Performance

Report

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| Name of service: | Estia Health Daw Park |
| Service address: | 7 Lancelot Drive DAW PARK SA 5041 |
| Commission ID: | 6849 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 October 2022 to 28 October 2022 |
| Performance report date: | 25 November 2022 |

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 Daw Park (**the service**) has been prepared by James Howard, 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 conducted from 26 October 2022 to 28 October 2022; 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 reported staff treated them with dignity and respect and said they felt valued as individuals. Staff were observed treating consumers respectfully and described how culture influences the delivery of care and services to culturally and linguistically diverse consumers.

Consumers said they were supported to exercise choice and independence and were able to make decisions about their own cares and services. Care planning documentation demonstrated the recording of consumers’ individual choices about how and when care was delivered, who was involved in their care and how the service supported them in maintaining relationships of choice.

The service demonstrated consumers were supported to take risks to enable them to live life as they chose. Staff demonstrated they were aware of risks taken by consumers and described how they supported consumers who took risks.

Consumers indicated that they were kept informed and were provided information which enabled them to exercise choice and make decisions. The Assessment Team observed consumers were provided with information in an accessible way and staff explained how they provided information to consumers with communication challenges.

Staff described the practical ways they respected consumers’ privacy, such as knocking on doors and asking for permission prior to entering consumers’ rooms, not having discussions about consumers in public areas and not displaying consumer information where it may be visible to others. Consumers confirmed staff respected their personal privacy.

# 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

The service demonstrated assessment and care planning considered risks to each consumer’s health and well-being. Consumers and representatives reported receiving the care and services they needed and said they were involved in the care planning processes. Care planning documentation reflected the individual’s current needs and an individualised consideration of risks.

Consumers and representatives said they were involved in assessment and care planning through conversations with clinical staff and management and said they had discussed their end of life wishes with staff. Care planning documentation confirmed consumers’ needs, preferences, goals, and strategies, including advance care planning, were identified during the assessment and planning process.

Care planning documentation reflected input from consumers, representatives and other organisations and services, including the involvement of allied health professionals. Consumers and their representatives said the service effectively updated and explained information regarding their care and services and said they had access to care planning documents.

Care planning documentation showed consumers’ care and services were reviewed regularly and when there was a change of circumstances or a changed in consumers’ conditions. Representatives confirmed they were kept informed of changes by the service.

# 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 confirmed they received personal and clinical care that was safe, effective, and tailored to their individual needs and preferences. Staff described how the service’s clinical and personal care policies and procedures, and management, guided them to deliver care and services in line with best practice.

The service demonstrated it effectively managed high impact of high prevalence risks associated with the care of each consumer. Care planning documentation identified effective risk management strategies for sampled consumers.

Care planning documentation recorded the needs, goals, and preferences for consumers nearing the end of their life. Consumers and representatives advised that where consumers required end of life care, the service supported them to be as comfortable as possible.

Deterioration and changes in consumers’ health or condition were identified quickly and responded to in a timely manner. This was evident in care planning documentation reviewed by the Assessment Team.

Information about consumers’ care was documented and effectively communicated and consumers and representatives expressed satisfaction with how information was communicated and shared within the service. Consumers’ care planning documentation showed input from allied health professionals where appropriate. Consumers and representatives said referrals to a range of health professionals were timely and appropriate.

The service had documented policies and procedures which supported the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship.

# 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 confirmed they were supported to participate in activities of interest to them, and they were provided with appropriate support to optimise their independence and quality of life. Staff described consumers’ individual needs, goals, and preferences which aligned to the information in consumers’ care planning documentation.

Consumers expressed satisfaction with the services and supports available to support consumers’ emotional, spiritual, and psychological well-being. Care planning documentation captured information on services and supports that were important to consumers.

Consumers said they were supported to participate in their community, both within and outside the service and are supported to maintain social and personal relationships, including with their pets.

Consumers and representatives reported that information regarding consumers’ conditions, needs, and preferences were effectively communicated within the organisation and with others responsible for care and services. Staff described how changes to consumers’ care and services was communicated through verbal and documented handover processes, communication logbooks and the service’s electronic case management system.

The service demonstrated appropriate referrals of consumers to other organisations, individuals, and providers of other care and services. Care planning documentation demonstrated collaboration with external providers which supported consumers’ diverse needs.

Consumers and representatives expressed satisfaction with the variety and quality of meals. The service demonstrated processes and systems which included consumers in the development of the menu and allowed them to provide feedback on the quality of food provided.

Consumers and representatives reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, which assisted them with their activities of daily living. Staff said they had access to equipment when needed and described how the equipment was kept safe, 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

Consumers considered the service was welcoming, safe and comfortable. The service environment had sufficient lighting, spacious hallways with handrails, signage throughout the service and reflected dementia-enabling principles of design. The Assessment Team observed shared spaces including lounges, a piano, large televisions, bookshelves, external courtyards set up with barbecue areas and shaded areas for gardening.

The Assessment Team observed the service was safe, clean, and well maintained and observed consumers and visitors moving freely through both indoors and outdoors spaces. Staff said the service followed a seven day per week daily cleaning schedule, which included the cleaning of communal areas and consumers’ rooms.

The service demonstrated that furniture, fittings, and equipment were safe, clean, and well-maintained. Staff described how they kept equipment clean and safe and provided evidence of cleaning and maintenance schedules that were complete and up to date.

# 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 knew how to raise feedback and make complaints and reported feeling comfortable doing so. Staff and management described how they encouraged consumers to provide feedback and make complaints and the various ways consumers could do so, including through verbal feedback to staff, feedback forms, electronic mail and consumer meetings.

Consumers and representatives were aware of access to advocacy services and external complaint mechanisms. The Assessment Team reviewed documentation which showed the service promoted advocacy services and provided information to consumers.

Most consumers and representatives said the service took appropriate action in response to complaints. The service had documented policies and procedures which guided staff in response to feedback or complaints, including an open disclosure framework. Staff demonstrated an understanding an open disclosure processes and appropriate responses to complaints or incidents.

Management described how feedback and complaints were used to inform continuous improvement. The service’s complaints register, and continuous improvement plan demonstrated feedback and complaints were recorded 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 and representatives said the service employed sufficient staff to provide the care and services consumers required. Consumers and representatives described staff interactions as kind, caring and respectful.

Consumers and representatives considered staff were sufficiently skilled to effectively perform their roles. The service demonstrated that appropriate qualifications, registrations, and police checks were monitored, and it had role descriptions which described required training, competencies and experience for specific roles.

Management described how it ensured the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards, including induction training, and ongoing mandatory and non-mandatory training. Staff reported that they understood their jobs and felt well supported by management.

The service demonstrated that staff performance was regularly assessed, monitored, and reviewed in accordance with the service’s documented policies and procedures. The Assessment Team reviewed workforce documentation which showed the service regularly monitored staff performance.

# 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 considered the service was well run and they had a say in the development, delivery and evaluation of care and services. Consumers and representatives were encouraged to be involved in monthly consumer meetings, care plan reviews, conversations with management and surveys.

The organisation demonstrated the governing body promoted a culture of safe, inclusive, and quality care and services. Management described how the governing body supported the service through centrally managed auditing systems, medication advisory committee meetings, legislative and policy updates, and recently a project to provide activity calendars in multiple languages to support linguistically diverse consumers.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had effective risk management frameworks, policies, and procedures which supported the management of risks and the response to incidents. Management and staff demonstrated an understanding of high-impact and high-prevalence risks, abuse and neglect and their responsibilities in relation to serious incident response scheme incidents.

The service demonstrated the organisation’s clinical governance system and framework ensured the quality and safety of clinical care, and promoted antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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)