Performance

Report

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| Name of service: | Estia Health Burton |
| Service address: | 367-379 Waterloo Corner Road BURTON SA 5110 |
| Commission ID: | 6213 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 10 February 2023 |

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 Burton (**the service**) has been prepared by D, McDonald, 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

Consumers and representatives reported the service treated consumers with dignity and respect, and their cultures and identity were acknowledged and valued. Care planning documentation contained information about the consumer’s cultural background. Staff demonstrated awareness of the consumers’ backgrounds and personal preferences.

Consumers and representatives stated the service provided culturally safe care, adding some of the staff had made the effort to learn words in a consumer’s language to better communicate with them. Staff advised any specific cultural training was done on an ‘as needed basis’, and a toolbox session on cultural safety had been conducted in July 2022. The staff training folder evidenced training on cultural safety was provided.

Consumers said the service supported them in making decisions about their care, as well as supporting them to maintain relationships with those important to them. Staff advised they supported consumers’ choices, knew the people important to them, and consumer preferences around who was involved in their care. Staff were observed involving consumers in the choice of activity, food, and timing of personal care.

Consumers were able to identify how the service supported them to take risks and continue living their lives how they chose. Care planning documentation included dignity of risk information, with dates of discussion with relevant individuals, potential consequences, and risk management strategies in place. Staff confirmed consumers were supported to take risks, and provided an example of a consumer, assessed as a high risk of falls, but refused to have movement monitoring sensors in their room. The consumer’s wishes were respected, and other strategies were implemented.

Consumers reported the service provided them with accurate and up-to-date information, allowing them to make informed choices. Notice boards, activity calendars, and newsletters containing accurate information, in different languages, were observed throughout the service. Staff were observed to communicate with consumers about events occurring at the service.

Consumers stated their privacy was valued by the service, information was kept confidential and added staff always knock before entering their room, and this was observed in practice. Staff explained the importance of privacy and how this was maintained for consumers. The service had a privacy policy explaining how consumer information was protected.

# 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

Consumer and representatives said they were involved in their assessments and planning, which enabled consumers to receive the care and services they need, and said they were kept well informed of consumers’ condition, including any deterioration or risks to their needs. Staff explained the process of conducting assessments and care planning, stating it included implementing strategies for any risks identified, engaging with consumers, their families and relevant staff during assessment and reviews, and communicating changes, including risks and strategies, to relevant staff. Care planning documents demonstrated assessment and planning included consideration of risks to the consumer’s health and well-being and informed the delivery of safe and effective services.

Consumers and representatives said staff regularly discussed their needs, goals, and preferences, including what their end-of-life wishes were. Staff described how they initiated end-of-life discussions with consumers and their families with an advance care directive completed to record and communicat their wishes to staff. Care planning documents included information regarding the consumer’s end-of-life wishes, needs, goals an preferences.

Consumers and representatives said they were involved in assessments and the development of their care plans. Staff explained the process of care plan reviews with consumers and families, and how changes were communicated to other staff. Care planning documents demonstrated partnership with consumers and representatives, and other relevant providers in the assessment, planning, and review of the consumer’s care plan.

Consumers and representatives said they were informed of the outcomes of assessment and care planning. Staff advised consumers and representatives were offered a copy of the consumer’s care plan after care reviews. Care planning documents included evidence of where the outcomes of assessment and planning were communicated to the consumer, and if relevant, their representative.

Consumers and representatives advised the service engaged with them when care plans were reviewed, incidents occurred, and when care needs changed. Staff described, and care planning documentation confirmed, the practice of partnering with consumers and representatives as part of care plan reviews either at 3-monthly intervals, post-incident, upon return from hospital, or if the consumer’s care needs changed.

# 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 safe and effective personal and clinical care, reflecting the consumer’s needs and preferences, was provided. Staff said they were provided with support, resources, and training, which ensured they were kept up to date with industry best practices and the needs of consumers. Care planning documents demonstrated personal and clinical care provided was aligned with best practice and the personal and clinical needs of consumers, which optimised their health and well-being.

Consumers and representatives gave positive feedback on management of risks. The service identified high-impact risks to consumers such as weight management, choking, medication management, psychotropic medications, restraint, pain, pressure injuries, behaviours, and sensory loss. Staff demonstrated a good understanding of consumer’s risks and strategies to reduce the risks. Care planning documents identified key risks to consumers and included strategies to minimise risks.

Consumers and representatives said they had discussed their end-of-life wishes with management. Staff described processes to support end-of-life care, including the involvement of family and other health professionals. Policy and processes guide staff when providing end-of-life care and the consumer’s end-of-life wishes were captured in care documentaion.

Consumers and representatives provided positive feedback about the staff’s response to any changes in the consumer’s health. Staff described how they recognised and responded to deterioration or changes in the consumer’s condition, including observing consumers, completing assessments, providing relevant referrals, and notifying families. Care planning documents reflected where deterioration and changing conditions occurred, appropriate assessment, referrals, engagement with families, and outcomes were recorded.

Consumers and representatives stated staff were aware of their needs and preferences and felt confident this information was communicated to their doctors, visiting allied health workers, as well as their families. Staff described how consumer information was accessed and shared during handover and in care planning documents. Care documentation showed appropriate and relevant information regarding the consumer’s condition, needs, and preferences was recorded and was accessible to staff and others involved in the consumer’s care.

Consumers and representatives provided positive feedback about the care provided to consumers, including referrals to allied health professionals. Staff described the referral process, and gave examples of consumers who had been referred to specialist providers. Care documentation demonstrated appropriate and timely referrals to external health providers and the service had guiding documentation relating to the provision of referrals.

Consumers and representatives reported they see staff engaging in hand hygiene and wearing personal protective equipment and were provided with updates regarding COVID-19 requirements and restrictions. Staff demonstrated a good understanding of infection prevention and infection control practices, and confirmed they undertake regular infection control training. Staff explained antimicrobial stewardship and the steps the service took to minimise the use of antibiotic medications, such as pathology testing for urinary tract infections before commencing antibiotic treatments.

# 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 were happy with the services and supports for daily living and advised these met their needs, goals, and preferences; and maintained their independence, quality of life, and well-being. Staff demonstrated a good understanding of what consumers liked to do, and what was important to them, advising lifestyle plans were developed with each consumer on entry and were reviewed every 6 months depending on the changing needs of each consumer. Care plans identified consumers’ needs, choices, and preferences and included lifestyle plans.

Consumers described how they were supported to promote emotional, psychological, and spiritual well-being, explaining if they were feeling sad or low, staff sat and chatted with them. Staff reported they could tell when a consumer was not their usual self and gave examples of how they supported the consumer. Care planning documents showed consumers’ individual emotional support strategies and how to implement them.

Consumers said they were supported to maintain contact with the people who were important to them, and engage in activities they enjoyed, both inside and outside the service. Staff demonstrated a good understanding of what consumers liked doing and the people important to them. Care planning documents identified the people who were important to the consumer and the activities the consumers enjoyed, including leaving the service independently for shopping or meeting with friends.

Consumers and representatives reported their services and supports were consistent, and the staff knew their preferences and the way they liked things to be done. Staff described how any changes to care plans were communicated to all staff by a verbal handover, memos, and emails. All staff were provided with a handover sheet with consumers’ names and required information, relevant to the area of the service they were working in.

Consumers said if the service was unable to provide suitable support, they felt confident they would be appropriately referred to an external provider. Management said the service completed appropriate referrals of consumers to external support services and organisations when required. Care planning documentation confirmed the involvement of volunteer visitors and cultural support where it was required.

Consumers and representatives reported meals provided were varied and of suitable quality and quantity, and they were happy with the service. Staff explained the process of how consumers ordered their meals, and had input into the menu through consumer meetings and feedback. Documents demonstrated the service had relevant practices to ensure safe food storage, delivery, preparation, and the dietary needs and preferences of consumers were considered.

Consumers said the equipment they used, such as mobility aids, were clean and well-maintained. Staff reported they had access to appropriate equipment they require to support consumers’ daily activities and described how it was maintained and cleaned, and the process for reporting maintenance issues. The equipment used to support consumers' activities of daily living was observed to be clean, safe, in good working order, and suitable, with call bells and mobility aids within consumers' reach.

# 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 stated the service was a comfortable place to live, and they were encouraged to bring in personal items to decorate their rooms and staff assisted them by hanging their pictures and artwork up on the walls. Staff reported the layout of the memory support unit has been improved recently and the corridors now join to form a loop, enabling consumers to wander and find their way back to common areas. The service was observed to have clear signage showing the location of rooms, wings, bathrooms, exits, and chemical storage. The main corridor had handrails throughout, multiple lounges, activity rooms, and dining areas along the way, and outdoor areas had shade, seating, and tables.

Consumers advised they were happy with the standard of cleaning at the service and stated they felt safe and able to freely move between indoor and outdoor areas, which were observed to be kept unlocked and accessible. Staff described the cleaning and maintenance processes at the service stating they ensured all areas of the service were cleaned on schedule. Common areas of the service were observed to be clean and free of clutter.

Consumers stated they felt the furniture, fittings, and equipment at the service were safe and clean. Staff described cleaning processes for equipment and were aware of how to report cleaning and maintenance requests. Maintenance reports reflected a 6-monthly schedule for servicing equipment including lifting machines, wheelchairs, and commodes.

# 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 advised they felt comfortable raising concerns or making suggestions. Management advised feedback processes were accessible to consumers, and feedback was welcomed by the service. Feedback forms and boxes were observed throughout the service, including at the front entrance by reception and the entrance of each wing.

Consumers said they knew what advocates and translators do, and who they were. Staff described assisting consumers, who have difficulty communicating, to provide feedback. Information relating to advocacy and interpreter services including in different languages and the Charter of Aged Care Rights were displayed on notice boards throughout the service

Consumers said they felt appropriate action was taken in response to complaints. Staff demonstrated a good understanding of the complaints management process, such as documenting and resolving complaints and using open disclosure, including providing an apology when things went wrong. The Complaints and Feedback register contained complaints raised by consumers, dates logged, actions taken, the outcome, and the closure date of the complaint.

Consumers said they felt feedback and complaints were reviewed and used to improve the quality of care and improve the service. Management described how information from complaints was used to improve services. The Feedback and Complaints register was up to date and showed a summary of the complaint/feedback, and details and actions regarding complaints.

# 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

Consumers reported there were sufficient staff, who responded to their needs and answered call bells within an appropriate timeframe, however, one representative did not think there was enough staff during the night, however did not describe any adverse impact. Staff stated there was enough staff rostered on for each shift. Rostering documentaion indicated an adequate number of staff in the service, including a mix of registered and care staff.

Consumers and representatives felt the workforce interacted with consumers in a kind, caring, and respectful way regardless of their individual needs and cultural background. Staff interviewed said they address consumers by their preferred names. Staff were observed addressing consumers by their name and using respectful language when assisting consumers.

Consumers and representatives said they felt staff knew what they were doing. Management described how they determined whether staff were competent in their roles, and the process used to recruit suitable, competent staff. Records indicated all staff were appropriately qualified and the service carried out the necessary checks required for their roles, including police checks, registrations and vaccination status.

Consumers stated staff were adequately trained and equipped to do their jobs. Management described how mandatory training was provided to staff on commencement and annually and how staff received training by either completing online training modules or through on-site toolbox sessions. Staff files and training records provided evidenced the service carried out staff orientation and training.

Management described how staff performance was assessed, monitored, and reviewed, such as through receiving supervision and participating in performance appraisals. Staff advised they felt supported in their jobs and the training provided was relevant and useful to their roles. Staff performance appraisal records reviewed identified all performance appraisals were up to date.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives reported they were engaged in the development, delivery, and evaluation of care and services. Management and staff described the various mechanisms used to engage consumers such as consumer meetings, feedback forms, surveys, and verbal feedback from consumers and representatives. Minutes of consumer meetings demonstrated issues and suggestions which had been actioned and evaluated for their effectiveness and consumer satisfaction.

Consumers said they felt safe and received the care they needed, and representatives advised they felt consumers received safe and quality care. The service had a Person-centred care framework, which described the clinical governance framework and provided further evidence the Board played a role in promoting a culture of safe, inclusive and quality care and services, and was accountable for their delivery. Management stated the Board sought the service’s input through the clinical governance process and said information is disseminated from the service up to the Board and back down to the service through reports, meetings, and weekly newsletters.

Appropriate governance systems were in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, and reports including information for the governing body to satisfy itself the Standards were met. Staff said they could access the information they required with policies, procedures, and consumer information accessed via electronic information management systems. Appropriate systems were in place to provide oversight of the workforce, including human resourcing and monitoring of mandatory staff training, with reports provided to management and the Board.

The service’s Risk Management Framework and Person-Centred Framework ensured current and emerging risks were identified and their potential consequences understood, so appropriate and effective steps were taken to mitigate and manage the identified risks. Management and staff described the processes in identifying and managing high-impact and high-prevalence risks, prevention of abuse and neglect, and incident management.

The organisation has a clinical governance framework in place that includes policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Staff described the 5 different forms of restrictive practice and reinforced the consumer’s dignity was respected, and advised restraint was only used as a last resort.

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