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 Taree |
| **RACS ID:** | 0727 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:** | 424 Wingham Road TAREE NSW 2430 |
| **Date of site audit:** | 15 October 2019 to 18 October 2019 |

**Summary of decision**

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| **Decision made on:** | 11 November 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:** | 29 November 2019 to 29 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |

**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 Taree (the Service) conducted from 15 October 2019 to 18 October 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 | 33 |
| Consumer representatives | 7 |
| Management | 2 |
| Clinical staff | 4 |
| Care staff | 23 |
| Hospitality and environmental services staff | 5 |
| Lifestyle staff | 2 |
| Bus driver | 1 |
| Maintenance officer | 1 |
| Property services manager | 1 |
| Regional manager | 1 |
| Quality manager | 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 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 that the organisation has met all six requirements under Standard 1.

Consumer experience interviews, together with other consumer-based interviews demonstrate that consumers are treated with dignity and respect, that each consumer is supported to exercise choice and independence, information provided to each consumer is communicated in a way that is clear, easy to understand and enables them to exercise choice and that each consumers privacy is respected.

Staff interviews indicate staff have a clear understanding of what this requirement means in relation to everyday consumer choice and decision making. Staff practices observed consistently demonstrate a dignified interaction with the consumer such as knocking on consumers doors and/or waiting for a response.

The organisation demonstrated a culture of inclusion and one that provides care and services that are culturally safe and how a consumer is supported to take risks to enable them to live the best life they can. Consumers provided positive feedback in relation to cultural safety and how the service supports and enables risk taking

#### Requirements:

##### **Standard 1 Requirement 3(a) 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) 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) 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 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 the organisation has met all five requirements under Standard 2.

Of consumers randomly sampled, 100% confirmed staff meet their health care needs either ‘always’ or ‘most of the time’. Consumers and their representatives confirmed regular contact and care conferences have helped ensure consumers get the care and services they need. Some consumers were unable to recall whether they had formally been involved in the care planning process however mentioned their care needs had not changed and they were receiving the correct care. Consumers reported staff and management listen to their preferences and ensure they work towards meeting their needs. Consumers also confirmed they have access to other professionals such as general practitioners, physiotherapists, speech therapist etc and referrals occur promptly when required to ensure they get the right care and services to meet their needs. Staff could describe how consumers and the multidisciplinary team work together to deliver a tailored care and service plan and monitor and review the plan routinely and as required.

Consumers reported that when a change in their care or condition occurs, staff promptly consult them and their representatives and as a result their care and service plan is updated to better meet their needs. Care and service plans were reviewed by the Assessment Team and all had been regularly reviewed; there is a tracking system in place to ensure care plans are not overdue. Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed to inform continuous improvement.

The organisation commences discussions about end of life care on admission and provides an advanced care directive form as well as a consumer and family support programme that is free and confidential. All advanced care documentation is on the clinical computerised system, and this information is also included in individual consumer’s care plans.

#### 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) 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) 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 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 the organisation has met all seven requirements under Standard 3.

Each of the consumers and representatives interviewed expressed overall satisfaction with the consultation process and delivery of personal and clinical care. The organisation has processes in place to ensure safe and effective personal and clinical care is provided in accordance with the consumer’s needs, goals and preferences to optimise health and well-being. This includes but is not limited to medication management, pain management, palliative care, nutrition, continence management, skin care, wound care, falls prevention/management, dementia awareness and behaviour management.

Registered nurses are on-site 24 hours a day, seven days a week to assess and oversee care requirements. Staff liaise with the consumer's medical officers and the consumer and/or their representatives, to identify care needs and ensure care is supported and delivered in accordance with consumer’s needs. Specialists, medical officers and allied health such as podiatry, optometry, audiology, dentists, wound care providers, palliative care and mental health specialists are accessed as required and on request of consumers and/or their representatives. There are processes to support storage, administration and disposal of medications safely including processes to ensure that consumer’s medications are reviewed, and medication orders are current. A medication advisory committee provides advice on the organisation's medication management system and a pharmacist regularly conducts medication reviews for individual consumers. Non-pharmacological strategies are used to assist consumers to maintain their comfort levels. These include massage, repositioning, hot packs, exercise equipment and relaxation music. The organisation monitors clinical data including data required by the Department of Health’s National Aged Care Quality Indicator Program.

Staff were observed to ask consumers about preferences on personal and clinical care interventions including whether the consumer is ready for personal care and notifying them of upcoming medical and allied health visits should a consumer require a review.

Staff said they have sufficient time to provide personal and clinical care and understand consumers personal and clinical care needs and preferences in relation to delivery of care.

#### Requirements:

##### **Standard 3 Requirement 3(a) 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 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 the organisation has met all seven requirements under Standard 4.

Consumers and representatives interviewed by the Assessment Team provided positive comments in relation to consumer needs and preferences being communicated within the organisation. The organisation demonstrated that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. Care plan documentation specifies ways to communicate with the consumers, and staff when interviewed were able to demonstrate how they communicate effectively.

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. This is supported by the services of religious leaders and referrals to other organisations, for example dementia specialists and allied health providers. Consumers said they enjoy a variety of activities and events both in and outside the organisation. The organisation provides meals of a suitable quality, variety, and quantity and provides a safe environment, this was observed by the Assessment Team.

#### 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) 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 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 organisation has met all three requirements under Standard 5.

Consumers, or their representatives, randomly interviewed said they feel at home here most of the time or always.

Consumers/representatives randomly interviewed said they feel safe here most of the time or always.

While consumers/representatives were satisfied, issues were identified by the Assessment Team regarding the service’s outdoor environment in relation to safety, cleanliness, maintenance and overall comfort for consumers and their guests.

The organisation demonstrated there are established processes for assessing the safety, cleanliness, maintenance and suitability of furniture, fittings and equipment through environmental audits however outcomes for consumers could be improved at the point of care across this Standard. Refurbishment of the service environment has commenced, with phase one being completed, and opportunities for further improving the external environment and grounds will be incorporated into phase two in consultation with consumers. The organisation demonstrates that immediate action is taken in response to issues identified and the service has a plan in place to address concerns raised regarding the service environment as a matter of priority.

#### 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) 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 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 that the organisation has met all four requirements under Standard 6.

Consumer experience interviews show that 95% of consumers said staff follow up when they raise things with them always or most of the time. Consumers reported they can provide feedback, are comfortable making complaints and have confidence that appropriate action will be taken.

There are mechanisms to facilitate consumers and interested persons to provide feedback or make a complaint. The organisation has a formal feedback pathway which is readily accessible throughout the service, with secure confidential feedback and suggestion boxes available. Service management display an open-door approach on a daily basis and take immediate action to resolve any issues or concerns which consumers or representatives may have.

Brochures, posters and booklets are available throughout the service promoting and explaining the internal and external complaint mechanisms available to them.

Consumers have access to advocates, language services if required and other methods for raising and resolving complaints. Information regarding these support services are on display throughout the service and consumers are reminded about the services available to them should they choose to make use of these. Staff have received training in supporting consumers to provide feedback and make complaints and were able to describe how they assist consumers. Staff can also provide feedback or make a complaint in order to inform continuous improvement.

Feedback and complaints are reviewed and analysed, appropriate solutions are sought, and outcomes are evaluated. The process is undertaken promptly and in consultation with all parties. The organisation demonstrated that appropriate action is undertaken in response to feedback and complaints and is carried out in a timely manner.

Information is used to improve the quality of care and services. Management maintain a continuous improvement plan to manage, track and evaluate improvements across the service. Meeting minutes demonstrate that action taken towards continuous improvement is shared with consumers, representatives and staff.

#### Requirements:

##### **Standard 6 Requirement 3(a) 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 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 the organisation has met all five requirements under Standard 7.

The organisation demonstrated they ensure staff interactions with consumers are kind, caring and respectful of consumer’s identity, culture and diversity. 100% of consumers and representatives randomly interviewed indicated they felt staff knew what they are doing most of the time or always.

The organisation demonstrates the workforce recruited to different roles, are competent and qualified to undertake these roles and supported to deliver outcomes for the consumers. Staff undertake annual mandatory and additional education to maintain and enhance their skill and knowledge. Management monitor staff practices to identify opportunities to improve individual staff skills and knowledge particularly in areas such as caring for consumers living with dementia.

New staff receive an intensive orientation program which includes buddy shifts with experienced staff. Performance appraisals occur as part probation monitoring and ongoing employment.

Management demonstrated effective monitoring and review of processes.

#### Requirements:

##### **Standard 7 Requirement 3(a) 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 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 that the organisation has met all five requirements under Standard 8.

Consumers experience interviews show that 100% of consumers and representatives say that the service is well run most of the time or always. The organisation demonstrates that consumers have a say in the way the service runs via meetings, forums and a range of feedback mechanisms. The service consults with consumers, and their representatives, on their preferences to inform delivery and evaluation of care and services. Consumers and their representatives are involved in assessment and care planning, including case conferences regarding their care when the need arises.

The organisation demonstrated commitment to an inclusive workplace that embraces and promotes diversity as part of corporate culture. There are supportive and inclusive diversity-related workplace practices to ensure safe and quality care and services are delivered.

There are governance systems to support effective information management across the organisation. Dedicated teams are responsible for operations, customer service, people and culture, quality and risk, information technology and management, development and property, finance, policy and regulatory requirements. Roles, responsibilities and reporting requirements are clearly defined. Continuous improvement is demonstrated by the service, who maintain an active plan, and at an organisational level.

There is a clinical governance framework in place, a clinical governance committee and reporting structures and requirements. Management use a range of monitoring processes such as audits, benchmarking, quality indicators and incident data to monitor consumer outcomes and identify and manage clinical risks. The clinical governance framework addresses anti-microbial stewardship. The organisation reviews safety issues (such as with incidents including mandatory reporting) and these are reported through management and organisational committees.

Risk management systems and practices are in place including managing high-impact and high-prevalence risks associated with the care of consumers. There are systems in place and education provided for staff to identify and respond to abuse and neglect of consumers.

The organisation has a developed governance structure including a board and chief executive, with office holders having relevant skills and experience, defined responsibilities and lines of accountability. The governing body meet regularly and a range of committees and senior executive management support decision-making and reporting requirements. A regional management and quality structure supports the service in operational matters. The board sets clear expectations for the organisation to follow and regularly reviews organisational and consumer risks including outcomes.

#### Requirements:

##### **Standard 8 Requirement 3(a) 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.