Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Estia Health Bankstown |
| Commission ID: | 0538 |
| Address: | 74 Chiswick Road, GREENACRE, New South Wales, 2190 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 11 October 2023 to 13 October 2023 |
| Performance report date: | 21 November 2023 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 550 Estia Health Bankstown |

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 Bankstown (**the service**) has been prepared by M.Wyborn, 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 Assessment contact (performance assessment) – site 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 6 November 2023.

# Assessment summary

|  |  |  |
| --- | --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |  |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |  |
| **Standard 3** Personal care and clinical care | **Not compliant** |  |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |  |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |  |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |  |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |  |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 3(3)(a)** The service to implement effective systems to ensure consumers receive best practice clinical care tailored to their needs that optimises individual consumer’s health and well-being. In particular relating to management of wounds, post fall clinical monitoring and management, and monitoring of consumer bowel movements to ensure consumer’s needs are regularly met in a timely manner.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives advised the Assessment Team that staff at the service treat them with dignity and respect and value their identity, culture and diversity. The organisation’s person-centred framework provides guidance for staff and management in relation to dignity and respect. Staff demonstrated a good understanding of consumers, their backgrounds and what is important to them. The Assessment Team reported that staff displayed respect for consumers and effectively demonstrated how they ensure a consumer’s dignity is maintained. The Assessment Team’s review of consumer documentation highlighted that consumer care and service records are respectful, and the Assessment Team observed staff routinely treating consumers with dignity and respect.

The organisation’s person-centred framework also supports staff and management to enable consumers to engage in risk and consumers and representatives advised the Assessment Team that the service provides suitable support for them to live their best lives. Staff and management demonstrated an appropriate knowledge in relation to consumers who choose to engage in risk and highlighted their approach to care that best supports those consumers. Relevant information about the identified risk(s), and support strategies designed to minimise any impact on the consumer, are appropriately recorded in the consumer care and service documentation.

Consumers and representatives advised the Assessment Team that their privacy is respected at the service. The service administers the organisational policy and procedure regarding consumer personal and information privacy as a guide for staff and management, and the Assessment Team reported that staff were observed undertaking their roles in a way that preserves consumer privacy. In addition, consumer personal information is securely maintained to ensure confidentiality. Staff were observed to knock and wait prior to entering consumer rooms, and consumer care and service records are maintained in offices, in hard copy and on computers and these records are not visible to passers-by and not easily accessible to others.

With these considerations, I find the service compliant in Requirements 1(3)(a), 1(3)(d) and 1(3)(f).

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated appropriate consideration to risk when undertaking consumer assessment and planning. The Assessment Team reported that consumer assessment and planning documentation effectively identifies and documents risk(s) to consumer health and well-being and informs the delivery of safe and effective care and services. The service has introduced a weekly person-centred care meeting to replace the monthly clinical meeting. This meeting provides focus to enable exchange of professional observations to ensure identification of consumers who have experienced a significant life event to ensure assessment and care planning meets emotional and psychological needs. In addition, staff receive regular training on incident management, clinical assessment, clinical supervision, dignity of risk and risk assessment, partnership in assessment and care planning, consumer dignity and choice, and reassessment post incident. With these considerations, I find the service compliant in Requirement 2(3)(a).

The Assessment Team reported that some consumer care plans were generic, however information to identify and address individual consumer needs, goals and preferences were available elsewhere within the consumer clinical files. The Assessment Team also reported that the information is person-centred, however noted some gaps relating to consumer needs, goals and preferences used to inform each consumer’s assessment and planning. In their response to the Assessment Contact report, the Approved Provider highlighted their immediate action to ensure the issues related to the consumers mentioned in the Assessment Contact report were addressed appropriately. The Approved Provider supplied evidence to support relevant assessment and follow up for these consumers and others. The Approved Provider demonstrated effective assessment and planning for consumers nearing their end of life and evidenced ongoing and appropriate actions to best support these consumers. After considering the Approved Provider’s response to the Assessment Contact report, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to assessment and planning. Therefore, I find the service compliant in Requirement 2(3)(b).

Consumers and representatives advised the Assessment Team that they are involved as partners in their assessment and planning. Consumer care and services records highlight ongoing and routine partnerships with consumers and others with whom they want involved in their care. Management and staff demonstrated appropriate knowledge and provision of support to best assist consumers to engage and seek input from other providers of care into their assessment and planning. Representatives advised the Assessment Team that they are supported to partner in the care of their consumer, and consumer clinical files highlight relevant involvement of doctors, speech pathologists and other providers of care in the assessment and planning of care and services for each consumer. With these considerations, I find the service compliant in Requirement 2(3)(c).

The service demonstrated that outcomes of assessment and planning are effectively communicated with consumers and representatives and that consumer care plans are made available to consumers and appropriate staff where care and services are provided. Representatives advised that they are routinely offered a copy of their consumer’s care plan, and the Assessment Team’s review of consumer care and service records highlighted that care plans are discussed and routinely offered to representatives. With these considerations, I find the service compliant in Requirement 2(3)(d).

The Assessment Team reported that whilst the service has systems to ensure regular review of consumer care plans, these reviews are not always effective. The Assessment Team noted that consumer incident forms are completed, however, information about incidents and the effectiveness of care and services is not routinely revised in the consumer’s care plan. The service’s plan for continuous improvement highlights that the service implemented a stop and watch program to develop staff through coaching and support. This program facilitates discussion, better aligns staff interpretation of information, supports comprehensive documentation, and ensures appropriate evaluation and referrals are made for consumers who experience a change in their condition. In addition, the service implemented twice per day rounds by the clinical director and clinical care coordinator and review of progress notes every 24 hours to ensure timely intervention and documentation. The clinical director also undertakes regular clinical data analysis of all clinical incidents which identifies trends for individual consumers. In their response to the Assessment Contact report, the Approved Provider supplied evidence to support relevant assessment and follow up for the consumers noted in the Assessment Contact report and others. After considering the Approved Provider’s response to the Assessment Contact report, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to the service undertaking effective review of consumer care and services. Therefore, I find the service compliant in Requirement 2(3)(e).

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Not 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)(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 |

Findings

The service demonstrated effective management of high impact and high prevalence risks associated with consumer care. Consumer incidents are routinely reported, investigated and analysed to identify contributing factors and to develop measures to reduce ongoing risk(s) for consumers. The service identified falls and unexplained weight loss as their current high impact and high prevalence risk and highlighted that consumers are reviewed before and after entry to the service. The Assessment Team reported that consumer risk(s) are documented in consumer support plans, identifiable risks are assessed, and interventions implemented, as well as all consumers undertake a physiotherapy review upon admission.

The service provides a full-time physiotherapist to assess consumer functionality and risk and provide advice on equipment required. Ongoing and regular meetings with the service’s physiotherapist, registered nursing staff, clinical director and clinical care coordinators provide focus on identified risks. The organisation’s quality team regularly review reports from the clinical documentation system and this is monitored by management. Consumer falls are discussed daily and these discussions include development of interventions to best support each consumer. The Assessment Team reported that the service’s clinical indicator report highlighted improvement as demonstrated in a reduction of falls and a reduction in hospital transfers. With these considerations, I find the service compliant in Requirement 3(3)(b).

The Assessment Team reported that after interviewing consumers, representatives and staff the service demonstrated effective processes to document and communicate information within the organisation and with others where care is shared. Representatives advised of their satisfaction that they are informed when there are changes in their consumer’s care and services. Representatives of consumers subject to chemical restraint advised they are kept informed of changes to medications needs and to the necessary care provided. Consumer appointments with other allied health specialist are monitored and the service demonstrated effective communication with others including upon consumer’s return from hospital or other transfers. The dietician is appropriately provided information regarding relevant and current needs and requirements of each consumer and has access to consumer clinical files to support a detailed review and to provide relevant recommendations. With these considerations, I find the service compliant in Requirement 3(3)(e).

Consumers and representatives provided positive feedback to the Assessment Team about the care consumers receive at the service. The Assessment Team reported that consumers receive effective clinical care in relation to pain management, however, the Assessment Team reported that some consumers are not receiving best practice care that is tailored to their individual needs or that routinely optimises each consumers’ health and wellbeing. This includes management of wounds not being reviewed and dressed as per directions, gaps in post fall clinical monitoring and management, and inaccurate monitoring of consumer bowel movements. In their response to the Assessment Contact report, the Approved Provider evidenced their proportionate and timely actions to address the individual consumer concerns noted in the Assessment Contact report, including seeking allied health interventions and contacting representatives. After considering the Approved Provider’s response to the Assessment Contact report and weighing the evidence available to me, I consider these response actions demonstrate the service’s effective responsiveness to issues when they arise, however decide that further improvement is necessary to ensure compliance in this requirement. As such I find the Assessment Team’s findings to be more compelling at this time in regard to each consumer receiving safe and effective personal and clinical care and, therefore, I find the service non-compliant in Requirement 3(3)(a).

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service demonstrated safe and effective services and supports that enhance consumer’s health, well-being and quality of life. Consumers and representatives advised that the service supports them to engage in suitable activities for daily living that interest them and enable their independence, health, well-being and quality of life. Consumer care and service records appropriately document relevant information related to individual consumer needs, preferences, goals, and how they are being met. Resident meeting minutes demonstrate relevant input is sought from consumers on an ongoing basis about the services and supports they would like, and lifestyle staff explained that services and supports are regularly updated to best suit consumer demand and preferences. With these considerations, I find the service compliant in Requirement 4(3)(a).

The Assessment Team reported that most consumers and representatives advised that the service promotes their emotional, spiritual and psychological well-being and that consumer care and service records identify individual consumer needs, goals and preferences in relation to emotional, spiritual and psychological support. Staff demonstrated effective measures and processes they use to monitor for any change in consumer emotional well-being and explained that they would report any change in consumer well-being to the registered nurse. The Assessment Team observed staff providing emotional support to consumers and staff demonstrated an awareness of the religious and spiritual preferences of each consumer. The Assessment Team reported, however, a gap in relation to formal religious services and supports for consumers available at the service. In their response to the Assessment Contact report, the Approved Provider supplied a copy of the service’s events calendar and highlighted their ongoing plan for continuous improvement to ensure that all relevant religious activity is made available at the service. Further, the Approved Provider highlighted that the service supports consumers to attend virtual religious sessions and engages various religious volunteers to attend the service to best support consumers. After considering the Approved Provider’s response to the Assessment Contact report, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to services and supports for daily living. Therefore, I find the service compliant in Requirement 4(3)(b).

Consumers and representatives advised the Assessment Team that the service supports them to engage in services and supports that enable them to participate in community life, to maintain relationships, and to participate in activities that interest them. Consumer care and service records include relevant information about consumer needs, preferences, goals, and how the service can best support each consumer to meet these objectives. The service, including dedicated lifestyle staff, ensure a focus on consumer preference and demonstrated appropriate action to facilitate activities and support for consumers to engage in their community, both within and external to the service, and to best support all consumers to develop and maintain social and personal relationships. With these considerations, I find the service compliant in Requirement 4(3)(c).

The Assessment Team reported that some consumers and representatives advised that they enjoy the meals and are satisfied with the variety and quantity of food. The service has implemented relevant improvement strategies in order to improve the menu, meal service and dining experience for consumers. These strategies were developed in consultation with consumers in relation to their individual dietary preferences, with assessments taking place in relation to special dietary needs. Consumer input and feedback was incorporated into the revised menus. The Assessment Team reported however, that some consumers and representatives advised that quality and varied meals are not routinely provided, that the food served is not routinely in accordance with individual consumer preferences, and the food served is not routinely aligned with the consumer’s assessed dietary needs. In their response to the Assessment Contact report, the Approved Provider highlighted actions implemented at the service that align with the service plan for continuous improvement to deliver suitable quality meals for each consumer. These include ensuring the chef meets with consumers and representatives to discuss the menu and feedback and holds food focus meetings with them. The service reviewed the meal requirements for each consumer and undertakes routine observations of meal services to ensure the meals served are what is prescribed. The service implemented a menu review, and a review of the number of consumers who require assistance with meals to ensure appropriate staff allocation. The service also adopted a food satisfaction survey and adopted a process for this to occur after all menu changes. The service highlighted their review of the consumers mentioned in the Assessment Contact report and demonstrated appropriate and timely action to address any issues raised by the Assessment Team. After considering the Approved Provider’s response to the Assessment Contact report, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to consumer meals and dining experience. Therefore, I find the service compliant in Requirement 4(3)(f).

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| 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

The Assessment Team’s review of the service’s complaint register and the Assessment Team’s discussions with management highlights that appropriate action is taken in response to complaints and that staff effectively apply open disclosure principles when things go wrong. The Assessment Team reported that some consumers and representatives thought their complaint had been addressed but some did not, advising that they needed to repeatedly make requests, or to advocate for consumers, as there is a lack of follow-up in relation to concerns and complaints. In their response to the Assessment Contact report, the Approved Provider highlighted their immediate action to address the specific consumer concerns reported by the Assessment Team, as well as provided evidence to support their thorough approach to feedback documentation and management processes. The Approved Provider highlighted the complexity of some feedback, and evidenced appropriate action, including discussion with the consumer and their representative, to ensure the issue is managed effectively and that a suitable and agreeable outcome is devised. After considering the Approved Provider’s response to the Assessment Contact report, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for managing feedback and complaint at the service. Therefore I find the service compliant in Requirement 6(3)(c).

The Assessment Team reported that the service demonstrates appropriate action is taken at the service to ensure that feedback is used to improve the quality of care and services for consumers. Consumers and representatives advised that their feedback and complaint(s) had led to improved care and services and management advised that the service maintains a focus on review and analysis of consumer feedback to improve care and services. The Assessment Team’s review of the service’s feedback records and their plan for continuous improvement highlighted appropriate links between consumer feedback and improvements to the care and services. The service routinely reviews their documented trend analysis of consumer and representative feedback and complaints to identify areas for improvement, including recently providing a focus on food where the service undertook action to improve consumer meals, meal service and dining experience. Analysis included consultation with consumers about what they want, individually and as a group, and this information has informed the service’s menu development. With these considerations, I find the service compliant in Requirement 6(3)(d).

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

Consumers and representatives advised the Assessment Team that staff are kind, caring and respectful towards them. Staff spoke of consumers in a kind and respectful manner, and staff demonstrated an effective knowledge of each consumers’ identity, culture and diversity. Staff use respectful language when documenting in consumer care and service records. The Assessment Team reported that staff were observed treating consumers with care and kindness and consumers advised that if concerns were raised about how they are treated, management at the service appropriately manage the issue in a timely manner.

The service’s plan for continuous improvement provides a focus on ensuring the workforce is routinely kind care caring to consumers by ensuring regular consultation with consumers and their representatives to find out how staff, including agency personnel, are interacting with them, adopting a mechanism for feedback to the complaints register and ensuring that these issues are addressed promptly. In addition, the service has provided staff with training that provides a focus on a positive culture to support staff to encourage one another to be respectful, and to work together to remedy actions that have impacted consumers at the time they occur.

With these considerations, I find the service compliant in Requirement 7(3)(b).

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

The organisation demonstrated an effective risk management framework that ensures effective organisational governance in areas of high impact and high prevalence risk to consumers, supporting consumers to live their best lives, and managing and preventing adverse incidents for consumers. The Assessment Team reported that the organisation’s risk management framework is effective in identifying, assessing, managing, monitoring and reviewing risk. Further, the Assessment Team reported that executive and senior staff are well informed and have appropriate oversight to ensure informed decisions are made to best support consumers.

The organisational policies and procedures provide management and staff with appropriate guidance to ensure the service adopts best practice principles to ensure that consumers are supported to engage in risk to live their best life. Reporting mechanisms focus on analysis, trending and internal benchmarking in relation to consumer high impact and high prevalence care-related risks, serious incidents, and feedback and complaints. This data effectively supports management to identify services throughout the organisation where continuous improvement actions can be applied to best support consumers.

With these considerations, I find the service compliant in Requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)