Performance

Report

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| Name: | Estia Health Aberglasslyn |
| Commission ID: | 8251 |
| Address: | 603 Oakhampton Road, ABERGLASSLYN, New South Wales, 2320 |
| Activity type: | Site Audit |
| Activity date: | 26 June 2024 to 28 June 2024 |
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| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 7972 Estia Health Aberglasslyn |

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 Aberglasslyn (**the service**) has been prepared by P. Wallner, 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 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.

# 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 | |  |
| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. Management and staff spoke about consumers respectfully and described how they upheld this respect such as, by asking for consent to deliver care, acknowledging their choices, and taking time to understand their background, life history, culture, needs and preferences. Care planning documents reflected the background identity, culture and diversity of consumers. Staff were observed treating consumers with dignity and respect.

Consumers and representatives said the service recognised and respected consumer’s cultural background and provided care that was consistent with their cultural traditions and preferences. Staff described how they provided culturally safe care in line with consumers’ cultural needs and preferences. Care planning documents recorded consumers’ background, cultural needs and preferences. The service had policies and training to guide staff in providing culturally safe care and services to consumers.

Consumers and representatives said consumers’ independent choices about their care and services were supported, and they could maintain important relationships. Staff explained how they supported consumers to make choices, maintain their independence, and engage in relationships of their choosing. Care planning documents showed the service supported consumers’ choices around their care and services, and the relationships they wished to maintain.

Consumers and representatives said the service supported consumers to take informed risks, to live the way they chose. Management and staff were aware of the risks taken by consumers, and confirmed they supported consumers to take risks to live the way they chose with appropriate risk mitigation strategies in place. Care planning documents showed risks were assessed and discussed with consumers, and with agreed management strategies put in place. and managed. The service had written policies to guide staff in the assessment and management of risks to consumers.

Consumers and representatives said they were kept well informed through printed and verbal information, which enabled them to make informed choices. Staff and management described various ways information was provided to consumers in line with their needs and preferences. Care planning documents included how information should be communicated effectively to each consumer.

Consumers said staff always respected their privacy and confidentiality, such as by knocking before entering their rooms, and closing their door to deliver personal care. Management and staff described practical ways they respected the privacy of consumers and kept their personal information confidential. Staff were observed respecting consumers’ privacy and keeping their private information confidential. The service had documented policies and procedures to guide staff in maintaining consumers’ privacy and confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and planning of care which identified and addressed risks to consumers’ health and well-being. Management and clinical staff described how assessment and care planning assessed risks to consumers well-being and informed the delivery of safe and effective care and services. Care planning documents showed assessment and care planning considered risks to consumers and identified suitable mitigation strategies.

Consumers and representatives described how assessment and planning captured consumers’ needs, goals, and preferences, and their end of life wishes. Staff described how assessment and planning captured each consumer’s current needs, goals and preferences, and how they approached conversations around end of life care planning. Care planning documents included advance care and end of life plans. The service had policies and procedures to guide staff in advance care planning.

Consumers and representatives described how they had input into the assessment and planning of care to ensure their needs were met. Management, staff, and allied health practitioners outlined how assessment and planning of care was done in partnership with consumers and others they wished to involve in their care. Care planning documents confirmed the input of consumers, representatives, and a range of external health care providers.

All consumers and representatives said outcomes of assessment and planning were effectively communicated to them, and the consumer’s care and services plan was readily available. Management and clinical staff described how they effectively communicated with consumers and representatives throughout assessment and care planning. Records showed summary care plans were made available to consumers and representatives if they wished.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on their needs, goals, and preferences. Management and staff explained how care plans were reviewed regularly, and reviewed when circumstances changed, to ensure they remained effective. Care planning documents confirmed they had been reviewed for continued effectiveness at least 3-monthly.

# Standard 3

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| Personal care and clinical care | |  |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives advised that consumers received safe and effective personal and clinical care that met their needs and optimised their health and well-being. Management, staff and allied health professionals detailed effective procedures for delivering safe and effective personal and clinical care, which aligned with best practice demonstrated knowledge on the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain. Comprehensive care plans reflected safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer. The service had written policies and procedures to guide staff in the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service effectively managed high impact and high prevalence risks to consumers. Management and clinical staff described the high-impact, high-prevalence risks to consumers at the service, and the measures in place to identify and mitigate the risks. Care planning documents confirmed high impact and high prevalence risks had been identified, and effective mitigation measures were in place.

Care planning documents recorded consumer’s end-of-life wishes, and showed their dignity and comfort was maximised during end of life care. Management and clinical staff described how end of life care met consumers’ needs, goals, and preferences, and ensured their comfort and dignity was maximised. The service had policies to guide staff in providing dignified and comfortable end of life care, consistent with consumers’ wishes.

Consumers and representatives said the service identified and responded to a deterioration or change in consumers’ health status or condition. Staff described how deterioration or change in condition was identified and responded to promptly, in partnership with other healthcare professionals. Care planning documents showed deterioration or change in a consumer's condition was identified and responded to in a timely manner. The service had policies in place to support staff in identifying and managing deteriorating consumers.

Consumers and representatives said information about consumers’ condition, needs and preferences was effectively communicated between staff and external providers involved in their care. Clinical staff described effective processes for communicating current information about consumers’ condition, needs and preferences, such as through huddles, shift handover, and the electronic care management system. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed discussing consumers’ current condition at shift handover.

Consumers and representatives said referrals made to appropriate other organisations and health professionals were timely. Management and clinical staff described how referrals were made to other organisations and providers of care and services to supplement the care delivered at the service. Care planning documents evidenced prompt referrals of consumers to appropriate other providers of care and services.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures, and said staff practiced good hygiene. Management and clinical staff described the practices used to prevent and control infections and to minimise the need for antibiotics. The service had a trained infection prevention and control lead on site, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described how the services and supports for daily living met consumers’ needs, goals, and preferences, and maximised their quality of life. Management and staff described how they assessed and documented consumers’ lifestyle needs and preferences, and the supports needed to optimise their quality of life. Care planning documents confirmed the service provided consumers with the necessary services and supports to optimise their independence, quality of life, health, and wellbeing. Consumers were observed participating in a range of suitable activities.

Consumers and representatives said consumers were supported when they felt low, and the service promoted their emotional, spiritual, and psychological well-being. Management and staff described how they supported consumers’ emotional, psychological, and spiritual well-being such as by providing religious services, spending one-on-one time with consumers, and facilitating important relationships. Consumers’ care planning documents contained detailed how to support their emotional, spiritual, and psychological well-being.

Consumers and representatives reported the service supported them to participate in activities and events, within and outside the service, maintain important relationships, and do things of interest. Staff described how they supported consumers’ participation in their community, interests, and relationships. Care planning documents reflected consumers’ important relationships and their lifestyle needs, goals and interests. Staff were observed supporting consumers to participate in activities and socialise.

Consumers said the service effectively communicated information about their current condition, needs and preferences within the organisation, and with others responsible for providing services and supports for daily living. Staff explained how they communicated information about consumers’ condition, needs and preferences through shift handovers and the electronic care management system. Care planning documents provided adequate information to support the delivery of suitable services and supports for daily living. Staff were observed sharing information about consumers’ needs and preferences for daily living during shift handover.

Consumers and representatives said the service provided timely referrals to external organisations and individuals providing services and supports. Staff described how the service referred consumers to other individuals and organisations for additional lifestyle supports. Care planning documents showed timely referrals of consumers to a range of external services and supports, such as mental health and dementia support services.

Consumers and representatives expressed satisfaction with the quality, quantity, and variety of the food provided. One consumer expressed dissatisfaction with the variety of the meals however, management followed up with the consumer to address their concerns. Staff explained how they updated consumers’ dietary needs and preferences, and said they arranged alternative meals, if consumers preferred. Care planning documents identified each consumer’s dietary requirements, preferences, dislikes, and other information. The menu appeared varied and the meal service was punctual and well-coordinated, with staff providing supervision and assistance as needed.

Consumers and representatives said the equipment provided was safe, clean, well maintained, and suitable for their needs. Staff said there was sufficient suitable equipment and described how it was kept clean and well maintained. The equipment appeared to be safe, suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives reported the service environment was welcoming, easy to understand and enabled them to maintain their independence and sense of belonging. Management and staff described how consumers and visitors were made to feel welcome, and described features that optimised each consumer’s sense of independence, interaction and function. Consumers’ rooms were personalised, and the service appeared welcoming, with sufficient lighting, handrails and clear signage throughout. Consumers were observed moving throughout the service and socialising with consumers, staff and visitors.

Consumers and representatives said the service environment was safe, clean, and well-maintained, and they could move around freely, as they wished. The code to the keypad operated entry/exit doors was not displayed on day 1 of the site audit due to maintenance work on the door. The code was displayed once the work was completed. Management and staff described the maintenance and cleaning processes and how they ensured the service environment was kept safe and clean. The service environment appeared safe, clean, and well-maintained, and consumers were observed moving freely throughout the service, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well-maintained. Staff described their role in ensuring the furniture, fittings and equipment were cleaned and maintained regularly. The furniture, fittings and equipment appeared to be safe, clean, and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt safe to provide feedback and make complaints through various mechanisms, such as feedback forms, consumer meetings, verbally to staff/management, and electronically. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. Documentation confirmed the service encouraged consumers and representatives to provide feedback and make complaints, including through feedback forms available around the service.

Consumers and representatives described the language, external complaints, and advocacy services available to them however, some said they preferred raising concerns directly with staff and management. Management and staff described how the service promoted external complaint, advocacy and language services to consumers. Information related to advocacy, language services, and external complaint agencies such as the Commission, was available around the service.

Consumers and representatives said the service responded to complaints appropriately and communicated effectively about their concerns. Management and staff displayed an understanding of the complaints management system and the use of open disclosure, when something went wrong. Documented complaints confirmed appropriate action was taken and open disclosure was used. The service had documented policies to guide staff in the management of complaints and the use of open disclosure.

Consumers and representatives expressed satisfaction with the service’s feedback and complaint process and how they were used to improve the quality of care and services. Management and staff gave examples of how feedback and complaints were reviewed and used to identify opportunities for improvement on the continuous improvement plan. The continuous improvement plan confirmed feedback and complaints were used to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the staffing levels and the call bell response times. Staff said there were sufficient staff to deliver safe and effective care and services. Management described how the workforce was planned and rostered based on the care needs of consumers, and said they were recruiting for more staff. Documentation showed vacant shifts were filled, and the service met the 24/7 registered nurse and care minute requirements. The average call bell response times were around 2 minutes and staff were observed attending to consumers in a timely manner and did not appear to be rushed throughout the delivery of care.

Consumers and representatives said staff were kind, caring, respectful and gentle. Management and staff were familiar with consumer’s individual identity, culture, and diverse needs, and were observed interacting with consumers and representatives in a kind, caring and respectful manner.

Consumers and representatives said staff were knowledgeable and competent in their roles. Management described how they recruited against position descriptions and the process ensured all staff employed had the required competencies, qualifications, registrations and security checks for their roles. Records confirmed staff were appropriately qualified with the relevant registrations, knowledge, and competencies to perform their duties.

Consumers and representatives felt staff were adequately trained and equipped to meet their care needs. Management described how staff were supported, trained and equipped to deliver safe and quality care and services. Staff said the service provided adequate training and support to perform their assigned duties. Records confirmed staff were recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Management described how the performance of staff was regularly monitored, assessed and reviewed, through formal performance appraisals, informal monitoring and discussions. Staff confirmed their performance had been assessed. While the service had only been operational since December 2023, records showed interim performance appraisals were up to date. The service had a suite of policies and training related to managing the performance of staff.

# Standard 8

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| Organisational governance | |  |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well run, and they were actively engaged in the development, delivery and evaluation of their care and services. Management described various ways they supported consumers and representatives to be engaged such as through consumer meetings, surveys, feedback processes, and care plan reviews. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said the organisation’s governing body promoted a safe and inclusive culture for all consumers. Management described the organisational structure and how the Board oversighted the delivery of safe and quality care and services through effective governance and reporting arrangements. Management described how the Board received regular reports on areas of performance such as, survey results, clinical indicators, feedback and complaints, incidents and clinical indicators. Documentation confirmed the Board was accountable for the delivery of safe and quality care and services, and compliance with the Quality Standards.

The service demonstrated an effective organisational governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance, and feedback and complaints. Management and staff described how they implemented the service’s policies and procedures.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff described the policies and processes in place for identifying, assessing, managing, and reporting risks and incidents.

The service had a documented clinical governance framework with policies related to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Management and staff were aware of the clinical governance framework and could explain the principles and practical application of the policies and procedures related to antimicrobial stewardship, restrictive practices, and open disclosure.

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