of risks for each consumer with respect to regular and effective pain assessment, evaluation and management to support the management of consumers with behaviours of concern and ongoing falls. In addition, care planning documentation did not reflect risk assessment and management strategies to reduce further urinary tract infections for individual consumers.

The Assessment Team’s report for the Site Audit and the service’s plan for continuous improvement provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Reviewed all consumers’ pain management strategies, including medication management.
* Recommenced consumers’ Physiotherapy treatments based on assessed needs and preferences with further education provided to Allied Health staff on effective communication.
* Implemented strategies to assist staff with managing recurrent urinary tract infections for individual consumers and developed a urinary tract infection flow chart to support effective management.

In relation to Standard 3 Requirement (3)(b), information provided to the Assessment Team by consumers and management through interviews and documentation sampled demonstrated:

Consumers sampled confirmed they were satisfied with the management of their individual high-impact or high-prevalence risks which included management of pain, falls, nutrition and hydration needs and recurring infections. Consumer files sampled showed risks for consumers are identified and strategies implemented to minimise risks and support safe and appropriate care for consumers.

Staff sampled were familiar with high-impact or high-prevalence risks for individual consumers and were able to describe appropriate management strategies for consumer files sampled.

The service records, trends, analyses and responds to high-impact or high-prevalence clinical and personal risks for consumers through their electronic incident reporting system with relevant information further discussed and analysed in a number of other meetings, forums and reports.

For the reasons detailed above, I find Estia Investments, in relation to Estia Health Hope Valley, Compliant with Requirement (3)(b) in Standard 3.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found consumers sampled considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* are supported to do activities which they enjoy and are able to have social and personal relationships.
* relevant information is shared in accordance with their wishes.
* the service facilitates referrals and supports them to engage outside providers of care and services where they require them.
* meals are enjoyable and they are able to provide feedback on the menu and meals provided.

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Assessment documentation sampled included information on lifestyle preferences, life history and cultural and spiritual needs.

The service maintains a diverse lifestyle activity calendar with activities suitable for consumers with differing needs. Consumers reported they enjoyed the variety and quality of activities the service has on offer which considers and incorporates their hobbies and interests. Visiting Ministers and pastoral care workers attend the service and provide emotional and spiritual support for consumers who choose to have this service provided.

Consumers are supported to have social and personal relationships both within and outside of the service. The service regularly seeks ways in which it can involve the local community at the service, is connected with the broader Estia Health community and facilitates intergenerational involvement in activities at the service.

Care documents sampled demonstrated information about consumer needs and condition is accurate and accessible when required to inform delivery of care and services. Staff interviewed said they are kept updated with the current needs and preferences of individual consumers through the electronic documentation system and through handover processes.

The service has established networks with external organisations and individuals and refers consumers where appropriate. This includes referrals to volunteer groups and pastoral support providers to support individual consumer’s emotional, spiritual and psychological well-being.

Meals are provided of suitable quality and quantity with consumers being able to choose from a four-week seasonal menu. The service has a Chef who oversees the quality of food services. Consumers interviewed were satisfied with the quality and quantity of meals provided and stated they can provide feedback on the menu through a number of mechanisms.

Equipment provided to consumers is maintained, cleaned and stored safely. Staff interviewed confirmed they have access to equipment to meet the needs of consumers. Processes support the scheduled cleaning and maintaining of equipment which is provided to consumers.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 4 Services and support for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity*.

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* liked the service environment and were able to influence the space in which they live.
* found the service environment clean and safe and could move freely indoors and outdoors.
* furniture and equipment were suitable to their needs and well maintained.

The service environment is welcoming and easy to navigate and optimises the consumer’s sense of belonging, independence, interaction and function. The service has several courtyards and outdoor spaces which are accessible to consumers, in addition to a play space for visiting children. Consumers are oriented to the service when they first enter by staff and other consumers. Observations by the Assessment Team indicate consumers are supported to style their room in a way that suits them with their personal belongings.

The service environment, furniture and fittings are safe, clean and well maintained. Staff interviewed confirmed there is sufficient equipment available to support them in their roles. Preventative maintenance occurs according to a set schedule which is monitored within the organisation. Staff interviewed were able to describe unplanned maintenance tasks being addressed promptly. Monitoring processes include a range of audits, feedback mechanisms and monthly Work Health and Safety meetings to ensure the environment, furniture and fittings are safe, clean and well maintained.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they felt safe in raising their concerns and confident the service acts on their feedback.
* could describe how they can make a complaint if they felt uncomfortable raising concerns with staff.
* appropriate action is taken in response to complaints in a timely manner.

Consumers, their families, friends and carers are supported to provide feedback and make complaints. This includes feedback forms located throughout the service, regular surveys, monthly consumer meetings and through a range of focus groups.

Consumers are provided information on advocacy and language service when they first enter the service and through information on noticeboards and in the consumer handbook. Staff sampled are aware of advocacy and language services available to consumers and described how they would support consumers to access this service.

Appropriate action is taken in response to complaints and staff interviewed are aware of open disclosure practices. Policies and procedures viewed by the Assessment Team guide staff in ensuring feedback and complaints are identified, captured and actioned.

Feedback and complaints are reviewed and used to improve the quality of care and services. A feedback register is maintained, and feedback received is collated and used to identify opportunities for improvement. Staff interviewed were able to describe improvements within the service which have improved the quality of care and services for consumers.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* they thought there were enough staff.
* staff are responsive to call bells.
* staff always treated them with respect.
* were confident in the service’s workforce to provide safe and professional care.
* staff appeared to be appropriately trained and were confident in staff and their skills.

Consumer acuity and preferences, in addition to staff experience and expertise, informs staff allocation throughout the service to ensure there are sufficient staff to deliver safe and quality care and services. The service monitors planned staff leave and has processes to ensure there are sufficient staff in the event of unplanned staff leave. Staff rosters sampled showed the service ensures all shifts are filled.

Staff interactions with consumers were observed by the Assessment Team to be kind, respectful and caring. The service demonstrated it recruits and retains a competent workforce with appropriate qualifications and knowledge and supports staff with resources to undertake their role. Staff complete competency assessments and formal training when staff are initially recruited and ongoing based on their role, observations of staff practice, and feedback provided by consumer, representatives and others.

Staff practice is monitored, and ongoing training is provided to ensure staff have a contemporary knowledge base to deliver the outcomes required by the Quality Standards. Monitoring of staff practice informs staff training, with recent training provided to staff on Management of choking and Dignity of risk. The staff handbook outlines expectations for staff performance and includes information on behaviour standards, customer service and person-centred care.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers and representatives sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. The following examples were provided by consumers during interviews with the Assessment Team:

* are supported to provide input into care and services through a range of feedback mechanisms, such as on meals via comment cards, through consumer meetings and feedback on students being considered for employment.
* the service is well run and staff are experienced, knowledgeable and qualified.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through focus groups, monthly consumer meetings, a range of surveys and internal feedback mechanisms.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The Board’s direction and leadership is communicated through a range of publications, including the annual report, flyers on noticeboards and various information handbooks.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. Policies and procedures are reviewed on a set schedule at relevant meetings to ensure policies and procedures are up-to-date and reflective of best practice.

The organisation demonstrated effective risk management systems and practices. The Clinical Governance Committee oversees high-impact, high-prevalence risks relating to the care of consumers. Training on abuse and neglect is provided annually to support staff in identifying incidents of abuse and neglect. Consumers are supported to live the best life they can through the organisation’s person-centred care framework and assessment processes which identify personalised care and service needs for individual consumers. The organisation has an incident management system to ensure necessary steps are followed in accordance with the organisation’s policy and procedures and relevant legislation where appropriate.

The organisation demonstrated a clinical governance framework which included a range of policies and procedures to support staff practice in antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they apply them in their roles.

Based on the evidence documented above, I find Estia Investments, in relation to Estia Health Hope Valley, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.