Performance

Report

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| Name of service: | Estia Health Albury |
| Service address: | 289 Elizabeth Mitchell Drive THURGOONA NSW 2640 |
| Commission ID: | 0886 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 27 April 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 Albury (**the service**) has been prepared by G-M.Cain, 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; 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 | |  |
| 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 provided feedback on how their identity, culture and diversity are valued. Staff were familiar with consumers' cultural backgrounds, preferred names, and choices. Care documentation included information about consumers' goals, preferences, identity and culture. Observations showed interactions between staff and consumers to be dignified and respectful.

Consumers said that staff understand their needs and preferences and feel comfortable and safe. Staff described how they adapt how to care and services are offered so they are culturally safe for each consumer, such as consumers who request female-only carers. The service had policies, processes and education that supported staff to deliver culturally safe care.

Consumers said they are supported to make decisions about their care and can maintain important relationships. Married couples were encouraged and supported to spend time together and provided privacy to maintain their relationship. Care documentation included details of consumer's representatives and decisions that consumers have made about care and services. Observations showed staff asking consumers if they wished to attend activities and offering meal choices.

Consumers described ways the service supports them to take risks to enable them to live their best lives. Staff were familiar with the details of risk assessments and strategies in place to manage those risks without limiting the ability of consumers to take responsibility for their own decisions and choices. A Dignity of Risk Policy was observed, including procedures that support staff to manage consumers taking risks or refusing care or services.

Consumers and representatives said they receive current information from the service that is easy to understand and keeps them informed of changes. Staff described how information is communicated to each consumer that meets their needs and allows them to make informed choices and understand their rights and the services available. Observations showed that noticeboards included brochures, posters, newsletters, and invitations. Menus and activity calendars are displayed in consumer rooms and common areas.

Consumers and representatives said the service protects their privacy and confidentiality, and they have personal space and privacy when others visit. Observations showed staff delivering care and services, greeting consumers, and closing the door when providing personal care. Consumers' documentation was stored securely, and computer systems were password protected. Care documentation included privacy consent, consent for the taking and using photographs, and consumers having their names displayed on their doors.

# 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

Consumers and representatives were satisfied with the assessment and care planning process. Staff could describe the assessment and care planning process, knowledge of consumers' preferences and could describe individual consumers' needs and strategies implemented to support them. The service utilises a suite of electronic assessment tools. Care documentation identified individual consumer risks are captured and include strategies to manage the risks tailored to individual needs.

Consumers and representatives stated that the service supported and provided opportunities to discuss consumers' care needs, goals and preferences, including advance care planning. Staff described how assessment and care plans are completed to meet consumers' needs and provided evidence of procedures that supported a consumer-centred approach to advance care planning. For example, discussions about consumers' care needs and advance care planning forms part of the service entry process, are reviewed 3 months and when there are changes in wishes or health status.

Care and service plans for consumers showed integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers. Consumers confirmed they are actively involved in the assessment, planning and review of their care and services and said care is coordinated and includes the right people. Care documentation included assessments and reports from external providers of care, which were available to staff in the electronic care management system.

Consumers and representatives said the service regularly communicates with them and provides updates as part of 3-monthly care plan reviews. Care documentation demonstrated that consumers are representatives included in case conferences and care plan reviews and that consumers and representatives are offered a copy of the consumer's care plan.

Consumers and representatives said they are notified when changes in the consumer's clinical or cognitive health or when incidents occur. A review of care planning documentation identified regular review of care plans in line with the service's policies and procedures. Clinical and care staff described the charting and assessments completed as part of the review process and confirmed they could access them via the electronic care management system.

# 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.co | 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

Consumers provided positive feedback and were confident they received the safe and right care for them, aligned with their needs and preferences, and that the care provided supports their health and well-being. The service had an established Clinical and Care Governance Framework, systems, and processes to ensure consumers received safe and effective personal and clinical care, including clinical audits and workforce training to support best practices. The organisation has policies, procedures, and guidelines for key areas of care, including, but not limited to, restrictive practice, skin integrity and pain management. Care documentation reflects individual care that is safe, effective, and tailored to the specific needs of consumers. For consumers subject to a restrictive practice, care documentation identified appropriate authorisations and monitoring and review in place.

Consumers expressed satisfaction with how the service manages risks associated with the consumer's care. Staff described various high-impact or high-prevalence risks at the service and strategies in place to manage these risks. Care planning documents identified information to guide staff in effectively managing risks specific to each consumer, including referrals to specialists as appropriate.

Care documentation reflected that consumers receive end-of-life care in line with their end-of-life preferences. Consumer representatives said they feel positive about their experience with a family member who passed away in the service supported by staff who managed care in line with the consumer's wishes at the time of their death. The service had rostered registered nurses and trained staff to provide palliative care, and a local palliative care team supported the service as required.

Consumers were confident that staff identified changes in their condition, health or abilities and respond appropriately. Staff described how they identified signs of deterioration and what response they should take. Care planning evidenced that changes in consumers' care needs were recognised and responded to promptly. The service analyses data to improve care delivery in relation to this requirement, such as consumers experiencing infections, falls, and unexpected transfers to the hospital.

Consumers confirmed the organisation managed their personal or clinical care well; they were fully informed, their personal or clinical care was consistent, and they did not have to repeat information to multiple people. Information is shared with staff via shift handover, and staff has access to the electronic care documentation system. Care documentation identified allied health practitioners, medical officers, and other practitioners all record directly into the consumer's care documentation and specialist and pathology files are uploaded.

Consumers were referred to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs, and they were satisfied with the referral processes. Staff described the process for referring consumers to other health professionals and allied health services. Care planning evidenced input from other providers such as Medical Officers and allied health professionals.

Consumers consistently said the service is clean; they have confidence in the organisation's ability to manage an infectious outbreak. They confirmed they had been given information on minimising the spread of infections. Staff demonstrated an understanding of how to minimise the need for antibiotics and ensured they were used appropriately. Staff had completed mandatory training on infection minimisation strategies, including hand hygiene and the appropriate use of personal protective equipment. Staff were observed to adhere to infection control practices and appropriate use of personal protective equipment. The service had an appointment Infection Prevention and Control lead.

# 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

Consumers are satisfied that the service supports them to do what they want and described how these have improved their independence, health, well-being, and quality of life. They said staff are flexible and can modify services and supports so they can continue to do things of interest to them. Staff described how they access care plans to assist consumers in staying well and doing as much for themselves as possible. They provided examples of tailored support, such as assistance in art classes for consumers with hemiparesis and cognitive decline. Documentation reflected strategies and options to deliver services and supports for daily living that reflected consumers' diverse needs and characteristics.

Consumers felt connected and engaged in meaningful and satisfying activities, including observing sacred, cultural, and religious practices and celebrating days meaningful to their culture or religion. Staff supported consumers' emotional, psychological, and spiritual well-being and gave examples of cultural awareness in their everyday practice. Consumer care plans contain information about the consumer's emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they are supported to maintain personal relationships and can participate in community and social activities. Staff described working with other organisations, advocates, community members and groups to help consumers follow their interests and social activities and maintain community connections. Documentation reflected the design of services and support consumers, reflecting consumers' changing needs, goals, and preferences.

Consumers said their services and supports are coordinated, and they consented to share information with others providing services and support. Staff described how the organisation informs them about a consumer's condition, needs, goals and preferences related to their roles, duties and responsibilities. Consumer care plans evidenced updates, reviews and communication alerts, which included information from external providers and other staff. The 'welcome pack' provided to consumers upon entry to the service includes information on referrals that can be provided for consumers, such as hairdressing, pastoral care, podiatry, dentistry, and optometry. Information on services is displayed in posters and leaflets throughout the service, such as a poster on advocacy services.

Consumers' care and services plans showed collaboration with other individuals, organisations, or providers to support the diverse needs of consumers. Staff can describe the referral processes, including gaining consent and involving consumers.

Consumers said the meals provided are of suitable variety, quality, and quantity, and they are offered alternative meal options if this wish. Staff demonstrated that they were aware of consumers' nutrition and hydration needs and preferences and how to support consumers' independence, including preferred meal size, dietary or cultural needs and any support they need to enjoy food or drinks. Staff understood how to report changes to a consumer's appetite, eating habits, or concerns about weight loss or dehydration. Observations showed that the dining experience was comfortable, consumers were not rushed, and they received appropriate assistance dignifiedly. The electronic care management systems included information on the dietary preferences of consumers, with an alerts system for allergies and nutritional alerts. A dietary needs and preferences folder is kept in the dining room for staff to reference at mealtimes.

Consumers said they felt safe when using equipment and knew how to report any concerns about the safety of the equipment. Risk and other assessments are completed before supply to ensure suitable equipment meets consumers' needs. Staff described processes, including their responsibility for equipment safety, cleanliness, and maintenance.

# 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

The service environment was welcoming, with staff available for directions at the service entry. Consumers said they felt comfortable living in the service, they could personalise their rooms with their belongings, and the service environment was easy to navigate. Features of the service environment observed to support consumers' independence included communal indoor and outdoor areas, areas of the service were colour coded and named for easy identification, wide corridors and community dining and recreation areas. There was clear signage throughout the service with large wording and diagrams.

Consumers and representatives said they were satisfied that the service environment, including furniture and equipment are safe, clean and well-maintained. Consumers said they liked being able to regulate the temperature in their rooms with air conditioning. Observations showed consumers moving freely around the service indoors and outdoors, and the service environment was clean and well-maintained. Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. A maintenance documentation review showed that the service environment and equipment were regularly serviced. Observations showed that cleaning staff were cleaning consumers’ rooms, communal areas, staff rooms and high touch points areas. A review of the cleaning schedules demonstrated that the cleaning of communal areas and consumer rooms is done in accordance with the schedules.

# 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

Consumers and representatives are encouraged to provide feedback and complain, and they feel comfortable doing so. They confirmed they are provided with information on advocacy, language service and ways to raise and resolve complaints. Information relating to the complaints and feedback processes is provided upon entry to the service and at consumer meetings, and feedback boxes are available throughout the service.

Information on advocacy supports, including language services and ways to raise complaints, is provided to consumers. Staff understood internal and external complaints and feedback avenues and described how they assist consumers with cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said management promptly addresses and resolves their concerns after making a complaint or when an incident has occurred. Management and staff described the process when feedback or a complaint is received, including escalation to senior management and further investigation if applicable. Staff had received training on complaints management and open disclosure and demonstrated a shared understanding of the principles of open disclosure. Review of recent consumer complaints and feedback evidenced actions taken in response to complaints, including open disclosure processes and timely feedback resolution. The service had a 'Feedback, Complaints and Open Disclosure Policy' to guide staff.

Consumers and representatives could describe changes implemented at the service because of feedback and complaints. They said they are confident that these are used to improve the quality of care and services. Management said that the service trends and analyses feedback from consumers and representatives inform continuous improvement activities across the service. A review of the service's plan for continuous improvement showed evidence of an ongoing review of improvement actions.

# 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

Consumers said there are enough staff, call bells are answered promptly, and staff give them the quality care they need. One consumer stated, ''staff are very busy, but they look after us well'. Staff said they were happy with the staffing levels and confirmed they had time to complete their work. Observations showed staff taking time to interact with consumers. The services had processes to ensure a planned workforce, including utilisation of the regular workforce to cover shifts and, if required, agency staff.

Consumers and representatives considered staff engaged with consumers respectfully, kindly, and caring, and this was confirmed through observations of staff engaging with consumers throughout the Site Audit. Staff had received training and support to deliver care in accordance with the organisation's Choice Dignity and Diversity policy and procedure.

Consumers said staff are skilled in providing care and are referred to allied health and specialist services when needed. Staff said they had the necessary skills to perform their role, were supported by senior staff, and received various training. Records evidenced that there were systems to ensure staff remained qualified and skilled.

The service demonstrated that the workforce's performance is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed staff performance is reviewed 6 months after appointment and then every 12 months using a formal performance appraisal process. A documentation review identifies performance appraisals, and competency assessments are scheduled and conducted annually. The service had policies and procedures to support this requirement, including the Performance and Disciplinary Policy and the Learning and Development Policy.

# 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

Consumers are supported to engage in developing, delivering, and evaluating care and service through various avenues, including consumer meetings and feedback processes. Consumers considered the service well run and supported their daily living. They said the service listens to and responds to suggestions; for example, a consumer suggested more food variety, so the choice between two hot meals was introduced.

The governing body used the information from consolidated reports to identify the service's compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had an effective electronic care management system, incident and risk management system, plan for continuous improvement, established financial arrangements, processes to inform and implement changes resulting from regulation or legislation, and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme.

The organisation's risk management framework outlined the directives for managing, monitoring, reporting and reviewing risk. The organisation had various committees, including Risk, Clinical Governance, Quality Improvement, Work Health and Safety, and Information Technology and Security Committees. A review of documentation confirmed appropriate reporting of incidents under the Serious Incident Response Scheme, including within the regulatory timeframes.

The clinical governance framework supports the service and guides staff to ensure continuous improvement in delivering safe, high-quality care and services. The framework is supported by policies and procedures covering antimicrobial stewardship, minimising restraint and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples. The Clinical Governance Committee monitors the use of all restrictive practices at the organisation.

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)