Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Estia Health Willoughby |
| **RACS ID:** | 0584 |
| **Name of approved provider:** | Estia Investments Pty Ltd |
| **Address details:**  | 202 Mowbray Road WILLOUGHBY NSW 2068 |
| **Date of site audit:** | 21 August 2019 to 23 August 2019 |

**Summary of decision**

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| --- | --- |
| **Decision made on:** | 25 September 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:** | 16 October 2019 to 16 October 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.**

## Introduction

**This is the report of an assessment of Estia Health Willoughby (the Service) conducted from 21 August 2019 to 23 August 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 details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not 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 | 5 |
| Clinical staff | 4 |
| Care staff | 7 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 2 |
| External contractors | 2 |
| Visiting service providers such as allied health professionals | 3 |
| Property manager | 1 |
| Administration officer | 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 all six requirements in relation to Standard 1 were met.

All consumers randomly sampled reported that they are treated with dignity and respect all or most of the time, and that they are encouraged to do as much as possible for themselves all or most of the time. The Assessment Team observed staff interacting with consumers respectfully and that the service recognises the identity and values the cultural preferences of its consumers.

The service demonstrated that it supports its consumers to exercise choice and independence in making decisions about their care, and in maintaining relationships with family, friends and fellow consumers. It demonstrated examples of supporting its consumers to take educated risks to enable them to live the best life they can, including organising a bus trip to go drinking at the pub.

When asked, staff are able to provide information to consumers. Representatives interviewed were satisfied with how frequently they were informed of changes in the consumers’ health. Consumer privacy is respected and their information kept confidential.

#### 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 all five of the requirements under Standard 2 were met.

Consumers and/or representatives randomly interviewed showed that 100% said staff encourage them to do as much as possible for themselves most of the time or always. 93% of consumers said that they have a say in their daily activities most of the time or always. For example, having meals in their rooms, preferences with dining seating, showering times and frequency. 100% of consumers and/or representatives said they get the care they need most of time or always.

Staff demonstrate knowledge of consumer’s care needs ensuring that consumers clinical care is being met. Care plans are developed in consultation with the consumer and/or their representative, their medical practitioner and other health professionals as necessary to meet individual care requirements.

Each of the care and service plans reviewed by the Assessment Team evidenced that the plans had been regularly reviewed. The service’s computerised system contains the assessments and care plans for each consumer at the service. Staff, medical practitioners and allied health have access to the system. The care plan forms part of the discussions with consumer and/or representative at the three-monthly reviews and family case conferences or when there are changes to the consumers condition.

The Assessment Team reviewed advance care planning and end of life wishes were commenced during the admission process and consumers wishes are documented. The consumers and/or representatives who do not wish to discuss the end of life wishes is also respected.

#### 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 that all seven of the requirements under Standard 3 were met.

Consumers and/or representatives randomly interviewed showed that 100% said staff meet their healthcare needs always or most of the time. Consumers and/or representatives said they feel safe and confident that they are receiving quality care. 100% of consumers and/or representatives interviewed said they feel safe here most of the time or always. Consumers and/or representatives interviewed said the staff are kind and caring and qualified for their respective roles.

Consumers care and services needs are identified and met by appropriate qualified staff. This includes the care director and registered nurse input into assessment, management and care planning for consumers.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure that information is shared both within the service and with other organisations. Staff demonstrated a good understanding of precautions to prevent and control infections. Care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care.

The service also demonstrated that they have policies and procedures underpinning the delivery of care to assessment and planning for care and services. The service collaborates with medical, allied health and other organisations to provide integrative care that optimises consumers health and well-being.

#### 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 all seven requirements in relation to Standard 4 were met.

Of consumers randomly sampled most were satisfied with the services the home provided, including laundry and cleaning. Two representatives commended the service on how well it takes care of their relative.

The organisation has a culture which promotes the happiness of its consumers. Two representatives remarked on how the psychological health of their relatives have significantly improved compared to when they first moved into the service. The wing where consumers living with dementia reside was observed to be calm.

Staff support consumers to keep in touch with the outside community and maintain social and personal relationships. Family and friends were observed to visit daily, and the lifestyle team fosters social interaction between consumers. The service enables consumers to do things of interest to them – group activities were well-attended, consumers who are not interested in group activities are considered, and consumers living with dementia were provided with appropriate stimulation.

Several representatives interviewed were satisfied that the service kept them up to date on changes in their relative’s condition. The service demonstrated that staff communicate with each other about the consumer’s condition, needs and preferences. Referrals are made where necessary, for example to the dietician or palliative care team.

A majority interviewed said they liked the food at the service all or most of the time. Consumers were observed to have choice at lunch.

The service has an ongoing maintenance program that includes both corrective and preventative maintenance. Equipment was observed to be clean.

#### 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 the organisation met all three requirements of this Standard.

Of the consumers randomly interviewed 79% said they feel at home at the service most of the time or always. All of those interviewed confirmed they feel safe at the service most of the time or always. Consumers also confirmed the service is well cleaned.

The service was observed to be clean, comfortable and well maintained. The service has been decorated and furnished to create a homelike environment that supports the consumer’s sense of belonging, independence and interaction. Consumers have personalised their own rooms and there are comfortable quiet areas for consumers to welcome their visitors and guests. Consumers have their own private space and free access to communal and outdoor areas.

The service has systems in place for regular cleaning of the indoor and outdoor environment and equipment. There is a maintenance program for corrective and preventative maintenance and the environment is regularly inspected to ensure it is safe and well maintained. These systems are monitored at a local and organisational level to ensure they are effective.

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation has met all four requirements of this Standard.

The majority of consumers interviewed indicated they feel comfortable raising concerns with management or staff if needed. Of those consumers/representatives randomly sampled 88% said staff follow up with matters they raise with them most of the time or always.

The service provides information to consumers and other stakeholders about ways to provide feedback and make complaints. This includes information relating to internal and external complaints mechanisms, a confidential hotline and advocacy services. Consumers are encouraged to provide feedback through meetings and surveys as well.

The organisation has policies and procedures for managing complaints. This includes the principle of transparency and collaboration in working to resolve complaints. The service demonstrated it takes appropriate action in response to complaints. The process is overseen at a local and organisational level and review of the issues raised are used for the improvement of care and services.

#### 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 all five requirements in relation to Standard 7 were met.

The availability, skills and nature of the staff are suitable to what their consumers require:

* 100% of consumers randomly interviewed said that all or most of the time:
	+ staff know what they are doing.
	+ they get the care they need.
	+ staff are kind and caring.
* Most consumers interviewed were satisfied with how quickly staff came to them when they required assistance. One representative who visits several times a week said that the thing that has impressed him the most is the number of staff available.
* The organisation has a no unfilled shifts policy and has not had any unfilled shifts in the past month. Less than 1% of the workforce comprises of agency staff. Several staff have worked with the service for over five years.

Most staff were satisfied their workloads and training enable them to deliver quality care to consumers all or most of the time. All staff interviewed agreed that:

* they had enough hours in the day to deliver quality care to their consumers all or most of the time and
* they received enough training to be confident in doing their job.

The service was able to demonstrate that it conducted ongoing performance appraisals of its staff.

#### 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 all the requirements of Standard 8 have been met.

All of the consumers randomly interviewed said they think the service is well run most of the time or always.

The organisation engages consumers in the development, delivery and evaluation of care and services through various feedback processes. These include targeted focus groups for special projects such as the review of the organisation’s vision, mission and values and the development of a new menu. They also include regular meetings, surveys, continuous improvement and complaints processes.

The organisation promotes a culture of safe, inclusive and quality care and services through its review of its vision, values and mission and the implementation of behaviours which reflect these values. It has also provided training to staff on the new Aged Care Quality Standards and is reviewing its policies and procedures to be in line with the new Standards.

There are organisation wide systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. There is an organisational structure for the management, oversight, reporting and accountability of these systems to ensure they are effective.

A risk management system is in place to monitor and minimise risks to consumers and also support them to live the best life they can. A clinical governance framework is in place to oversee the delivery of clinical care at the service. Through these organisational structures the service is supported to deliver safe and quality care and services.

#### 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.