Performance

Report

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| Name of service: | Estia Health Coolaroo |
| Service address: | 15 Mladen Court COOLAROO VIC 3048 |
| Commission ID: | 3550 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 10 May 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 Coolaroo (**the service**) has been prepared by M.Nassif, 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff treated consumers with dignity and respect and their identity, culture and diversity was valued, consistent with observations. Staff described ways consumers’ identity, culture and diversity were valued and respected. Care planning documents showed consumers’ backgrounds, cultures and diverse needs were recorded and support strategies identified.

Consumers and representatives said staff were respectful of their cultures and supported them to practice their cultural beliefs. Care planning documents showed the service captured each consumer’s religious, spiritual and cultural, needs and preferences. The service had a documented policy on consumer diversity that included guidance for staff on cultural safety.

Consumers and representatives felt supported to make informed decisions about their care and services, their choices and preferences were respected, and they were encouraged to make and maintain connections with family and friends. Care planning documents showed consumers’ choices are documented. Staff gave examples of how they supported consumers’ wishes and supported their independence.

Consumers and representatives said the service enabled consumers to take risks to live their best lives. Staff were aware of consumers who wanted to take risks and demonstrated how they supported them to understand and minimise risks they took. Care planning documents described the activities and choices consumers chose to take to live the life they wished. The organisation had documented policies and forms to support consumers to understand and manage risks they chose.

Consumers and representatives said the service kept them well informed about events, activities, and menus to enable them to exercise choice. Staff explained how they provided information to consumers through the monthly activities calendar, menus, newsletter, and meeting minutes. Various, brochures, flyers, posters and other helpful information was clearly displayed around the service.

Consumers said the staff respected their privacy. Staff gave examples of how they respected the privacy of consumers in their day-to-day interactions. Practices to protect personal information was observed. The service had documented policies and procedures to guide staff practice in relation to the protection of privacy and personal information.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said care is well-planned and meets all consumers’ needs. Staff showed an understanding of the health risks relevant to each consumer and explained the risk assessment tools used to assess risks. Care planning documents showed assessment and planning, included consideration of risks to consumers’ health and well-being, informed the delivery of safe and effective care.

Consumers and representatives said they were given an opportunity to discuss their current care needs, goals and preferences and their advance care plans and end of life care wishes. Staff demonstrated how assessment and planning process identified and addressed consumers’ current needs, goals, and preferences and how they undertake conversations in relation to advance care planning.

Consumers and representatives said they were consulted throughout assessment and care planning and input was sought from other health care professionals. Staff described how consumers, representatives, and other providers of health care services participated in the assessment and care planning process. Care planning documents evidenced an ongoing partnership with the consumers and representatives and other providers of care and services.

Representatives said the service regularly provided updates on the outcomes of assessments and one representatives said they were offered a copy of care planning documents. Care planning documents showed they were regularly updated to reflect the outcomes of assessments and changing care needs, and these were communicated to consumers and representatives. Staff provided examples of how care plans were accessed and discussed with consumers and representatives and copies offered.

Staff explained how often care plans were reviewed, and gave examples of incidents or changes in condition, triggering a review. This was consistent with care planning documents. The service had policies and procedures to guide staff practice in relation to the review of consumers’ care and services.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives were satisfied the personal and clinical care delivered was tailored to their needs and optimised their health and wellbeing. Staff explained individual consumer’s clinical and personal care needs and how they met them. Care planning documents demonstrated consumers received personal and clinical care that aligned with best practices.

Consumers and representatives were satisfied that high impact or high prevalence risks to consumers were effectively managed. Management and clinical staff explained how high prevalence and high impact risks were effectively identified, managed and reported. Care planning documents demonstrated risks are assessed and effective strategies to manage key risks to consumers are in place.

Consumers and representatives felt confident the service would support consumers receiving end of life care.Management and clinical staff explained the processes for supporting consumers nearing end of life and ensuring their dignity was preserved and comfort maximised. The service had policies and procedures to guide staff practice in relation to palliative care assessments, advance care planning, end-of-life care, and the involvement of specialists for interventions and support.

Consumers and representatives said the service responded promptly to deterioration or changes in mental health, cognitive or physical function or condition. Staff described ways they detected deterioration in consumers’ mental health, cognition or physical function and outlined the steps they took in response. Care planning documents showed changes in consumers’ health or wellbeing were identified and actioned in a timely manner.

Staff explained how information about consumers’ care was documented and shared through discussions, shift handovers and accessing care plans. Care planning documents identified adequate and accurate information to support effective and safe sharing of the consumer’s care.

Consumers and representatives said referrals to other providers of care and services were timely and appropriate. This was consistent with care planning documents. Management and clinical staff described how the service organised timely and appropriate referrals for services. The service had policies and procedures to guide staff practice in relation to the involvement of other providers.

Consumers and representatives said they were satisfied with the services’ infection control practices and the management of COVID-19. Management and clinical staff described the strategies used to minimise infection risks and reduced antibiotic use. The service had an outbreak management plan and staff had received training on infection prevention and control strategies and outbreak management processes.

**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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they got the services and supports for daily living that met their needs, goals, and preferences and optimised their independence and quality of life. Staff demonstrated knowledge of consumers’ needs and preferences. Care planning documents captured consumers’ life story and identified their choices, lifestyle likes/dislikes, social affiliations, spiritual and religious needs, and the supports required to live their best life.

Consumers said the services and supports promoted their emotional and spiritual well-being. Staff described how they promoted consumers’ emotional, spiritual, and psychological well-being. Care planning documents outlined consumers’ emotional, psychological and spiritual needs, with strategies in place to ensure these needs were met.

Consumers said they were supported to maintain social and personal relationships, do things of interest to them and participate in the community, as they chose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents recorded consumers’ important relationships, activities of interest and supports needed to participate in the wider community.

Consumers said staff knew them, and they didn’t have to repeat their needs and preferences to multiple staff members. Staff detailed the processes for communicating internally and externally to others with responsibility for care including the electronic care management system and shift handovers. The service had various documented policies in relation to communicating information about consumers.

Consumers said the service offered to refer them to external providers to support their care and service needs. Staff described how consumers were referred to other providers of care and services and gave examples. Care planning documents and policies showed the service referred consumers to appropriate other health service providers when needed.

Consumers and representatives said the meals provided were varied and of suitable quality and quantity. Consumers could choose from various options on the menu which was displayed in each dining area. Staff described how they met individual consumer’s dietary needs and preferences and how any changes were effectively communicated.

Consumers and representatives said the equipment was safe, suitable, clean, and well maintained. Staff described the processes for identifying equipment that required maintenance. Preventative and reactive maintenance records showed maintenance was up to date and with no requests outstanding. Equipment available to consumers was observed to be safe, suitable, 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was welcoming, easy to understand and optimised consumers’ sense of belonging, independence, interaction, and function. Signage and visual cues promoting ease of navigation and independence were observed around the service. Consumers’ rooms appeared personalised.

Consumers and representatives said the service environment was clean, well maintained, and comfortable. Consumers were observed to be moving freely within the service, both indoors and outdoors. Staff said the service had documented policies and procedures in relation to maintenance, laundry and cleaning services.

Consumers said the furniture and equipment were safe, clean, well maintained, and suitable for use. Staff described the process for logging and completing maintenance requests. Cleaning and maintenance schedules showed maintenance and cleaning of furniture and equipment was effectively managed. Furniture, fittings and equipment appeared to be clean, well maintained and safe.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they felt comfortable providing feedback or making a complaint, if necessary. Staff described how they supported consumers and representatives to make complaints. Complaint related information, forms and lodgement boxes were observed in a number of areas around the service.

Though not all consumers and representatives were aware of other methods for raising and resolving complaints they were comfortable in raising concerns with the service. Staff described how they provided consumers with information about advocacy, language and external complaints services, such as through the admission process and consumer/representative meetings. The organisation had documented policies on consumer feedback and complaints which included advocacy services and external complaint avenues. Information about advocacy services and external complaints mechanisms was observed in various languages.

Consumers and representatives were satisfied appropriate action had been taken by staff and management in relation to their complaints. Management and documents demonstrated that appropriate action was taken in response to feedback and complaints and open disclosure was used when things went wrong. Staff described how they assisted consumers to complete and submit feedback forms and gave examples of the use of open disclosure in resolving complaints.

Consumers felt their feedback and complaints were used to improve the quality of care and services. Management detailed the processes for using feedback to improve the care and services and provided examples. Records showed feedback and complaints were recorded, reviewed and used to improve the quality of care and services. The organisation had documented policies for using feedback and complaints to identify areas for continuous improvement.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said their care and service needs were being met and call bells were answered promptly. Rostering documents showed minimal unfilled shifts. Management described effective workforce planning such as extending staff hours and using qualified staff from different areas to fill vacant shifts.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services. Staff interactions with consumers were observed to be kind, caring, and respectful of each consumer’s identity, culture, and diversity. Management explained how staff interactions with consumers were monitored.

Consumers and representatives said staff were sufficiently skilled and competent to meet their care needs. Staff considered they were competent to deliver the care and services needed by consumers and outlined the mandatory training and competencies they were required to complete annually. Policies and position descriptions set out the key qualifications and knowledge required for each role and documentation demonstrated staff held these.

Consumers said staff knew what they were doing. Staff said they were trained, equipped, and supported by the service to deliver safe and effective care and services in line with the Quality Standards. Documents showed staff were recruited and received initial and ongoing training to ensure they had could deliver the outcomes required by these Standards. Records showed high completion rates of mandatory training by staff.

Management detailed how the service regularly assessed monitored and reviewed the performance of each member of the workforce. The organisation had a documented policy on staff performance management and staff files evidenced performance appraisals being completed.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers felt involved in the development, delivery and evaluation of the care and services provided. Management detailed how consumers were partners in the development, delivery, and evaluation of the care and services provided. The service utilised a number of strategies to engage with consumers about how care and services were delivered such as, consumer experience surveys, feedback mechanisms and consumer forums.

Documented frameworks, policies and procedures set out how the Board oversighted the service and ensured quality care and services were delivered in accordance with the Quality Standards. The organisation had various committees and meetings such as the Board, Clinical Governance, Risk and Audit committees that review information regarding the quality and safety of the care delivered at the service and identify trends and areas for improvement.

Management and staff explained how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. Policies and procedures detailed the processes in each governance system and staff described the key principles of the organisation’s governance systems.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff explained the risk management processes and identified the key areas of risk and the mitigation strategies. Staff also detailed their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation had a person-centred clinical care governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training on these policies and systems and could describe the key principles and processes.

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)