Estia Health Nambour

Performance Report

27 Glenbrook Drive
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**Commission ID:** 5645

**Provider name:** Estia Investments Pty Ltd

**Site Audit date:** 1 September 2020 to 3 September 2020

**Date of Performance Report:** 8 October 2020

# Publication of report

This Performance Report **may 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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

Consumers are treated with respect by staff and management and that they are encouraged to do things for themselves. Consumers’ personal privacy is respected. Consumers are provided with sufficient information to enable them to make informed choices about the types of care and services most suitable for them. Consumers and their representatives are involved with the care planning process and care planning reflects consumers’ choices.

Documentation confirms that consumers receive care and services that is individualised and supports consumers’ choices, decisions, needs and preferences.

Staff are able to describe how they support consumers to maintain relationships with their family and friends, participate in their local community and activities of interest. The service provides culturally appropriate activities, including a diverse range of religious services. The organisation’s ‘Consumer centred care framework’ assists staff to support consumer independence and social connectivity. Staff are aware of how to access interpreters.

Care plans include detailed information to guide staff in understanding what is important to the individual consumer in relation to their privacy and dignity. Staff attend mandatory training on dignity and respect and privacy and confidentiality.

Service procedures guide staff in supporting consumers to undertake activities that involve risk and strategies to deal with the risk are documented in care plans. Assessments are conducted to assess levels of risk and the support required to maintain independence and choice. Consumer information is stored on computers that is password protected and can only be accessed by appropriate persons.

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

## 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

Consumers and their representatives are involved in the initial and ongoing planning of their care on entry to the service and are also aware of the outcomes of assessments and care planning. Consumers can access their care plans if they choose to. The service seeks input from medical officers and other health professionals and family to inform the care and services of consumers. End of life planning is discussed with consumers and end of life preferences are regularly discussed during care plan reviews and case conferences.

The Assessment Team reviewed assessment and care planning documentation and identified that reviews were completed regularly and in consultation with consumers and their representatives. Assessment and care planning documentation reflected individual consumer’s current needs, goals and preferences and included advanced care planning and end of life care.

Initial assessments are undertaken by registered staff using evidence-based risk assessment tools that considered nutrition, skin integrity, pain, falls, cognition and challenging behaviours. Care staff interviewed by the Assessment Team could describe management strategies for consumers with complex care needs and identified individualised strategies to manage risks.

Policies, procedures and guidelines are available to guide staff in their practice.

Staff are aware of their responsibility in relation to incident reporting processes, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a reassessment. The service monitors and trends clinical indicators including skin integrity, falls and pressure injuries.

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

## 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.*

### 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

Consumers receive the care they need and are supported to make informed decisions about their personal and clinical care. Consumers have access to medical officers and other health professionals when required and referrals are made promptly.

The organisation has policies, procedures and other written resources and training material to guide staff in best practice care delivery, including palliative care.

Clinical documentation demonstrates the service records high impact and high prevalence clinical and personal risks. Staff can identify the highest prevalence risks for different consumers and how incident reporting was used to inform changes in practice.

The service’s medication advisory committee meets regularly and monitors medication use, including use of psychotropic medications and antibiotics.

Where chemical restraint and physical restraint is utilised, documentation demonstrates consumers have been assessed, and informed consent and authorisation has been obtained. To monitor and reduce the use of restraint and psychotropic medication, reviews are conducted every three months in consultation with medical officers, consumers and their representatives.

An external wound specialist nurse practitioner attends the service monthly to support registered nurses in the management of chronic and complex wounds. Registered nurses advised they are well supported in wound care.

The service uses pain assessments and a monitoring chart to assess consumers with pain. The Assessment Team found pharmacological and non-pharmacological strategies were considered in pain management.

Staff can describe the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised near the end of life.

Key responsibilities for infection control and outbreak management have been allocated and contact details for the outbreak team and the Public Health Unit are available to staff.

The Assessment Team identified through review of influenza vaccinations, all current staff are vaccinated.

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

### 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(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

Consumers are supported to keep in touch with people who are important to them and are supported in their emotional and spiritual care, interests and social and personal relationships.

Consumers are satisfied with the food at the service and consumers have input into the menu. Care documentation reflects consumer’s individual dietary requirements and preferences. The menu is changed monthly, and consumers select individual menu choices weekly. The Assessment Team observed the kitchen to be clean and tidy with staff practicing safe food handling techniques and using personal protective equipment.

The service meets the needs of consumers with varying levels of functional ability through the provision of one-on-one individualised activity programs. Lifestyle staff described a range of activities they provide, including exercises, happy hour events, high teas, concerts, board games, armchair travel, carpet bowls and quoits. Lifestyle staff confirmed the activities schedule is regularly reviewed and revised in consultation with consumers and representatives through formal and informal feedback. The Assessment Team observed lifestyle supports to be sufficient and appropriate for consumers’ well-being, participation and inclusion.

Care staff have access to the equipment they need. Staff are aware of the service’s process for managing equipment maintenance issues. Issues are rectified in a timely manner and a review of preventative and scheduled maintenance registers confirmed this process.

The Assessment Team observed furniture and equipment to be safe, clean and well maintained.

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

## Assessment of Standard 4

### 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 Assessment Team observed the service environment to be welcoming, with shared areas for consumers, representatives and families to interact. The service has a layout that enables consumers to move around freely, with comfortable, well maintained furniture, fittings and signage to assist consumers, representatives and visitors navigate throughout the service. Consumers who required mobility aids were observed using them freely and had access to them when needed. Consumers are accommodated in single rooms with ensuite bathroom facilities.

The Assessment Team observed all areas of the service to be clean, well serviced, and maintained at a comfortable temperature. Furniture, fittings and equipment in consumer and staff areas of the service were clean and well maintained.

The service has a documented maintenance program that schedules work to be completed each month. The program covers inspections and maintenance of the service environment and environmental cleaning. Documentation confirm fire systems and equipment are part of the preventative maintenance schedule. The Maintenance coordinator advised the call bell system at the service is regularly serviced and tested by an external contractor

Cleaning staff follow a schedule for cleaning. Laundry services are provided for personal clothing and linen. Staff across all areas of the service have enough equipment to undertake their role and meet the needs of consumers.

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

## 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

Consumers and representatives feel comfortable raising concerns and providing feedback at monthly consumer meetings or speaking directly to management and staff at the service. Consumers and representatives advise that management at the service is approachable and responsive to feedback. Consumers are aware of external advocacy services to contact for support if required.

Issues raised by consumers are either addressed at the time they were raised or more formally as a complaint through the service’s feedback forms. Complaints are reviewed by the Consumer Liaison Officer and overall responsibility for action and resolution is undertaken by the Executive Director. The service uses an open disclosure approach, including an apology by management, as an integral part of its complaint’s resolution process.

The organisation provides information about complaints mechanisms, advocacy and interpreter services in agreements and handbooks. This information is also displayed on posters and brochures. Feedback forms are available for use with a secure box to maintain confidentiality.

Management demonstrated an understanding and knowledge of the Open Disclosure Framework and its application to complaints management. Feedback, suggestions and concerns are included in continuous improvement activities.

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

## 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

Consumers are satisfied there is sufficient staff to support care and services and consumers have confidence staff know what they are doing.

Staff reported they have enough time to complete their duties and that staff unable to attend their shifts are replaced. Staff receive training and support from management.

Call bell response statistics are monitored daily by the Executive Director, to gauge staff responsiveness.

The Executive Director and Quality Manager monitor staff training needs and are responsible for ensuring staff have the skills to perform their roles. Management confirm all staff are supervised and undertake performance assessments annually. Police certificate checks and staff registrations are monitored to ensure they are current. Documentation demonstrates performance appraisals, refresher training and competency assessments are conducted annually.

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

## 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

Consumers are satisfied the service is well run and they are involved in the development, delivery and evaluation of services.

The governing body meet regularly to set clear expectations and reviews risks to consumers and the organisation. There are organisation wide governance systems to support effective information management, workforce planning, compliance with regulations and clinical care.

The roles and responsibilities of the Board are outlined in the organisation’s Corporate Governance Statement. Monthly reports are provided to the governing body detailing consolidated results of audits, process reviews, reported hazards or risks, employee relations, training and development and complaints.

Staff and management report they can access relevant information when they need it. The electronic documentation system provides staff access to consumer care plans. Meetings are held for all levels of staff across the service and minutes are available.

Consumer meeting minutes and feedback data identify issues raised by consumers are considered and improvement actions are recorded in the service’s continuous improvement plan.

Consumer feedback and clinical data analysis is reviewed at the service and results are referred to the organisation’s Regional Manager and the Board who use this information to initiate improvement actions to enhance performance across the organisation.

Consolidated records of reportable and non-reportable assaults and other reportable matters demonstrated all appropriate steps are consistently taken within specified timeframes.

The organisation monitors changes to various legislative requirements and the Chief Policy and Regulatory Officer communicates these changes to the service.

The organisation has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers are managed and the abuse and neglect of consumers is identified and responded to. All staff can describe actions relevant to their roles in relation to abuse and neglect of consumers.

The organisation utilises a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy. Staff receive education on the policies and are able to provide examples of their relevance to their work.

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

## 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.*

### 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.