Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Estia Health Craigmore |
| Service address: | 150 Adams Road CRAIGMORE SA 5114 |
| Commission ID: | 6948 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 02 April 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 Craigmore (**the service**) has been prepared by E Blance, 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.
* the provider’s response to the assessment team’s report received 02 March 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and live the life they choose. Consumers beliefs were valued and their personal privacy was respected and felt staff were happy to support them to meet any preferences they may have. Consumers and representatives expressed that staff provided care and services that were physically, socially, and emotionally safe for them. Consumers felt that they were involved in and supported to make decisions about care and were able to involve family, friends and carers as they wished. Consumers and representatives provided feedback that they were supported to make and maintain connections and relationships, including intimate relationships. Consumers stated they felt supported by the service to take risks and they were provided with information to assist them in making choices about their care, lifestyle activities, and menu choices.

Staff could articulate their knowledge of consumers’ needs and backgrounds and were able to provide examples of how they were able to meet those needs. Staff were able to describe how consumers were supported to maintain relationships with people important to them. Management stated that risk assessments were undertaken by registered nurses and involved consultation with allied health professionals, medical practitioners, the consumer and/or their representative. Staff stated they supported consumers to take risks and discussed any concerns with management. Staff were able to describe the various ways that they provided information to consumers regarding their care and services that enabled them to exercise choice.

The service documents the risks identified, the consultation process, and strategies to minimise risk in the care plan. Care plans demonstrated that consumers’ choices are reflected in the care plans, including personalised information regarding cultural and spiritual needs. A choice and decision-making form is completed on admission, allowing consumers or their representatives to exercise choice around disclosure of information, photos or other personal details in the various areas of the service.

Staff were observed interacting with consumers within the service with respect. Consumers were observed having regular visits from family members. Discussions about consumer care was conducted in a private office, and computers were password protected. Staff were observed asking permission to enter a consumer’s room prior to entering and taking a consumer aside to discreetly engage with them about their care needs.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives stated staff talked to them about their risks during care planning discussions and explained the strategies put in place to reduce those risks. Staff asked them what was important to them in terms of how their care was delivered, and that the staff looking after them were aware of their preferences. Consumers and representatives said they had an opportunity to talk about end of life options if they wished to do so. Consumers and representatives confirmed that consumer’s care and services were regularly reviewed when the consumer’s circumstances changed or when incidents impacted on the needs, goals, or preferences of the consumer.

Staff demonstrated they were aware of assessment and care planning processes, which identify risks to the consumer’s safety, health, and well-being. Staff were able to articulate their responsibilities during consumers’ end of life care. Management advised advance care planning and end of life planning information was discussed with consumers and representatives upon admission, as per consumers’ wishes and when the consumers’ care needs changed. Staff explained that care plans were reviewed every 3 months and said they talked to the consumer and their nominated representatives where appropriate. Staff and clinical management stated that a copy of the care plan was offered to all consumers and representatives, and that a summary of the care plan was provided if requested. Staff demonstrated knowledge of incident reporting and actions taken in response to incidents, including falls, behaviours, skin integrity and medication issues. Staff demonstrated an awareness of the service’s 3-monthly care plan review process, or more frequent reviews as required due to changes in a consumer’s condition.

Care plans demonstrated the service utilises validated risk assessment tools such as falls risk assessments, the Braden scale to identify existing and anticipated risks such as falls risks, known allergies, pressure injury risk and changed behaviours to consumers’ well-being to deliver safe and effective care. Care plans demonstrated evidence of clinical assessments from medical officers, geriatricians, wound specialists, dieticians, physiotherapists, and podiatrists, among others. Care plans evidenced care consultations were attended with consumers and their representatives, and their clinical concerns and suggestions are followed up by the nursing staff to ensure all requirements were actioned.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives were satisfied with the personal and clinical care that they received. They said staff were aware of their care needs and always provided care as per their preferences. Consumers and representatives expressed satisfaction in how changed behaviours were managed and felt safe. Consumers expressed confidence that when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them. They stated staff recognised the signs of deterioration in their health and took prompt action. Consumers said they felt their needs and preferences are effectively communicated and were satisfied timely and appropriate referrals occurred when needed. Consumers had access to relevant health professionals such as allied health professionals, medical specialists, and specialist services and they were satisfied with the service’s infection prevention and control practices.

Staff could describe alternative non-pharmacological strategies implemented that were successful in deescalating consumers with changed behaviours and describe the main high impact and high prevalence risks for consumers. Staff explained that multidisciplinary consultation is attended with family prior to commencing end of life care to ensure their comfort is maximised and that their dignity is preserved. Staff could describe the way care delivery changed for consumers nearing end of life and how they identify, alert, and monitor consumers experiencing a deterioration in health using charting and assessment tools. Staff had access to a registered nurse onsite 24 hours per day and could access support from a nurse practitioner, medical officer and other health professionals as required.

Care plans reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer. Care plans identified consumers with high prevalence and high impact care needs, which included pain management, behaviour management, falls risk and prevention strategies, skin care management, wound management, and specialised nursing care, such as diabetes and catheter management. Care plan information was specific to each consumer, such as skin and wound care, appointments that are to be attended, mobility changes, dietary changes and restrictions, and medication that requires evaluation. identified timely and appropriate referrals to medical and other health professionals.

Shift handovers were observed being done between staff, with staff being informed of changes in individual consumers, including assessments and monitoring required on the next shift.

The organisation has policies to guide infection control practices. Policies included an outbreak management plan, antimicrobial stewardship, infection control. Hand hygiene facilities were observed throughout the service and the availability of personal protective equipment (PPE). Staff were observed washing their hands regularly and following infection control practices. Staff interviewed demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensure they are used appropriately.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers expressed they were happy with the activities and could choose which activities to attend. They were satisfied that the service supported their individual needs, goals, and preferences and when they experienced a negative change to their mental well-being. Consumers and representatives said that consumers were supported to maintain contact with the people who are important to them, and to engage in activities, both inside and outside of the service, that are of interest to them. Most consumers and representatives the meals provided were of a suitable variety, quality, and quantity. They confirmed they were involved in the planning of the menu and could order outside of this if they choose to. Consumers felt safe when they were using the equipment and they knew how to report any concerns they have. Consumers were comfortable raising any concerns with staff, confirming that the maintenance staff attends to issues quickly and efficiently.

Staff were able to explain what was important to consumers and the activities that they liked to engage in. This aligned with the information captured in care plans. The staff advised there are multiple consumers who go out regularly either by themselves or with their family members and staff supported these consumers by getting them ready on time or organising transport. The service encouraged friendships and relationships between consumers at the service and provided the consumers opportunities to spend time with people who are important to them. Staff advised that information, changes, and other needs were shared internally at handovers and in the electronic care planning system. Staff regularly spoke with consumers to assess satisfaction with current preferences and to identify any new or updated preferences, including their activities and food preferences. Lifestyle staff shared this information with other staff and family members to facilitate the consumer’s preferences.

Care plans demonstrated that assessment and care planning processes captured what and who was important to each consumer to promote their well-being and quality of life. Care plans identified how consumers wished to participate in activities and maintain relationships. Care plans were individualised, and included information such as the consumer’s background, their likes and dislikes, details of activities and persons who were important to them, and how frequently they would like to participate in lifestyle activities.

The monthly lifestyle and leisure program schedules were observed on display in communal areas and in a variety of other areas of the service. The schedule was updated regularly, and activities were adapted following consumer and representative feedback. Multiple consumers were observed in the main activity area with lifestyle staff and volunteers, having tea/coffee or socialising with each other. The service has volunteers and chaplains who visit and provide emotional and spiritual support. Weekly Mass, Communion, or end-of-life rites is available for consumers who wish to receive them. The service has connections with entertainers from the community to provide entertainment services to consumers. The service had an internal hairdressing salon for consumers to maintain their personal care and utilises Dementia Support Australia for behaviour management services.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

The service is a single-story building with mostly single rooms and some double rooms available for couples; all rooms have ensuites. The service has 3 main dining rooms for meals and one main activities room to conduct lifestyle activities. The service has multiple other communal and sitting areas that are used by consumers. The service has various outdoor areas and courtyards that have walkways for consumers to use. The service has signage throughout to help consumers and representatives navigate.

Consumers stated they felt at home, and the service optimised their sense of belonging and independence. Consumers could describe how they had access to the different indoor and outdoor areas of the service and the service environment was clean, well-maintained, and comfortable. Consumers said that the equipment and furniture at the service is safe, well-maintained, and suitable for their needs.

Staff were able to articulate how they maintain and support free movement and accessibility for all consumers indoors and outdoors by keeping all consumer access doors unlocked and free from obstructions. Staff stated they assisted consumers with personalising their rooms as per their preference through consultation.

The service has employed staff who conduct day-to-day cleaning and maintenance, and high touch-point cleaning during lockdowns. Records of reactive, preventative and scheduled maintenance for equipment as well as electrical test and tagging and pest control records were kept.

Shared equipment, such as mobility aids and hoists, were observed to be clean, in good condition, and stored safely within the service. Furniture, fittings, and equipment at the service was observed to be safe, clean, well-maintained, and suitable for the use and needs of the consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints. Some consumers and representatives said they have not needed to raise a complaint or provide feedback but, if they needed to, they would feel comfortable speaking to a staff member about it. Consumers and representatives were aware of access to independent advocacy services, were satisfied that appropriate action was taken in response to complaints and that open disclosure was used when things went wrong. Consumers and representatives were able to advise of the changes that have been made at the service because of feedback or complaints.

Staff confirmed their awareness of supporting consumers who wanted to provide feedback or make complaints and the process to do so. The service can engage translating and interpreting services where required to support consumers. Staff could describe the action taken following a complaint, including saying sorry and offering an explanation. Management advised an open and transparent process is used around feedback respond to consumer concerns using an open disclosure approach. Management was able to demonstrate the process when complaints or feedback are received and gave examples of how they work with the complainant to resolve the issues to their satisfaction. The service uses surveys and data analysis to identify trends and feedback to consumers and representatives through consumer meetings.

The service displayed information about the Aged Rights Advocacy Service and the service held annual information sessions for consumers and staff. The service had a continuous improvement plan, which is cross-referenced with its feedback register, to identify issues; management also used this to identify opportunities for improving the delivery of consumer care and services.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Most consumers and representatives were satisfied with the workforce at the service and that call bells were answered in a timely manner. Consumers and representatives said staff engage with them in a respectful, kind, and caring manner.

Staff confirmed that there were sufficient staff at the service to provide adequate care and services. Management described how they determined whether staff were competent and capable in their role. Prior to commencement, staff undertake induction and site orientation as well as mandatory training. Staff credentials and reference checks were conducted before staff commenced in their roles. There was ongoing training in the Quality Standards and professional development offered to staff in a variety of formats, including online and face-to-face. Staff felt they had sufficient training and support, which enabled them to do their job and provide a good quality of care and services to consumers. The service had a staff performance framework that included 6-monthly probation reviews, annual performance appraisals and mandatory training. Appraisal review dates were monitored and reviewed monthly by the executive director. Position descriptions were detailed and outlined the purpose, key accountabilities, reporting lines, key selection criteria, qualifications and experience and physical requirements (if needed).

The service monitored call bells through feedback and monthly audits. The service had a code of conduct for staff to follow and this was discussed with new staff during induction.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

I find this Standard compliant.

Consumers and representatives felt they were engaged in the development, delivery and evaluation of care and services.

The service was able to demonstrate consumer engagement through a variety of ways, including care plans reviews, resident meetings, surveys, internal audits and verbal feedback. The governing body comprises of a Board and audit committee, risk management committee, nomination and renumeration committee and property and investment committee. The service runs its own workplace health and safety meetings, clinical care committee, staff meetings, consumer meetings and medication advisory committee meetings. Information from these meetings was relayed to the Board through a monthly quality report. The service also completes monthly clinical data, feedback, continuous improvement, and incident reports, which are reported to the Board.

Effective governance systems were place relating to information management, continuous improvement, financial governance, workforce governance and the assigning of clear responsibilities and accountabilities, regulatory compliance and feedback and complaints. The service’s risk management systems monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated, and reviewed by management at the service level and provided to the risk management committee for trends and analysis. The risk management framework states the risk management governance board and risk management committee are responsible for the development, implementation, monitoring, review and continuous improvement of the risk management process. The service was able to demonstrate that the organisation’s clinical governance systems promoted the quality and safety of clinical care and promote antimicrobial stewardship, minimising the use of restraint, and using 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)