Performance

Report

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| Name of service: | Estia Health Dalmeny |
| Service address: | 25-29 Noble Parade DALMENY NSW 2546 |
| Commission ID: | 0594 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 27 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 Dalmeny (**the service**) has been prepared by Denise 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.
* the provider’s response to the assessment team’s report received 9 February 2023.

# 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 said staff treated consumers fairly, with dignity and respect. Staff advised consumers were given opportunity to share their background, culture and identity upon entry and demonstrated knowledge of what dignity and respect meant in practice. Staff were guided by diversity and inclusion policies and cultural awareness training.

Consumers said staff understood their needs and preferences and how to make them feel safe. Staff described strategies used to tailor care and services to the specific needs, values and preferences of consumers. Care documentation reflected consumers’ culture, values, identity, personal relationships and interests.

Consumers said they were supported to make decisions and knew how to advise staff of their choices. Staff were observed assisting consumers to make choices regarding meal selection and recreational activities. Care documentation evidenced consumers had exercised choice regarding their care and services and this information was routinely reviewed.

Consumers said staff understood what was important to them and they were supported to take risks. Care documentation evidenced consumers and representatives were assisted to understand the benefits, potential harms, and agree to mitigation strategies to reduce the risks. Staff gave examples of how they support consumers to engage with risk safely.

Consumers gave positive feedback regarding information provided by the service. Staff informed consumers of meals, activities, and events through newsletters, menus, activity calendars, and noticeboards. Vision impaired consumers were provided information verbally and additional assistance was offered to consumers with reduced cognition or hearing impairment.

Consumers said staff respected their privacy and personal information. Staff undertook various practices to respect consumers’ personal space or privacy by knocking on doors to seek consumer permission before entry and respecting consumers’ wishes to lock their bedroom doors. Consumer information was observed to be secured in the service’s password protected electronic management system.

# 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 consumers’ care was well planned and they felt supported. Staff described the assessment and planning processes, including the importance of ongoing consultation with the consumer to identify needs, goals and preferences. Care documentation evidenced risk assessments, support strategies and input from relevant health care professionals.

Consumers and representatives confirmed staff were aware of consumers needs and preferences and confirmed care and services were tailored accordingly. Staff were knowledgeable of advance care planning and examples were provided of staff following the plans at the required time. Care documentation reflected up to date needs, goals, and preferences including for advance and palliative care.

Consumers and representatives said they were involved in assessment and planning of care and services. Staff involved in consumers’ care described partnering with consumers to develop care plans, including involving external specialists. Care documentation evidenced integrated and coordinated assessment and planning, inclusive of medical officers, specialists, and allied health professionals.

Consumers and representatives said the service communicated outcomes of assessment and planning, including changes to care. Management confirmed care documentation was made available to consumers and representatives through email, the postal service or a hard copy directly from staff. Care documentation evidenced current and accurate care plans and records of consultation with consumers and representatives.

Staff confirmed they included consumers and representatives in the review of care and services plans and contacted representatives following any incidents. Management advised all incidents were reviewed each month to identify harm minimisation strategies and improvements. Care documentation reflected reviews undertaken every 3 months, in response to changes to consumer health, or following incidents.

# 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 gave positive feedback regarding the care provided confirming it was tailored to meet changing needs. Staff were knowledgeable of consumers’ personal and clinical care needs and policies and procedures were used to ensure care was safe and effective. Care documentation evidenced individualised care was delivered to manage pain and behaviour support plans were customised for each consumer with restrictive practices used as a last resort.

Consumers and representatives said high-impact or high-prevalence risks, such as falls and wound care were effectively managed. Staff were knowledgeable of consumers’ risks and responsive care strategies. Care documentation evidenced identification, intervention and monitoring of consumers’ high-impact or high-prevalence risks for wound care, diabetes and restrictive practices.

Consumers and representatives said they were confident end of life care would be aligned to consumers’ social, cultural and religious preferences. Staff described palliative care which reduced discomfort and preserved dignity. Care documentation evidenced consumer wishes were respected and their end of life care needs were met.

Consumers provided examples whereby staff responded promptly and appropriately to changes in their condition. Staff described escalation processes when responding to changes in a consumer’s condition, including but not limited to, medical officer review and hospital admission. Care documentation reflected changes in condition were identified and staff responded promptly.

Consumers provided positive feedback regarding their information being shared between those involved in their care. Staff described sharing information regarding changes to consumer needs at handover, during meetings and within the electronic care management system. Care documentation evidenced the exchange of information between staff and health professionals.

Consumers and representatives said consumers was referred to other health professionals when required. Staff were knowledgeable regarding referral pathways. Care documentation reflected timely and appropriate referrals, including records of specialists’ ongoing review of consumers’ progress.

Consumers said staff had provided guidance regarding infection minimisation. Staff were observed using infection control practices, including personal protective equipment and practicing hand hygiene. Antibiotic usage and prevention initiatives were discussed during clinical governance meetings, to promote antimicrobial stewardship. Staff were guided by policies, procedures and an outbreak management plan.

# 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 gave positive feedback regarding services and supports for daily living which improved their well-being and quality of life. Staff confirmed consumers are supported through therapy programs to optimise their independence. Care documentation reflected consumer interests and consumers were observed undertaking a range of activities supportive of their quality of life, health and independence.

Consumers said the service supported their spiritual, emotional and psychological well-being. Staff described how the external emotional support and community volunteer programs provided to consumers supported well-being. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and the service’s responsive support strategies.

Consumers said they participated in and enjoyed a variety of activities within the service that were of interest to them. Staff described how consumers remain connected to and participate in community activities, such as Men’s shed. The lifestyle program contained various activities aligned with consumers interests.

Consumers said staff effectively communicated their needs and preferences. Staff shared consumer care information during handovers and through the electronic care management system. Care documentation evidenced information to support delivery of safe and effective services and supports tailored to consumer preferences.

Staff were knowledgeable of and described referral processes. Care documentation evidenced consumers had been referred to various external support organisations. Consumers confirmed referrals were undertaken when required.

Consumers gave positive feedback regarding the quality and quantity of meals provided. Staff were knowledgeable of consumers’ preferences and dietary requirements, and consumers were provided opportunity for feedback regarding the menu including through consumer meetings. Care documentation reflected consumer dietary needs and preferences.

Consumers said the equipment was clean and they felt safe using it. Staff described the cleaning process for shared equipment and recording maintenance requests. Equipment was observed to be clean and well-maintained, and had recently been serviced.

# 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 said the service environment was welcoming, they felt at home and navigating around was easy. The service environment included communal lounge spaces, large signs to identify amenities, and artwork of geographic significance.

Consumers said the service was clean, well-maintained, comfortable and they were able to move between the indoor and outdoor environment. Management advised an electronic system was used to schedule and monitor cleaning, with observations confirming the environment was clean and hazard signs were displayed, where required. Consumers were observed moving freely inside the service and outside to garden areas.

Consumers said equipment and furniture was suitable for the needs, well-maintained and safe. Staff were knowledgeable of the reporting process for routine, preventative and corrective maintenance, with maintenance documentation evidencing attendance to any report was prompt. Consumers were observed using a range of safe, clean equipment and furniture.

# 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 said they were comfortable providing feedback or making complaints to staff. Staff described the feedback and complaint processes, and a suggestion box and feedback forms were available.

Consumers and representatives said they were aware of external advocacy and complaint services. Staff were knowledgeable of available advocacy services to support consumers with diverse needs. Brochures, newsletters, feedback forms and consumer handbooks promoted internal and external advocacy and complaints support mechanisms.

Consumers and representatives gave positive feedback about responses to complaints and confirmed open disclosure was used. Staff described the complaints management process and were comfortable to communicate mistakes. Complaint documentation evidenced complaints were registered, investigated and closed in a timely manner.

Consumers and representatives said improvements were made in response to their feedback or complaints. Complaint reports documentation evidenced the service examined complaints data and identified key issues to inform improvements. Minute of consumer meetings confirmed feedback, complaints and resolution actions were discussed.

# 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 and representatives provided positive feedback about the availability of staff. Staff confirmed extended and extra shifts were offered to fill vacant shifts and recruitment activities were planned. Rostering documentation evidenced unplanned leave was generally filled and call bell data is used to monitor the time taken by staff to attend to calls for assistance.

Consumers and representatives said staff engaged with consumers in a respectful, kind and caring manner. Staff were knowledgeable of consumers’ needs and preferences, and positive interactions between staff and consumers was observed.

Consumers and representatives said staff performed their duties effectively and consumers felt safe during the provision of care. Records demonstrated recruitment activity progressed contingent upon appropriate qualifications and current registrations. Management ensured staff competencies through observation, formal assessments and regular discussions.

Staff said they were trained during orientation and regularly throughout the year. Training records confirmed staff participated in regular mandatory training for topics including, but not limited to, dignity of risk, caring for skin, palliative care and manual handling. Training completion rates were monitored, and staff were followed up, if overdue.

Management advised the service’s staff appraisal process is completed annually. Staff advised they received useful feedback on their performance from supervisors. Records evidenced appraisals were up to date, and the service was guided by a performance and discipline policy.

# 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 said they were generally encouraged to be involved in the development and evaluation of care and services through providing feedback, attending meetings and care conferences. Management confirmed consumer input was sought individually, via small groups and a consumer survey was being implemented. The continuous improvement plan and complaints documentation evidenced consumers evaluated services.

The service’s governing body promoted a culture of safety and inclusion, supported by policies, procedures and systems. Leadership board members’ specialisations varied across a range of fields including health, aged care, finance and business operations. The service’s reporting functions informed the board of operational performance.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff and management described their responsibilities under the governance framework and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

High-impact and high-prevalence risks are managed through a framework of protocols and policies to guide prevention or response. Staff described conducting risk assessments for falls, wounds, pressure injuries and weight loss and were alerted by the electronic information system regarding new data input relating to consumer risk. An electronic incident management system evidenced incidents are reported, reviewed and minimisation strategies implemented.

The service’s clinical governance framework, policies and procedures ensured staff understood the processes to enable delivery of safe, quality care. Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Staff were observed undertaking infection prevention practices including screening of visitors for COVID-19.

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