Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Estia Health Ringwood |
| **RACS ID:** | 3519 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:**  | 211-217 Wantirna Road RINGWOOD VIC 3134 |
| **Date of site audit:** | 11 November 2019 to 13 November 2019 |

**Summary of decision**

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| **Decision made on:** | 13 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 21 February 2020 to 21 February 2023 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) | Not Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Not Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Not Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Not Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Not Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) |  Met |
| Requirement 6(3)(c) |  Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) |  Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 28 February 2020 |
| **Revised plan for continuous improvement due:** | By 6 January 2020  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Estia Health Ringwood (the Service) conducted from 11 November 2019 to 13 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met.

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 20 |
| Consumer representatives  | 11 |
| Management | 2 |
| Clinical staff | 9 |
| Care staff | 3 |
| Hospitality and environmental services staff | 7 |
| Lifestyle staff | 2 |
| Visiting service providers such as allied health professionals | 1 |
| Other | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found three of six requirements in Standard 1 were not met.

Consumer and representative interviews did not reflect that dignity and respect for identity, culture and diversity is maintained.

While 90% of consumers randomly sampled for the consumer experience interview agreed that staff treat them with respect, other consumers and representatives interviewed were dissatisfied, indicating staff do not know about them and take time to assist with personal care needs for example. When asked if the they are encouraged to do as much as possible for themselves 67% of consumers interviewed agreed, with others indicating some staff do not encourage them as much as they could.

Consumers were asked if staff explain things to them. 73% agreed, with others indicating it was dependent on the staff member. Consumers and representatives were generally dissatisfied with feedback processes.

Consumer preferences in relation to care and services are documented and used to inform care however, requests by consumers and representatives for a copy of the care plan are not consistently provided and a proportion of consumers said they do not have input into their daily care needs or that staff listen to their concerns. Consumers and representatives interviewed described in various ways how their privacy is respected by staff.

Staff said they understand consumers’ rights to choose even if the choice may have a degree of risk. The service has a risk management process to manage risks, monitor strategies and guide decision-making to minimise harm.

Consumers are provided with an information pack written in an easy to read format on entry to the service and described in various ways how their personal information is kept confidential. The service also demonstrated how electronic consumer information is protected.

#### Requirements:

##### **Standard 1 Requirement 3(a) Not Met**

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

##### **Standard 1 Requirement 3(c) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(d) Met**

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### **Standard 1 Requirement 3(e) Not Met**

The organisation demonstrates that 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.

##### **Standard 1 Requirement 3(f) Met**

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that two of the five assessed requirements in Standard 2 were not met.

The organisation demonstrated that assessment and care planning informs safe delivery of care. The organisation uses validated assessment tools and has a process in place to ensure care plans are completed on entry to the service. Care plans reviewed demonstrated that consumer preferences are documented.

While consumers and representatives randomly sampled for the consumer experience interview, 73% said they have a say in daily activities most of the time or always other consumers and representatives interviewed were dissatisfied, indicating they are not consulted regarding preferences and care needs.

The organisation was unable to adequately demonstrate that assessment and planning occurs in ongoing partnership with consumers and others. Consumers and their representatives identified that they do not always have a say in their daily activities and that there is inconsistency that their preferences are considered.

The service does not make care plans readily available to consumers or care representatives.

#### Requirements:

##### **Standard 2 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(c) Not Met**

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.

##### **Standard 2 Requirement 3(d) Not Met**

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(e) Met**

The organisation demonstrates that 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:Personal care and clinical care Not Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that one of the seven requirements assessed was not met.

The majority of consumers and their representatives said they receive the care they need however two representatives described finding it necessary to deliver care to the consumer themselves. Care staff described how they could access consumer preferences however these were not always followed.

Documentation identified that consumers needs are assessed and that changes in condition are recognised and monitored. Care needs are documented and shared with those who are participating in care. Care staff described how they access care plans and handover sheets to provide care.

Staff described an understanding of infection control practices to minimise transmission of infection.

Care plans reviewed by the Assessment Team evidenced safe and effective care. The organisation demonstrated the use of policies and procedures that underpin care.

#### Requirements:

##### **Standard 3 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(b) Met**

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

##### **Standard 3 Requirement 3(c) Met**

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

##### **Standard 3 Requirement 3(d) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(e) Met**

The organisation demonstrates that 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.

##### **Standard 3 Requirement 3(f) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 3 Requirement 3(g) Met**

The organisation demonstrates 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:Services and supports for daily living Not Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that six of the seven requirements under Standard 4 were met.

Consumer experience interviews show that 67% of consumers randomly interviewed outlined in various ways that they are encouraged to do as much as possible for themselves always or most of the time. The remainder of consumers/representatives said they are independent and just do things for themselves or staff come in and do what they think is needed.

Consumers and representatives provided feedback about the supports provide for daily living including ways in which their emotional, spiritual and psychological wellbeing is maintained.

Consumers experience interviews show that 67% of consumers randomly interviewed outlined in various ways that consumers like the food most of the time or always. The remaining interview responses from consumers and representatives included dissatisfaction with the lack of choice.

The organisation adequately demonstrated that it makes timely referrals to other organisations, provides safe, suitable, clean and well-maintained furniture. Management confirmed regular maintenance and audits occur to monitor equipment safety and condition*.*

#### Requirements:

##### **Standard 4 Requirement 3(a) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(b) Met**

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### **Standard 4 Requirement 3(c) Met**

The organisation demonstrates that 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.

##### **Standard 4 Requirement 3(d) Met**

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### **Standard 4 Requirement 3(e) Met**

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### **Standard 4 Requirement 3(f) Not Met**

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### **Standard 4 Requirement 3(g) Met**

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5:Organisation’s service environment Not Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met two of the three requirements under Standard 5.

Of consumers randomly sampled, 77% confirmed they feel at the home most of the time or always and 88% said they feel safe at the service.

Feedback included that they have access to a range of equipment and furnishings and felt safe using them.

However interviews and observation by the Assessment Team noted that although consumers and representatives have access to quiet rooms to meet with family and friends they do not have ready access to use all areas of the service including the outdoor areas.

The service was observed to be welcoming, clean and well maintained in the main areas of the ‘Manor’ and the ‘Lodge’ and the layout of the service enabled consumers to move around freely, with suitable furniture and fittings. However areas in the ‘Cottages’, particularly the outdoor areas were untidy and consumers did not have access unless taken by a staff member.

Management confirmed that the maintenance and cleaning occur as per schedule. Staff could describe maintenance processes and how they report any issues they identify. Environmental staff were observed to be carrying out their duties within the service, explained their processes and demonstrated understanding of how to keep the environment safe, clean and well maintained.

#### Requirements:

##### **Standard 5 Requirement 3(a) Met**

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

##### **Standard 5 Requirement 3(b) Not Met**

The organisation demonstrates that the service environment:

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

##### **Standard 5 Requirement 3(c) Met**

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6:Feedback and complaints Not Met

#### 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found one of four requirements assessed in Standard 6 and not met.

Consumers and representatives indicated in various ways they either had no cause to complain, did not like to complain or said they would raise any concerns with management directly. Other consumers and representatives were unaware or dissatisfied with feedback processes.

Of consumers and representatives randomly sampled for the consumer experience report 77% agree that staff follow up when they raise things with them consumers, indicating they had no reason to raise things. A further 23% of consumers and representatives said staff follow up occurs some of the time.

Consumers and representatives were dissatisfied with feedback and complaints processes indicating concerns are not addressed and actioned. Feedback and complaints information was not available to all consumers at the service

All staff interviewed said they would report any concerns raised by consumers to their supervisor however, not all staff were aware of complaints processes or how a consumer may submit a confidential complaint.

A review of the feedback and complaints documentation evidenced acknowledgement of the concern, investigation and actions to rectify the concern raised. Open disclosure is used and includes an apology for any distress caused.

#### Requirements:

##### **Standard 6 Requirement 3(a) Not Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### **Standard 6 Requirement 3(b) Met**

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### **Standard 6 Requirement 3(c) Met**

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### **Standard 6 Requirement 3(d) Met**

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7:Human resources Not Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found that four of five requirements under Standard 7 were met.

Consumer experience interviews show that 86% of consumers randomly interviewed agreed that they get the care they need always or most of the time. Consumers spoke positively of the staff and described in various ways how staff interactions are kind, caring and respectful. However, other comments indicated dissatisfaction with the numbers of staff to ensure safe and quality care and services.

Consumer experience interviews show that 77% of consumers randomly interviewed agreed that staff know what they are doing always or most of the time. Comments indicated dissatisfaction with the knowledge particularly around caring for consumers with dementia.

Consumers and representatives noted that staff are very busy, they do not always know their needs and that call bell responses are delayed. Management did not monitor and manage call bell response times.

#### Requirements:

##### **Standard 7 Requirement 3(a) Not Met**

The organisation demonstrates that 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.

##### **Standard 7 Requirement 3(b) Met**

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### **Standard 7 Requirement 3(c) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8:Organisational governance Not Met

#### 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.

#### Summary of Assessment of Standard 8:

The assessment team found the service has met four of the five requirements under Standard 8.

The service did not demonstrate that consumers are consistently engaged in the development, delivery and evaluation of care and services. Consumers said they did not feel encouraged to participate and engage in the development, delivery and evaluation of care and services provided.

The governing body meets regularly, sets expectations for the service and regularly reviews risks from the service and consumer perspective. Governance systems support effective information management, the workforce, compliance with regulation and clinical care.

The service has a continuous improvement program which drives the quality system and involves all stakeholders.

The clinical governance framework addresses anti-microbial stewardship and minimises the use of restraint and there is open disclosure processes.

#### Requirements:

##### **Standard 8 Requirement 3(a) Not Met**

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### **Standard 8 Requirement 3(b) Met**

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

##### **Standard 8 Requirement 3(c) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(d) Met**

The organisation demonstrates 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.

##### **Standard 8 Requirement 3(e) Met**

The organisation demonstrates that 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.