Performance

Report

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| Name of service: | Performance report date: |
| Estia Health Benalla | 29 June 2022 |
| Commission ID: | Activity type: |
| 4470 | Site Audit |
| Approved provider: | Activity date: |
| Estia Investments Pty Ltd | 23 May 2022 to 25 May 2022 |

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 Benalla (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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.
* the provider’s response to the assessment team’s report received 16 June 2022.
* other information and intelligence held by the Commission in relation to the service.

The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018.

**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 | | Compliant |
| 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 representatives confirmed they are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers in a respectful manner and were able to demonstrate that they are familiar with consumers’ background and preferences.

Consumers and representatives stated that their cultural needs and preferences are supported by the service. Staff described how the consumer’s culture influences the delivery of care and daily activities.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff were able to describe the various ways they support consumers to make informed choices about their care and services and maintain relationships with those people who are important to them.

Consumers were satisfied that they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff demonstrated an awareness of activities that included an element of risk to consumers and could describe the strategies in place to mitigate these risks.

The service was able to demonstrate each consumer and representative is provided with timely information that is accurate, current and easy to understand which enables them to exercise choice. Staff were able to describe how they communicate with and assist consumers, including those with cognitive impairments or difficulty communicating.

Consumers and representatives confirmed their privacy and confidentiality is respected. Staff outlined the practical ways they respect the personal privacy of consumers, such as, knocking on consumers’ doors prior to entry and closing their doors during the provision of care, this feedback was consistent with observations made by the Assessment Team.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documentation evidenced the care planning process was effective and comprehensive and identified the needs, goals and preferences of consumers, including risks to their health and well-being. Staff described how the assessment and planning process informs the delivery of safe and effective care for consumers.

Staff demonstrated a shared understanding of consumers’ clinical and personal needs, goals and preferences. Care planning documentation evidenced that consumers and representatives were consulted throughout assessment and care planning, including advanced care and end of life planning.

Care planning documentation demonstrated that consumers and representatives are consulted throughout assessment and care planning, and when required, input is sought from health professionals. Consumers and representatives indicated they are involved in the assessment and care planning process on an ongoing basis.

Consumers and representatives confirmed the outcomes of assessment and planning have been communicated and they are able to access consumer care plans upon request. Care planning documentation demonstrated that outcomes of assessment and planning are effectively documented in a format that the consumer can understand and readily access.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Staff advised that care plans are reviewed every three months or earlier if any changes or incidents occur.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

The Assessment Team found the service did not meet Requirement 3(3)(b) regarding the effective management of high impact or high prevalence risks. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response and found the service Compliant. I have provided reasons for this finding below.

During the Site Audit, the Assessment Team spoke with a consumer who described an incident where another consumer had entered their room without consent and the subsequent interactions between the two. The Assessment team explored this issue while onsite with consumers, staff, and Management. The Assessment team could not find any documentation regarding the incident but was advised by Management that a Serious Incident Reporting Scheme (SIRS) report had been made and provided a continuous improvement plan to address the issue.

Within the Approved Provider’s written response, received 16 June 2022, additional information was included regarding the incident identified by the Assessment Team. The provider outlined the further investigation that had occurred at the time and in response to the Site Audit in relation to this incident and explained the risk management strategies adopted and implemented in response to this incident.

I have considered the evidence brought forward by the Assessment Team in the Site Audit report and the Approved Provider’s written response. On the totality of evidence, I find that the service has demonstrated the effective management of high impact or high prevalence risks associated with the care of each consumer. Therefore, I find the service Compliant with this requirement.

I am satisfied that the remaining six requirements of Quality Standard 3 are compliant.

Consumers and representatives expressed they are receiving care that is individualised and meets their needs and preferences. Staff demonstrated a shared understanding of the needs and preferences of consumers and described how they provide safe and effective personal and clinical care.

Staff described the way care is provided to consumers that are palliating and practical ways they ensure the comfort of consumers. Care planning documentation identified the needs, goals and preferences of consumers for end of life care.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff described how they identify and respond to any deterioration or change in a consumer’s condition.

Consumers and representatives felt their needs and preferences are effectively communicated between staff. Staff described how information about consumer needs, conditions, and preferences are documented and communicated within the organisation and with others where clinical care is shared.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. The Assessment Team noted that information and recommendations from external providers of care and services are consistently recorded in the service’s electronic care planning system.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff demonstrated an understanding of how infection related risks are minimised at the service and how they minimise the need for, or use of, antibiotics and ensure they are used appropriately.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The service was able to demonstrate that each consumer receives 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. Staff demonstrated a shared understanding of the needs and preferences of consumer’s; this information was consistent with care planning documentation.

Consumers and representatives expressed that the service provides support for daily living to promote the emotional, spiritual and psychological well-being for each consumer. Staff demonstrated a shared understanding of the support preferences of consumers and how to support their health and well-being.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Staff described the activities and relationships of importance to consumers.

Consumers and representatives expressed their needs and preferences are effectively communicated within the organisation, and with others where responsibility for care is shared. Staff described how the needs and preferences are documented, updated and communicated throughout the service to ensure consistency of care.

Care planning documentation demonstrated the occurrence of timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described how they work alongside external organisation to supplement the lifestyle activities offered by the service.

Consumers and representatives mostly expressed positive feedback regarding the quality and quantity of the meals provided by the service. Care planning documentation evidenced the identification of dietary requirements and meal preferences.

The Assessment Team observed equipment for daily living to be safe, suitable, clean and well-maintained. Staff advised they have appropriate access to equipment and outlined the process to report equipment issues to maintenance staff.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 representatives felt safe within the service and provided positive examples of the service and its facilities. Staff were able to describe how the service environment makes consumers and visitors feel at home, as well as how it supports consumers with a cognitive impairment.

The service environment was observed to be safe, clean, well-maintained and comfortable; and enables consumers to move freely both indoors and outdoors. A review of the maintenance request book by the Assessment Team demonstrated that maintenance issues reported by staff and consumers are resolved promptly.

The Assessment Team observed furniture, fittings and equipment are safe, clean, well-maintained and suitable for the consumer. The call bell monitoring documentation demonstrated monthly checks are conducted, and any faulty or damaged call bells are replaced.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 felt safe and supported to provide feedback or raise concerns with staff and management. Staff outlined how they encourage and support consumers to provide feedback and make complaints and were aware of and understand the operations of the service's complaint handling system.

Staff demonstrated a shared understanding of the external advocacy and language services available to consumers and representatives. The Assessment Team observed a brochure stand at reception, which contains brochures and other written information in relation to how to make complaints, including details for advocacy and language services. Information and brochures are provided in multiple languages.

Consumers and representatives advised that appropriate action is taken in response to complaints. Staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process.

Management provided examples of complaints and the actions taken in response, as well as how feedback and complaints have been used to information continuous improvement across the service. Consumers and representatives stated the service utilises feedback to improve the quality of care and services.

# Standard 7

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| Human resources | | Compliant |
| 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 was able to demonstrate 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. Management advised that planned leave is filled with available permanent staff, and if unable, they will use agency staff and try to request staff who are familiar with the service.

The Assessment Team observed staff to be kind, caring and gentle when interacting with consumers. Staff were observed to greet consumers by their preferred name and demonstrated that they are familiar with each consumer's individual needs and identity.

Staff outlined the relevant qualifications that were required when they were appointed to their role. Most consumers and representatives said overall, they consider staff to be skilled and competent in their role.

Staff felt they were recruited, trained, equipped and supported to deliver safe and effective care. Management said there is an online training portal that includes the mandatory scheduled training, non-mandatory training, as well as training that can be rolled out to staff at any point if a need is identified.

Management outlined that the performance of staff is monitored through formal performance appraisals and informal monitoring and review. A review of a staff member’s performance assessment evidenced the completion of a self-assessment against the service’s values, an evaluation of the staff member’s performance by management and a request for additional training that had since been completed.

# Standard 8

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| Organisational governance | | Compliant |
| 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

The Assessment Team found the service did not meet Requirement 8(3)(c) regarding effective organisation wide governance systems relating to information management and regulatory compliance. I have considered the evidence brought forward by the Site Audit Report and the Approved Provider’s response and found the service is Compliant. I have provided reasons for this finding below.

During the Site Audit, the Assessment Team observed the service’s policies for elder abuse, palliative care and culture, spirituality and religion to be outdated and due for review. Management were informed by head office that the palliative care policy is under final review and the elder abuse and the cultural, spirituality and religion policy are currently under review.

The Assessment Team noted deficiencies with service’s regulatory compliance and provided the example of the incident previously described under Requirement 3(3)(b), whereby a consumer entered the room of another consumer without consent, noting a priority one SIRS incident should have been raised.

Within the Approved Provider’s written response, received 16 June 2022, additional information was included regarding the issues identified by the Assessment Team. Regarding the policies observed by the Assessment Team, the Approved Provider has indicated that policy reviews are prioritised based on a variety of factors. These factors include changes to regulatory requirement and revised best practice, this is the case for the palliative care policy, the current policy refers to the latest guidelines as well as the Department of Health National Palliative Care Strategy. Although these policies are under review, the Assessment Team did not identify any discrepancies with the information or procedures set out in the policies to support a recommendation of non-compliance.

The Approved Provider provided further evidence and explanation in relation to the incident that the Assessment Team believed warranted a SIRS report, based on this further investigation the service did not believe a SIRS report was warranted. However, noted that in response to further information raised by the Assessment Team during the Site Audit, the service had expedited their SIRS Priority 2 submission, which occurred on 27 May 2022, within the regulatory timeframe.

I have considered the evidence brought forward by the Assessment Team and the additional written response from the Approved Provider and on the totality of evidence, I find that the service has demonstrated effective organisation wide governance wide systems relating to information management and regulatory compliance. Therefore, I find the service Compliant with this requirement.

I am satisfied that the remaining four requirements of Quality Standard 8 are compliant.

Consumers and representatives stated the service is well-run and confirmed they are involved in the delivery and evaluation of care and services. Management advised that consumers are encouraged to provide feedback through formal feedback forms, and their office door is 'always open' for conversations.

Management was able to describe the involvement of the governing body in the promotion of a culture of safe, inclusive and quality care. Management advised that the board meets monthly and the executive team attend Board meetings and relay information in the weekly regional meetings.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff confirmed they had been educated on these policies and could provide practical examples of their relevance to their work and responsibilities.

The service was able to demonstrate a clinical governance framework and supporting polices that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of antimicrobial stewardship and could outline the open disclosure principles.