Performance

Report

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| Name of service: | Estia Health Bexley Park |
| Service address: | 3-5 Eddystone Rd BEXLEY NSW 2207 |
| Commission ID: | 2570 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 September 2022 to 30 September 2022 |
| Performance report date: | 1 November 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 Bexley Park (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

# 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

Staff spoke about consumers in a respectful manner and demonstrated they were familiar with consumer's individual background and preferences. Consumers representatives said they feel staff treat them with dignity, respect and that consumers feel valued as an individual. Care planning documentation evidenced consumer's culture, diversity, and identity was acknowledged through their background information and personal preferences. The service has policies on creating a diverse and inclusive culture.

Information about consumers’ life history including their cultural and spiritual needs is captured in care planning documentation and consumers and representatives felt staff respect their culture. Staff advised there were some culturally and linguistically diverse consumers living at the service and described how their culture influences the delivery of care and services.

Care planning documentation identified the consumers' individual choices around when care is delivered, who is involved in their care and how the service supports them in maintaining relationships, in line with feedback from care staff.

Staff demonstrated they are aware of the risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Consumers described how the service supports them to take risks to enable them to live the best life they can.

The service demonstrated information relating to consumer care and services is provided to consumers and representatives in a clear and easy to understand way and allows them to make informed decisions. Consumers and representatives confirmed they are kept informed through printed information, verbal reminders and through email correspondence.

Consumers and representatives said their privacy is respected. Staff described how they keep consumer information private, and all staff computers are password protected. The service has processes which are followed by staff to ensure consumer’s privacy is respected, and their personal information is kept confidential.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said they receive the care and services they need, and felt they have a say in care planning processes. Staff recalled consumer's unique care goals and preferences in line with those detailed in consumer care plans.

The service demonstrated assessment and planning, reflected consumers’ goals, needs and preferences and included advance care planning and end of life wishes. Staff described what is important to consumers in terms of how their personal and clinical care is delivered, including their needs, goals, and preferences. Staff also described how they approach conversations with consumers and/or their representatives about end of life and advance care planning.

The service partners with consumers and others who consumers wish to involve in the planning and assessment of care. Staff explained that the service’s 3-monthly care plan review and case conferences involve the consumer and representatives, Medical Officers, physiotherapist, and other specialists involved in the care of the consumers. Care planning documentation evidenced the involvement of a range of external providers.

The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and representatives and documented in a care and services plan readily available to the consumer and to those who are involved in their care. Consumers and representatives said they feel the service maintains good communication with them and said staff explain things to them clearly and clarify clinical matters if needed. Staff confirmed all consumers, and their representatives are offered a personal copy of their care plan.

Care planning documentation identified evidence of review on both a regular basis and when circumstances changed, such as consumer deterioration or incidents involving falls. Staff described how and when consumer care plans are reviewed. Consumers and representatives said staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner. The service has policies and procedures which guide staff in the assessment and planning process for consumers on a 3-monthly basis or as needed following a change in health status.

# 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

Consumers and representatives said they receive safe, best practice and effective personal and clinical care, tailored to meet the individual consumer's needs, and optimises their health and well-being. Consumer files included care assessments, care and service plans, progress notes, medication and monitoring charts reflecting individualised care, which is safe, effective, and tailored to the specific needs and preferences of the consumer. The service has policies, procedures, and work instructions for key areas of care including but not limited to, restrictive practices, wound management, and pain management, all of which are in line with best practice. These procedures are readily available for all staff to access via an online portal.

The service demonstrated high-impact and high-prevalence risks are effectively managed through regular clinical data monitoring, trending, and implementation of suitable risk mitigation strategies for individual consumers. Consumers and representatives said they felt the service is adequately managing risks to consumers' health.

The service demonstrated consumers who are nearing the end of life have their dignity preserved and care is provided in accordance with their needs and preferences. Consumers who wished to, had their advance care plan and end of life wishes section of their care plan completed by themselves or a representative. Staff described how they approach conversations around end of life and how they care for end-of-life consumers through supporting regular family visits, regular repositioning, hygiene and comfort care, pain relief and pastoral care.

Care planning documents and progress notes reflect the identification of, and response to, deterioration or changes in condition. Consumers and representatives said the service is responsive to consumer’s care needs and are able to adequately respond with informed management strategies.

The service demonstrated information about the consumer’s condition, needs and preferences is documented and effectively communicated with those involved in the care of consumers. Consumers and representatives are satisfied with the delivery of care, including the communication of changes to consumers' condition. A review of care planning documentation demonstrated progress notes, communication books, and care and service plans provide adequate information to support effective and safe sharing of the consumer's information and support care.

Care planning documentation demonstrated referral process to other health care providers as needed, consumers and representatives advised timely and appropriate referrals occur and they have access to relevant health supports. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers. Consumers were referred to providers of care and services in a timely manner, consistent with the services policies and procedures on allied health service referrals.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumers and their representatives commended staff on their frequent use of personal protective equipment and hand hygiene, consistent with the Assessment Teams observations.

# 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 felt supported to participate in activities they like, and felt they are provided with appropriate support to optimise their independence and quality of life. Staff explained how consumers preferences and needs are collected and communicated, such as leisure likes and dislikes, personal interests, and spiritual needs. Staff explained what consumers like to do and this is aligned with the information in consumers’ care plans. The Assessment Team observed consumers of varying levels of ability engaged in daily living activities on several occasions during the site audit.

Consumers described how the service promotes their emotional, spiritual, and psychological well-being, staff described how they support these needs. Care planning documentation included information on consumers' emotional, spiritual, and psychological well-being needs, goals, and preferences.

Consumers said they felt supported to participate in activities within the service and in the outside community as they choose. Staff provided examples of consumers who were supported to maintain their relationships, both inside and outside of the service. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer.

Consumers and their representatives said information about the consumer's conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff communicate and document changes through care plans and as well as shift handovers which are attended by all staff at the service. Care planning documentation for consumers provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they are supported by other organisations, support services and providers of other care and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services, consistent with the service’s policies and procedures on timely and appropriate referrals.

Consumers and representatives said the service provided meals of suitable quantity, quality and were varied. Consumers at the service with special dietary needs were accommodated and all staff were knowledgeable regarding their needs. The Assessment Team observed meal service and noted options available for consumers, allergy information on display with the person serving the meals and most plates in the dining hall without leftovers.

Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Staff said they have access to equipment when they need it and could describe how equipment is kept safe, clean, and well-maintained.

# 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 representatives found the service environment welcoming and said it allows for easy accessibility through various parts of the service and enhances their sense of belonging. Staff described aspects of the service help consumers feel welcome and optimise each consumer’s sense of belonging and ease of navigation, and that every effort is made to help consumers feel like they are at home.

The service is safe, clean, and well-maintained and consumers are able to move freely, both indoors and outdoors. Consumers and representatives considered the service environment safe, clean, and well-maintained and felt it allows them to move around freely.

Furniture, fittings, and equipment were safe and well-maintained. Staff explained how they keep equipment clean and safe and provided evidence of cleaning and maintenance schedules that were complete and up to date.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt safe and supported to provide feedback or raise concerns within the service whether verbally to staff or management, or through feedback forms. Staff described processes in place to encourage and support feedback and complaints and understand the operation of the service’s complaint handling system. The Assessment Team observed information throughout the service supporting consumers and their representatives to provide feedback and complaints.

Representatives said they are aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Staff described how they help advocate for and understand the complaints of the consumers and described the available advocacy and external complaints services available for consumers. The Assessment Team observed documents throughout the service about advocacy, language services and external complaints mechanisms.

Consumers and representatives said the service addressed and resolved their concerns and open disclosure process was used. Staff described actions taken to recent complaints and are aware of the open disclosure policy and its application. Staff are guided by a documented policy on open disclosure and complaints management, in line with best practice guidelines.

Consumers and representatives confirmed feedback and complaints are used to improve services. Staff explained that one of the main areas of complaints, was mealtimes not being to consumer’s liking and in response the service had moved the mealtime to ensure the service and temperature was that preferred by consumers. Management described how the service's feedback and complaints are trended and analysed at the end of each month and used to inform continuous improvement as required.

# 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 it has adequate staffing levels and mixes to meet the needs of the consumers. Consumers and representatives said they feel there are enough staff at the service and expressed satisfaction with the speed at which their care needs are responded to. Staff advised unplanned absences are covered, and they have enough staff rostered and adequate time to be able to attend to consumers’ personal preferences and care needs.

Consumers and representatives said staff are kind, caring and respectful to consumers. Staff were always observed to greet consumers by their preferred name and demonstrated they are familiar with each consumer’s individual needs and identity. The service has a suite of documented policies and procedures to guide staff practice, and which outline care and services are to be delivered in a person-centred approach.

Consumers and representatives consider staff to be skilled and competent in their role. Staff advised there is certain training designated as mandatory and must be completed annually or as required. Staff are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. Position descriptions include key competencies and qualifications either desired or essential for each role, and staff are required to have relevant qualifications.

The service demonstrated performance reviews are conducted during probation, and then 12-monthly which involve staff undergoing an in-person discussion with their team leader regarding their performance. Staff said the service uses an online system to alert staff when the performance review is due and requires an action.

# 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

The service has established processes to support consumers to engage in the development, delivery and evaluation of care and services. Consumers and representatives advised they are confident the service is run well and expressed satisfaction with their level of engagement with the service. Consumer and representative meeting minutes, continuous improvement register, and staff meeting minutes demonstrate consumers and their representatives are involved in the development, delivery and evaluation of care and services.

The service demonstrated it has central policies and procedures with the governing body promoting a culture of safe, inclusive, and quality care and services and is accountable for their delivery. Management described a robust organisational structure governing the delivery of quality care and services across the organisation. In order to satisfy itself the Quality Standards are being met; monthly internal audits are completed against each of the Quality Standards.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service was able to provide frameworks and policies and procedures to support the management of risk and in response to incidents and the service was able to demonstrate the implementation of these frameworks, policies, and procedures. Staff and management interviewed provided examples of these risks and how they are managed within the service.

The organisation’s clinical governance systems ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff demonstrated understanding and education, and practical applications of these policies. The service documented clinical governance framework, and policies and procedures relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)