Performance

Report

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| Name of service: | Estia Health Dandenong |
| Service address: | 147-151 David Street DANDENONG VIC 3175 |
| Commission ID: | 3556 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 30 March 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 Dandenong (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 described how staff at the service treat consumers well and their identity, culture and diversity is respected. Staff described what treating consumers with dignity and respect means in practice, and the service has a suite of policies and procedures to support an inclusive, consumer centred approach to delivering care and services.

Consumers and representatives said staff delivering care and services understand their needs, cultural background, and preferences, and know what to do to make sure they feel valued and respected. Staff described how they adapt the way care and services are provided so they are culturally safe for each consumer.

Consumers and representatives stated they were given choice about when and how care was provided. Staff described and the Assessment Team observed how staff support consumers to exercise choice and maintain relationships of choice including intimate relationships. The service documents consumer decisions and preferences and ensures this information influences how care and support is provided.

Consumers and representatives said consumers are encouraged and supported to take risks that lead to life enhancement. Staff described examples of how the service has supported consumers to have choice and control, including when that choice involves risk. Care plans evidenced Dignity of Choice documents for consumers, and the Assessment Team observed how risk assessments were reviewed with each consumer and updated to include mitigation strategies and choices that involve risks.

Consumers and representatives said they receive current information from the service and were informed on how to exercise choice. Staff explained how they communicate information to consumers who have communication, speech, hearing, language or cognitive difficulties and noticeboards displaying the service’s activities calendar were observed throughout the service.

Consumers and representatives said staff respect their privacy and described actions staff took to maintain each consumers privacy. Staff described the practical strategies used to ensure a consumer’s privacy preferences were respected and consumers confidential electronic information was observed to be secured in a restricted manner.

# 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 their care is well planned and their initial assessment and further ongoing assessments and planning supported their health and well-being. Staff described how assessment and care planning processes and risk assessments inform how safe effective care and services are delivered and reflect input from various allied health services to minimise risk, and review of the electronic care management system included these documents.

Consumers and representatives said they are involved in how care is planned and tailored around what is important to them and includes how they want their care and services delivered. Staff described how end of life conversations were documented to include consumers current needs, goals and preferences and supported consumers end of life care. The service’s end of life policy evidenced individual, care and services plans are documented for each consumer.

Care and service plans reviewed, showed ongoing assessment and planning involvement with who the consumer wishes, including relevant organisations, individuals and service providers. Management and staff described how changes in consumers condition triggers a care plan review of consumer’s needs, goals and preferences and the involvement of relevant and skilled health service providers.

Care planning documentation demonstrated that consumers and representatives are involved in the review and development of their care and services plan, and staff said care plans were available to all consumers if they chose to have a copy.

Care planning documentation confirmed care plans are reviewed on a regular basis and when the consumer’s circumstances have changed, or incidents have occurred. Staff described how care plan reviews capture all aspects of a consumer’s needs, goals, and preferences and how review processes are used to update care and services plans.

# 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 confirmed they received care which meets their needs and optimises their health and well-being. Care planning documentation demonstrated personal and clinical care was tailored to individual needs, and clinical risks associated with the care for each consumer such as falls, skin integrity, pain, and restrictive practices were effectively managed through assessment.

Consumers and representatives were satisfied that risks were effectively managed and the service provided comprehensive reports on high impact and high prevalence risks and strategies to mitigate risks for consumers. The service has documented risk and incident policies which provide guidelines on how risk is identified, managed, and recorded.

Care planning documents reflected consumer’s discuss their Goals of Care with their Medical Officer and receive end of life care in line with their end of life preferences. The service has an End of Life Care policy to support the management of consumers with complex end of life care needs and encouraged families to be present during the consumers end of life care. Staff described how they support consumers end of life processes and the service maximises comfort and dignity to align with consumers wishes.

Staff explained how they identify changes or deterioration to consumers’ condition and how they recognize and respond to changes. Staff described processes for reporting deterioration in consumers condition and actions taken to escalate care. Care plans confirmed changes to consumers’ conditions were identified and responded to in a timely and appropriate manner.

Staff said, and care planning documentation confirmed changes to consumers’ needs or conditions were shared with staff and other providers of care through verbal handover, Stop and Watch meetings and other notifications. Consumer care and service plans show evidence of updates, communication alerts and clinical support needs contain current and accurate information relating to consumer care.

Consumers and representatives said the consumers had access to a broad range of allied health and medical specialists, and referrals were timely, appropriate, and occurred when needed. Staff described the availability of medical and allied health professionals to consumers such as referrals to geriatricians and other medical specialists, and Medical Officer referrals and reviews to dentists, optometrists, and hearing specialists. Care planning documentation and progress notes evidenced input from others and referrals where needed.

Staff described how they applied best practice infection control practices in their routine work. Infection control practices were observed, including a thorough visitor and staff COVID-19 screening process. The service demonstrated they practiced antimicrobial stewardship through close monitoring of infections and low use of antibiotics. Consumers and representatives said staff demonstrated precautions of infection and outbreak management.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives said they were enabled to participate in activities of interest to them and received safe and effective care that optimises their health, independence, and well-being. Staff explained how care planning documents capture individual consumer preferences, including likes, dislikes, interests, social, emotional, cultural, and spiritual needs. The monthly activities calendar was reviewed and included a variety of activities including group and one-on-one support for consumers with varied physical and cognitive abilities.

Consumers reported they engage in satisfying and meaningful activities of their choice and described how the service facilitates access to various religious services to support their emotional, spiritual, and psychological needs. Staff described how they recognise when consumers are feeling low and required one-on-are one support or required referrals to clinical staff for major concerns.

Consumers said they participated in their community within and outside the service environment as they choose. Staff and care planning provided examples of how consumers were supported to participate in the community and maintain social, personal, and intimate relationships; including organising social and cultural activities to increase opportunities for social interaction.

Consumers felt confident their condition, needs and preferences were communicated within the service and staff said information on consumers preferences was shared through handover and the electronic care management system. Care planning documentation identified information to support the provision of safe and effective care as it related to services and supports for daily living.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of care and services to enhance the care and lifestyle of consumers. Electronic care planning and documentation showed the service collaborated with external providers to support the diverse needs of consumers including referrals to; palliative care support workers, speech pathologists, physiotherapy, podiatry, wound care consultant and dietician.

The Assessment Team reviewed positive consumer food focus feedback regarding the quality and quantity of the meals provided by the service and advised the meals aligned with consumer preferences and dietary requirements. Hospitality staff explained the dietician designs seasonal new menus and consumers provide feedback on weekly preferences from the menu options.

The Assessment Team observed that where equipment is provided, it is safe, suitable, clean, and well maintained and staff and maintenance undertake monitoring and report on required maintenance. A review of scheduled preventative maintenance log by the Assessment Team demonstrated regular maintenance of general equipment is completed.

# 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 expressed positive feedback regarding the service environment and said the service is welcoming and a good place to live. The Assessment Team observed how consumers personalised rooms with their photos on doors, and several courtyard areas for meeting family and visitors had shading and water features.

Consumers stated the service was clean, well maintained and was observed to be well-lit with appropriate curtains to change lighting. Staff said consumers move freely around, and the service layout has corridors free from hazards, with handrails to enable exercise opportunities for consumers to walk through to courtyards for fresh air outside the service.

The Assessment Team observed furniture, fittings and equipment provided was safe, suitable, clean, and well maintained. Consumers said rooms and service areas were always clean and a cleaning checklist was observed to be used by staff. Maintenance staff undertake scheduled current and ongoing monitoring and replacement of equipment to ensure it is fit for purpose.

# Standard 6

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

Findings

Consumers and representatives felt comfortable to provide feedback and make complaints if necessary. Staff described different avenues for consumers to raise concerns, such as through feedback forms, at monthly consumer meetings and verbal discussions with both management and staff. The Assessment Team observed feedback boxes and information relating to feedback and complaints displayed at various locations around the service.

Consumers and representatives said they were aware of and have access to external services and other methods for raising and resolving complaints. Staff are aware of consumers who are supported by advocates, and refer to interpreter services or other staff, language cards and consumers family if communication issues arise. The Assessment Team observed information on complaints was available in different languages, through the consumer handbook and brochures and advocacy posters displayed on noticeboards throughout the service.

Most consumers and representatives said they had provided feedback and complaints through the services feedback process and were satisfied with actions addressed by management. Staff explained the complaints process in line with open disclosure processes including an apology to resolve complaints, and the Assessment Team observed documented examples of open disclosure used by the service when things have gone wrong.

Consumers and representatives said feedback and complaints are used to improve the quality of care and services. Management described how trends in complaints are analysed and reviewed at monthly meetings and how feedback, complaints and incidents are recorded, actioned, and used to inform 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

Consumers were observed receiving support from suitable staff and confirmed the quality of staff and safe care satisfied their needs. The staff roster showed no unfilled shifts and contained a mix of adequate staff to provide continuous safe and quality care, and management advised they use agency staff occasionally due to unplanned leave.

Consumers and representatives expressed that staff interactions are kind, caring and gentle when delivering care and services and staff respected their identity, diversity, background, and preferences. This feedback was consistent with observations made by the Assessment Team who reviewed the services policies on code of conduct, cultural identity, diversity, and inclusion, evidencing the service is committed to respectful care and services.

The Assessment Team identified that training records were maintained showing initial training programs included onboarding and mandatory training and management described the processes for staff to complete outstanding training modules or disciplinary action if required. Consumers and representatives confirmed staff are well trained and meet their needs.

The Assessment Team sighted education and training records for staff in relation to specific roles and recruitment requirements to ensure staff deliver care and services in line with the Quality Standards. Consumers and representatives said they have confidence in the ability of members of the workforce that deliver their care and services.

Management demonstrated they are proactive with assessing, monitoring, and reviewing staff performance and had processes for staff to identify areas of development through self-appraisal. The service conducts annual staff performance appraisals and has a documented policy on staff competency tracked by management offering further support to staff if required.

# Standard 8

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

Findings

The service has a number of strategies to involve consumers in the development of service delivery such as consumer experience surveys, feedback mechanisms and consumer forum meetings. The Assessment Team reviewed consumer survey results which showed quality activity initiatives are now planned based on information generated from consumer feedback.

The organisation’s governing body promotes and is accountable for the delivery of quality care and services and a culture of safe and inclusive care for consumers. The organisation’s policies and procedures include information reflecting how the governing body documents detailed committee reports and consumer engagement information.

There service has effective organisation-wide governance systems in place to guide effective information management, continuous improvement, financial governance, workforce, regulatory and legislative compliance and feedback and complaint management.

The service has a documented risk management framework, including policies describing how to manage high impact or high prevalence risks; identifying and responding to critical incidents; and supporting consumers to live the best life they can; and how they report, manage, and mitigate risks. Staff explained the processes of risk management at the service including key areas of risk that had been identified and mitigation practices.

The service was able to demonstrate a clinical governance framework and supporting policies that addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were able to explain these processes and provide examples of how these policies support their roles in practice.

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-2)