Performance

Report

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| Name of service: | Estia Health Aberfoyle Park |
| Service address: | 39 Campus Drive ABERFOYLE PARK SA 5159 |
| Commission ID: | 6168 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 12 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Estia Health Aberfoyle Park (**the service**) has been prepared by J. Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* The Assessment Team’s report for the site audit conducted from 4 April 2023 to 6 April 2023; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives considered that consumers were treated with dignity and respect, could maintain their identity, culture and diversity. Staff were observed treating consumers with dignity and respect and understood the consumers’ individual choices and preferences.

Consumers and representatives from culturally diverse backgrounds advised their culture was respected and could express their cultural identity and interests. Care planning documentation demonstrated consumers’ choices were identified and showed personalised information regarding consumers’ cultural and spiritual needs was captured.

Consumers and representatives considered they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff described how consumers were supported to maintain relationships with those that were important to them.

Management advised risk assessments were conducted by registered nurses and involved consultation with allied health professionals, medical practitioners, the consumer and their representative. The service had documented policies to guide staff on the management of risk for consumers.

Consumers and representatives stated they were provided with information to assist them to make choices regarding their care, lifestyle activities and menu choices. The service demonstrated information provided to consumers and representatives was current, accurate and timely, and was provided in a manner that was clear, easy to understand and enabled them to exercise choice.

As outlined by staff, and observed by the Assessment Team, discussions about consumers were conducted in a private office, and computers containing confidential information were password protected. Hard copy consumer files were stored in the nurses’ station, which was locked and only accessible by senior staff.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives indicated staff held discussions with them regarding potential risks and the strategies in place to mitigate these risks. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer.

The organisation had an advance care planning and palliative care policies and procedures that guided staff to ensure consumers’ needs and preferences were captured during the assessment and planning stages. Consumers and representatives indicated the assessment and planning process met their current needs, goals and preferences, and confirmed they could discuss their advanced care preferences.

Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals. Staff described the processes in place to ensure the service partnered with consumers to assess, plan and review care and services.

Consumers and representatives demonstrated an awareness of the information contained within their care planning documentation and indicated they could discuss this information with staff. Care planning documentation reflected outcomes of assessment and planning were communicated with consumers and representatives.

Staff advised care plans were reviewed every 3 months, when consumers’ circumstances changed, or incidents occurred. Consumers and representatives confirmed that consumer care and services were regularly reviewed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Staff described how the service supported them to deliver personal and clinical care to consumers that was best practice, tailored to the consumers’ needs and optimised their health and well-being. The service had systems and processes in place to ensure consumers received safe and effective personal care and clinical care, including monthly audits, staff training and documented policies.

Care planning documentation noted high impact or high prevalence risks were identified and effectively managed by the service. Staff demonstrated an understanding of high impact or high prevalence risks to consumers and the strategies in place to manage these risks.

Consumers and representatives were confident that when they required end of life care, the service would support them to be as free as possible from pain and to have those important to them, with them. Staff outlined the way care delivery changed for consumers nearing end of life, and the practical ways in which consumers’ comfort was maximised.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Management advised that progress notes were reviewed daily to identify any issues that required immediate attention and follow up.

Care planning documentation provided adequate information to support effective and safe sharing of the consumer’s information to support care. The Assessment Team observed the shift handover process and noted staff communicated consumers’ health changes to the staff members on the following shift.

Consumers and representatives were satisfied with the referral process and confirmed they had access to the required health care supports. The service had guidelines to guide staff to refer consumers to internal and external health services as required.

The Assessment Team observed hand hygiene facilities throughout the service and the availability of personal protective equipment. Consumers expressed satisfaction with the service’s infection prevention control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers were satisfied they received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. A review of the service’s lifestyle and leisure program for the past months demonstrated the schedule was regularly updated and activities were adapted following feedback from consumers and representatives.

Consumers and representatives described the services and supports which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff could assist them.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Management provided examples of how the service supported consumer participation in community events and activities.

Staff advised information about consumers’ condition, needs and preferences was shared via the handover process and recorded on the electronic care management system. Care planning documentation evidenced information was individualised, and included information such as the consumer’s background, needs, preferences and individuals involved in their care.

Consumers indicated that when required, they were referred to other individuals, organisations and providers of care and services in a timely manner. Management and staff described how the service worked in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

Staff outlined how they met the individual dietary needs and preferences of consumers on an ongoing basis. Consumers and representatives mostly indicated the service provided meals which were varied and of suitable quality and quantity.

Consumers stated the equipment provided was safe, suitable, clean and well maintained, and knew how to report any concerns they may have Staff utilised a maintenance book to report any equipment that may require repairs or any other maintenance related issues.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers indicated the service environment was welcoming and easy to understand and optimised their sense of belonging and independence. Staff outlined they assisted consumers with personalising their rooms as per their preferences.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. The service had directional signage throughout, to assist consumers and representatives navigate the facility.

Consumers indicated that furniture and equipment was safe, clean, well maintained and suitable for their needs. Staff described how shared equipment used for moving and manual handling of consumers was cleaned and maintained.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives confirmed the service encouraged them to provide feedback and make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

Consumers and representatives stated they were aware of other avenues for raising a complaint; however, they felt comfortable raising concerns directly with staff and management. Staff demonstrated an understanding of internal and external feedback and complaints mechanisms and advocacy services.

The service demonstrated appropriate action was taken in response to complaints and utilised a process of open disclosure when things went wrong. Staff advised they had received training on open disclosure and demonstrated an understanding of the open disclosure principles.

Consumers and representatives described the changes that were implemented at the service as a result of feedback and complaints, and were confident feedback was used to improve the quality of care and services. Management advised the service trends and analysed feedback provided by consumers and representatives to inform continuous improvement activities across the service.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management advised the staff roster was regularly reviewed to ensure all shifts were filled with appropriately qualified staff on all shifts.

Staff demonstrated a personal understanding of consumers and were respectful when delivering care and services. Management advised they monitored interactions through observations, formal and informal feedback from consumers and representatives and competencies.

Position descriptions were provided to staff on their commencement at the service and set out the expectations for their respective roles. Management confirmed that all staff undergo an induction, site orientation, and mandatory training before commencing their roles.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Management demonstrated a comprehensive approach to ensure staff were trained and supported to achieve the standards set by the service.

Staff demonstrated an understanding of the service's performance development processes, including performance appraisals that outlined their performance and areas where they need to develop their skills and knowledge. Management advised they monitored staff practice through regular observations, care planning documentation and feedback from consumers, representatives and other staff members.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The service demonstrated consumers were engaged in the development, delivery and evaluation of care and services, and the service sought their input and feedback through a variety of methods. Consumers and representatives advised management were responsive to their feedback and actioned improvements in a timely manner.

The organisation has established processes and systems to monitor the service's performance against best practice, industry standards and organisational key performance indicators to ensure the service’s leadership team were responsible for the delivery of safe, inclusive, quality care and services to all consumers. The service demonstrated the governing body was accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality-driven culture, and fostered a culture that supported these values.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff could readily access the information they required to deliver safe and quality care through various means, such as through the electronic care planning system, handover processes, staff meetings and documented policies and procedures.

The service had a documented risk management framework in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best life they can. Staff confirmed their education on these topics and demonstrated knowledge of various risk minimisation strategies, including those for fall prevention, infection control, behaviour management, and minimising restrictive practices.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and the application of these policies in a practical setting.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)