Performance

Report

**1800 951 822**

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| Name: | Estia Health Bannockburn |
| Commission ID: | 3818 |
| Address: | 71 McPhillips Road, BANNOCKBURN, Victoria, 3331 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 December 2023 |
| Performance report date: | 5 January 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 5924 Estia Health Bannockburn |

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 Bannockburn (**the service**) has been prepared by N Eastwood, 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.
* the provider’s response to the assessment team’s report received 4 January 2024.

# Assessment summary

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| Standard 6 Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 6

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| 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 |

Findings

Most consumers and representatives were satisfied with the process in place to resolve complaints. The Assessment Team noted that some consumers were concerned that complaints were not always listened to or action taken. Staff described the complaints process and how the principles of open disclosure would be utilised as well as working collaboratively with consumers and representatives and escalation to senior management where required.

A review of complaints documentation demonstrated complaints were actioned with apologies provided where appropriate.

Processes are in place to encourage consumers, representatives, and staff to lodge complaints verbally or in writing, internally or through external authorities including Older Persons Advocacy Network (OPAN) and WorkSafe. The handling and resolution of consumer complaints occurs through the feedback register, resident/relative meetings, progress notes, and the ‘Care Page’ which is an online feedback and complaints platform for families. Complaint trends affecting multiple consumers are lodged on the Plan for Continuous Improvement (PCI).

The Assessment Team also noted that new practices were implemented in the second half of 2023 to bring the service in line with organisational policies and procedures. A new complaints feedback register is to be implemented and a staff listening session was held in November 2023; and staff training is scheduled for January/February 2024. Additional opportunities for staff to contribute ideas and workplace improvements are also to be implemented.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 6(3)(c).

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The service demonstrated the workforce is planned with sufficient staff to deliver safe and effective care and services to consumers. Overall consumers expressed satisfaction with staffing levels and feel they receive the care they need. Staff described a recent increase in staffing across all clinical, care, housekeeping and catering, areas although this has required existing staff to provide additional orientation support.

Management explained the master roster is populated based on full occupancy, staff capability and consumer needs. Where shift vacancies occur, these are first offered to permanent and casual staff before agency staff and when aren’t able to be filled the additional staffing onsite are able to assist.

The Assessment Team reviewed call bell records for the 4 weeks prior to the visit and noted the average wait time was 3 to 4 minutes, with longer wait times reviewed, analysed and investigated. The Assessment Team also reviewed clinical documentation supporting a decrease in falls, wounds, and call bell response times subsequent to the recent increase in staffing.

The service demonstrated staff are trained with the knowledge and skills to meet consumer needs, preferences, and organisational processes. The service has policies, and procedures that guide the workforce to deliver care outcomes.

Management described how staff training needs are identified through feedback from consumers, representatives, and staff, through performance appraisals, monthly audits, incidents, and observations. An online training platform is used to monitor completion of mandatory training and provide staff access to relevant role specific online education and training. All training is monitored, recorded, audited by management, and communicated to the Board. Recruitment processes are in place including the service responsibility for interviews, reference checks, qualifications, police and visa checks with broader Human Resources input.

All staff are required to complete 22 compulsory education modules annually and staff performance appraisals occur at month 3, 5, 6 (end of probation) and then annually. Seventy-nine percent of staff had completed mandatory education for 2023, including 97% completion for the NDIS code of conduct training.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirements 7(3)(a) and 7(3)(d).

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