

**Performance Report**

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| Name: | Estia Health Aldgate |
| Commission ID: | 6117 |
| Address: | 4 Gibbs Road, ALDGATE, South Australia, 5154 |
| Activity type: | Site Audit |
| Activity date: | 5 November 2024 to 7 November 2024 |
| Performance report date: | 10 December 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd Service: 4134 Estia Health Aldgate |

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 Aldgate (**the service**) has been prepared by Alla Kasyan, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the Assessment Team’s report received on 25 November 2024.

# 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 and their representatives reported feeling respected and valued, and staff demonstrated familiarity and care towards consumers’ individual needs. Management described structured onboarding and ongoing training on workplace behaviour expectations, and observations confirmed respectful interactions, such as staff engaging warmly with consumers. Care plans showed cultural, historical, and spiritual needs, congruent with consumer feedback.

Staff showed a clear understanding of cultural safety and detailed how this informs their practices. Documentation, such as care plans, matched diverse consumer needs, including gender-specific care preferences. Consumers and representatives confirmed culturally inclusive care approach. Staff practice is guided by a diversity policy.

Consumers expressed confidence in their ability to make decisions about their care and maintain relationships of choice. Staff described tools and strategies to support consumer autonomy, and this was corroborated by care plans and observations. Documentation reflected consumer preferences, such as consumer requests not to be disturbed before certain time in the morning and opting for self-prepared breakfasts.

The service supports consumers in making informed risk-related choices to live their best lives. Care plans showed completed risk assessments and mitigation strategies, developed in consultation with consumer, their representative and allied health professionals. Observations and staff interviews confirmed practices that balance risk with consumer autonomy.

Consumers and their representatives confirmed information is communicated clearly and promptly. Staff described various methods, including noticeboards, residents meetings, and personalised verbal updates. Observations showed comprehensive and accessible resources, such as activity calendars and a detailed residents' handbook. Representatives reported being regularly consulted on care planning, ensuring decisions are well-informed and aligned with consumer needs.

Privacy is protected through secure IT systems, staff adherence to protocols, and respectful practices such as knocking before entering rooms. Consumers expressed confidence in the service’s commitment to protecting their personal information. Observations and interviews confirmed consistent practices, showing staff ensured privacy during care delivery.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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 are assessed upon entry with interim care plans addressing their needs, goals, and risks. Documentation reviews confirmed assessments were completed as per the admission checklist. Staff interviews confirmed referring to consumer care plans guiding safe care. Consumers and their representatives reported active involvement in the assessment process, and documentation confirmed completion of risk assessments.

Consumers and representatives confirmed assessments accurately reflect individual needs, goals, and preferences. Advance care directives and end of life wishes are discussed during admission and reassessments, with strategies incorporated into care plans. Documented evidence showed preferences, such as gender-specific care requests, are clearly recorded. Care plans capture personal goals, with staff demonstrating awareness of end of life pathways and related assessments.

Consumers and representatives confirmed ongoing collaboration during assessment and planning. Documentation reviews showed family members are informed of care plan changes following incidents or health updates. Staff described referral processes to external specialists like physiotherapists and dietitians, with recommendations documented in consumer files. Examples included consultations with Geriatricians and Wound Innovations, which were communicated to families and integrated into care plans. Interviews and progress notes verified ongoing partnerships and transparent communication.

Care plans are detailed, individualised, and accessible to consumers upon request. Consumers and representatives reported being informed about care plan updates and changes after incidents or reassessments. Care plans included strategies for personal, clinical, and lifestyle needs, such as mobility, pain management, and behaviour support. Staff described clear communication processes, including handovers and electronic system updates. Progress notes reflected regular communication and accessibility of care plans to consumers and their representatives.

Consumers and representatives confirmed timely reviews of care plans, especially after incidents or health changes. Ongoing evaluation of effectiveness is ensured through regular assessments, such as the "resident of the day" process and three-monthly care plan reviews. Staff described how continuity of care tailored to evolving consumer needs is achieved through efficient handover processes and access to updated care plans.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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

Interviews with consumers and representatives confirmed care is personalised and improves consumers’ well-being. Staff showed good knowledge of consumer individual needs, and care documentation evidenced best-practice clinical care, including effective wound, diabetic, falls, and pain management. Observations confirmed staff assist consumers in line with their tailored care plans.

The Assessment Team identified documentation gaps in diabetes management, specifically inconsistent blood glucose level charting in one consumer’s file. The provider acknowledges the issue in its response to the Assessment Team’s report and stated they conducted staff training on 7 November 2024, and implemented monitoring by a senior clinical staff member during progress notes review.

Consumers and representatives expressed satisfaction with risk management strategies, including pain, behaviour, and medication management. Staff and management demonstrated a clear understanding of high impact high prevalent risks and described personalised approaches to mitigate them. Evidence of effective practices includes weekly monitoring of Schedule 8 medication, adherence to fluid restrictions, and seizure management guided by care plans.

Consumers’ end of life preferences are respected via thorough assessments and advanced care planning. Representatives confirmed satisfaction with care quality during the end of life phase. Staff provided examples of clinical and personal support, including pain management and monitoring for agitation. Comprehensive documentation, including the use of infusion pumps for medication administration, confirmed effective symptom management. Staff collaborate with external providers that specialise in end of life care delivery.

Consumers and representatives expressed confidence in staff’s ability to identify and address changes in health status. Staff described effective escalation processes, supported by detailed care plans and documentation of interventions, such as referrals to health professionals and monitoring tools.

Documentation demonstrated effective communication of consumer condition, needs, and preferences within the organisation and to external providers. Updates are shared through handovers, verbal communication, and the "Stop and Watch" process. Care plans were detailed, individualised, and incorporated recommendations from allied health professionals. Care staff confirmed receiving adequate information about consumer needs and changes. Documentation systems support effective information sharing with external care providers.

Staff promptly refer consumers to internal and external providers. Consumers and representatives confirmed timely referrals and updates. Files showed referrals to and reviews by specialists, such as speech pathologists and wound specialists. Clinical staff described clear referral pathways to medical officers and allied health professionals.

The service has established processes to minimise infection risks through standard and transmission-based precautions, policies, and education. Antibiotic prescribing practices support infection control and reduce resistance. Staff was observed adhering to infection prevention protocols, such as hand hygiene. Infection registers and monthly reviews track infections and antibiotic use trends. Antimicrobial stewardship discussed in Medication Advisory Committee (MAC) meetings. Staff completed infection control training, including personal protective equipment usage and hand hygiene.

Based on the Assessment Team’s report and the provider’s response, I find all requirements in this Quality Standard compliant.

# 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 and representatives confirmed the services meet consumers' needs, goals, and preferences while optimising their independence and quality of life. Staff described tailoring support to individual consumer goals, while documentation showed comprehensive lifestyle programs developed with consumer input. Observations confirmed consumer engagement in varied activities, including personal hobbies such as painting and tapestry. Staff ensure services consistently align with consumer preferences and histories through analysing monthly interest reports.

Consumers and representatives expressed satisfaction with the emotional and spiritual support provided. Staff described practices such as offering one-on-one visits to socially isolated consumers and incorporating programs like sensory activities and pet therapy. Care documentation included consumers' emotional and spiritual needs, personal relationships, and life stories. Observations showed staff interactions to be kind, thoughtful, and responsive to consumer needs.

Consumers reported services supported their community involvement, social connections, and interests. Documentation and observations showed consumers participating in group activities, outings, and family events, supported by a regularly updated lifestyle program. Staff described consumer-driven activities such as pottery classes and cultural bus trips. Consumers have meaningful opportunities to engage in their communities and pursue personal interests through the service’s strong collaboration with external organisations.

Consumers and representatives confirmed their preferences and care information were well-communicated within the service and to external providers. Staff described a range of processes such as handovers, care plan updates, and cross-team communication. Examples included discussions between lifestyle and clinical staff to adapt care plans and nutritional changes communicated to kitchen staff.

Consumers and their representatives confirmed referrals to other organisations and care services are made promptly and appropriately. Staff described a process for consulting with consumers and families about referrals. Evidence showed referrals were made to external programs, such as the ‘Your Story Aged Care Counselling Program’, to address individual needs. Families were involved in organising additional services, including spiritual support for specific preferences, such as arranging for a Jehovah’s Witness support visitor.

Consumers and their representatives expressed satisfaction with the variety, quality, and choice of the meals. The menu is designed seasonally in consultation with consumers and reviewed by a dietitian. Observations showed a clean kitchen and appropriate food safety practices, including staff training in dietary modifications and hydration. Meal service was noted to be relaxed and respectful, with staff ensuring individual preferences were met. Documentation showed dietary needs were monitored and supported by food safety protocols and regular surveys.

Consumers reported equipment was safe, clean, and suitable for their needs, such as wheelchairs and walking aids. Staff explained and demonstrated cleaning processes for shared equipment, including blood pressure machines and lifters. Observations confirmed all equipment was well-maintained and fit for purpose. Staff confirmed having sufficient and appropriately maintained equipment to support daily living and lifestyle activities.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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

Consumers and their representatives expressed satisfaction with the welcoming and homely environment of the service, with rooms personalised and common areas displaying artworks and relevant information. Consumers reported feeling safe and independent. Staff were observed being attentive to individual consumer needs creating welcoming environment.

Consumers confirmed the facility is clean and well-maintained, and enables them to move freely indoors and outdoors. Staff demonstrated knowledge of hazard and maintenance reporting processes, and regular audits ensure any issues are addressed promptly. While cleaning standards were generally met, there was a temporary issue with cleanliness in the dining area, which was immediately rectified following feedback, and a training initiative was introduced to improve cleanliness.

Consumers expressed satisfaction with the service’s furniture, fittings, and equipment. Staff showed knowledge of cleaning and maintenance procedures, including equipment disinfection and battery replacement. Ongoing safety and maintenance of all equipment is ensured through routine audits.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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 their representatives confirmed the service provides multiple avenues for feedback, including forms, residents meetings, and direct communication with staff and management. Interviews showed consumers felt comfortable providing feedback, and staff confirmed assisting with forms when needed. Consumers confirmed staff and management’s responsiveness. Feedback mechanisms were observed throughout the service.

Consumers and staff confirmed awareness of advocacy services and language support, with contact details available in various languages throughout the service. Information sessions with advocacy organisations are organised on a regular basis. Consumers felt informed about their rights and the available external support, though they had not needed to use these services. The consumer handbook contained detailed advocacy and language services information.

Documentation confirmed a structured complaints management policy that includes open disclosure practices. Consumers expressed satisfaction with complaint resolution processes. Several examples were provided, such as the resolution of maintenance issues and addressing missing laundry items. Management and staff apply open disclosure principles promptly notifying affected parties about issues and resolutions. Documentation showed recent complaints were managed with appropriate actions, communication, and apologies.

Consumers confirmed their feedback contributed to continuous improvements, such as the addition of shade areas and the rearrangement of dining seating. Management regularly reviews feedback through trend analysis, using it to drive service improvements and updates to the Continuous Improvement Plan. The service effectively tracks feedback, with outcomes documented in meeting minutes and registers, and feedback is incorporated into ongoing operational planning.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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

The service demonstrated effective workforce planning to ensure safe and quality care. Consumer and staff interviews confirmed sufficient staff numbers and appropriate skill mix, with management regularly reviewing rosters to meet consumer needs. The service has a 24-hour registered nurse coverage and uses external agency staff during unplanned absences. Staff absences are managed using an electronic shift vacancy system.

Consumers reported positive interactions with staff, noting their kindness, respect, and attentiveness. Observations of meal service and other interactions confirmed staff maintained respectful and caring communication. The service delivers training programs on dignity, respect, and consumer rights. Regular consumer feedback, including surveys and residents meetings, showed a high satisfaction rate in relation to staff conduct.

The service ensures workforce competence through a thorough recruitment process, with staff being required to hold relevant qualifications and registrations. All new staff undergo induction and are paired with experienced colleagues for support. Staff performance is regularly reviewed, and ongoing training opportunities are available. Documentation confirmed staff qualifications, clearances, and training compliance are closely monitored.

Staff are well-supported through comprehensive onboarding, ongoing training, and development opportunities. All staff complete mandatory training such as infection control, manual handling, and fire safety. Additional training is provided based on role-specific needs and emerging service requirements. Documents reviewed showed high compliance rates for mandatory training.

The service regularly monitors and reviews staff performance through various channels, including peer feedback, consumer satisfaction surveys, and formal performance appraisals. Management uses a structured process for performance reviews, and records of staff performance reviews were current. Where necessary, performance improvement plans are implemented.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

# 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 actively engaged in the development and evaluation of their care. They participate in care plan reviews, residents meetings, and satisfaction surveys, with feedback driving service improvements. Management uses a person-centred care framework to ensure all consumer needs are considered. Consumer advisory committees provide a platform for feedback on various aspects of care, and the service implements changes based on consumer input.

The service's governing body demonstrates accountability through regular oversight and strategic planning. Board members have diverse expertise, ensuring robust governance, and receive training on the Quality Standards. The Board regularly reviews service performance, including clinical outcomes and consumer satisfaction, ensuring continuous quality improvement. A strategic plan for 2025-2027 shows the service’s commitment to personal-centred care and inclusive practices across all levels of governance and operations.

The service has established effective governance systems to manage information, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback/complaints. Information management systems are secure, with controlled access to consumer data, ensuring confidentiality. Continuous improvement is driven by feedback from consumers and staff, with regular quality and safety meetings. Financial governance includes budget planning and audit processes. Workforce governance ensures clear role responsibilities, while regulatory compliance is supported by up-to-date legal advice and staff training. Feedback mechanisms are robust, with clear procedures for managing complaints within set timeframes.

The service demonstrates comprehensive risk management systems, addressing high-impact risks, abuse, and incidents. Clinical staff are trained to identify changes in consumers' conditions and escalate them appropriately. Risk data is regularly reviewed, with action plans implemented to reduce incidents like falls. An electronic incident management system ensures incidents are tracked, escalated, and investigated, with corrective actions applied. Staff training on abuse and neglect is regularly conducted, and the service integrates dignity of risk into care practices. Incident management procedures are well-documented and continuously improved.

The service has implemented an effective clinical governance framework. Antimicrobial stewardship policies guide appropriate medication use to prevent antimicrobial resistance. Restrictive practices are minimised, with clear guidelines for their application only when necessary, and consumer consent is obtained. Clinical staff are trained in open disclosure and are aware of relevant policies. The service maintains registers of restrictive practices and monitors their application.

Based on the Assessment Team’s report, I find all requirements in this Quality Standard compliant.

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)