Performance

Report

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| Name: | Estia Health Encounter Bay |
| Commission ID: | 6189 |
| Address: | 150 Bay Road, ENCOUNTER BAY, South Australia, 5211 |
| Activity type: | Site Audit |
| Activity date: | 12 December 2023 to 14 December 2023 |
| Performance report date: | 16 January 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4202 Estia Health Encounter Bay |

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 Encounter Bay (**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 on 28 December 2023
* 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 said they were treated with dignity and respect, and their culture and background, valued. Staff spoke of consumers in a respectful manner and demonstrated an understanding of consumers’ personal circumstances and backgrounds. Care documentation included information regarding the consumer’s background, culture and preferences.

Consumers confirmed their cultural needs were known and met by staff. Staff advised they were aware of the consumer’s cultural diversity and how this influenced the delivery of care. Care documentation evidenced how care delivery was changed to accommodate different consumers cultural needs.

Consumers said, and care documentation evidenced, consumers were supported to make decisions including about their care and who they had chosen as their representative. Staff were knowledgeable of consumer’s care preferences, the relationships important to them and they supports required to maintain those relationships. Policies and procedures promoted a consumer centred approach to decision making.

Consumers gave practical examples of how they were supported to live their best life by engaging in activities which posed an element of risk. Staff were aware of the risks taken by consumers, and the strategies used to promote their safety. Consumers were observed undertaking activities as they chose and utilising agreed risk mitigation strategies, when leaving the service independently.

Consumers said information given to them was easy to understand and helped them to make choices. Staff confirmed activities calendars and menus were printed and delivered to each consumer’s rooms and consumers can attend meetings to access verbal updates. Posters and brochures displayed were current and other written material was observed to be easy to read.

Consumers said their privacy was respected, as staff knocked on their doors and awaited consent prior to entering their rooms. Staff were observed using closing doors and using password protected consumers to maintain consumer privacy. Policies and procedures guided staff practice on the collection and management of consumers’ confidential information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff described how assessments undertaken identify risk to consumers and assessment outcomes are used to inform the development of the consumer’s care plan. Care documentation evidenced assessments were completed and, interventions planned in response to risk, however, the risk of inappropriate application of restrictive practices had not been identified for 2 consumers. Policies and procedures guided staff on assessment and care planning.

Staff described how they approached discussions on advance care during entry and care plan reviews. Care documentation evidenced consumer’s needs, goals and preferences had been recorded, with copies of advance care directives retained on file. Consumers and representatives said staff were aware of consumer’s needs and preferences, including for end of life.

Consumers and representatives confirmed they were involved in ongoing care planning discussions. Staff described how and when, medical officers and allied health professionals, provide input into the care of consumers. Care documentation evidenced regular care conferences are conducted with consumers and their representatives.

Consumers and representatives confirmed they are informed of assessment outcomes and consumer care plans were available upon request. Care documentation was observed to be stored on an electronic care management system and available to staff and others involved in the consumer’s care. Staff confirmed consumer’s care plans were easy to access.

Care documentation confirmed care plans were reviewed routinely, or when a change or incident occurred. Consumers and representatives confirmed care is regularly reviewed including following a fall. Staff described evaluating care strategies for effectiveness, during scheduled review process and monitoring consumers care to detect changes which would prompt reassessment.

# 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

Care documentation evidenced, and consumers said, they received care in accordance with planned strategies and their preferences. Staff demonstrated knowledge of consumers personal and clinical needs, and the delivery of care required, to ensure these were met. Policies and procedures guided staff to deliver best practice clinical care.

Care documentation evidenced high impact or high prevalence risks including pain management, nutrition and falls were effectively managed. Staff demonstrated knowledge of falls prevention strategies and equipment required to minimise falls for individual consumers. Staff were guided by policies and procedures to ensure risks associated with the care of each consumer were managed.

Care documentation, for a consumer who recently passed away, evidenced the consumer received emotional and psychological support, and visits from their friends and family members. Staff demonstrated an understanding of the way the delivery of care changes for consumers nearing end of life. Policies and procedures guided staff practice in providing end of life care.

Consumers and representatives said staff are quick to identifying changes in the consumer’s condition. Staff described how they monitored consumers for signs and symptoms of deterioration and understood escalation pathways used if these signs were detected. Policies and procedures guide staff on actions required when a consumer experiences a change in their health status.

Staff reported information relating to consumers’ conditions, needs and preferences was documented; and they were observed to handed over any changes between shifts. Consumers reported their information was effectively shared between those who provide their care as staff and health professionals, know how to meet their needs and preferences.

Care documentation evidenced timely referrals were made to medical officers and allied health professionals. Staff described the referral processes used to engage various external health professionals to review or assess consumers. Consumers and representatives confirmed referrals were undertaken promptly, where appropriate.

Staff understood their roles and responsibilities to minimise the need for antibiotics, practice hand hygiene and use personal protective equipment (PPE) correctly. Consumers said staff wash their hands frequently and visitors were tested for infection during entry processes. Vaccination records evidenced consumer and staff immunisation rates for influenza and COVID-19 were monitored.

# 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 practical examples of how they were supported to participate in activities of daily living as they wished. Care documentation contained information regarding which activities or tasks, consumers preferred to undertake independently. The activities calendar evidenced various activities were offered to consumers which catered to their different needs and abilities.

Consumers and representatives confirmed consumers were encouraged and supported to attend and participate in activities which promoted their emotional and spiritual health. Staff were aware of consumers’ religious beliefs and their preferences to attend the weekly church services. Care documentation evidenced consumers psychological status was monitored and supported when changes were detected.

Consumers provided examples of the activities they participated in, including a community-based quilting group, and receiving visits from therapy animals. Consumers were observed participating in various activities, events and socialising with family or friends. Staff described various ways they assisted consumers to stay connected with their families and friends including phone calls and face-to-face visits.

Consumers indicated information regarding their daily living choices and preferences was effectively communicated to staff, and staff understood their needs and preferences. Staff outlined the ways in which information was shared, and the ways they were kept informed of the changes. Staff were observed transferring information during handover.

Staff demonstrated knowledge external groups or services they can access to enhance supports provided to consumers. Care documentation evidenced, and consumers confirmed they are supported to connect with volunteer and pet therapy organisations, to meet their needs.

Consumers provided positive feedback regarding the meals provided to them and advised they had a choice when selecting their meals. Care documentation identified information regarding consumers’ dietary preferences, requirements and allergies. Staff confirmed the menu was seasonal and created using feedback provided by consumers and representatives.

Consumers and representatives reported equipment including shower chairs and mobility aids were safe, clean and well maintained. Staff confirmed they had appropriate access to shared equipment, and outlined shared hoists were cleaned between each use. Maintenance documentation evidenced equipment was regularly checked and 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 and representatives confirmed the service environment was welcoming, easy to understand and had a sense of community. The service environment contained directional signage and handrails to assist consumers to navigate and mobilise. Staff indicated they always welcomed consumers and their visitors, and invited consumers, representatives and visitors to attend activities.

Staff described maintenance processes which ensured the service environment remained safe and clean for consumers. Consumers and representatives advised the service environment was safe, clean, and well maintained. Most consumers were observed to move freely, both indoors and outdoors, however, others relied on staff or family assistance to leave the service independently as they were unable to operate the coded security system.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumer use. Staff described processes used to request repairs when equipment was identified as faulty. Maintenance documentation evidenced fire safety systems and equipment was routinely inspected and repairs were attended promptly.

# 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 advised they were comfortable and were aware of the processes available to raise their concerns and suggestions. Suggestion boxes and feedback forms were observed to be available and accessible. Management confirmed consumers and representatives were strongly encouraged to raise their complaints, concerns, or feedback with themselves or staff, either verbally or in writing.

Consumers stated they were aware of other avenues for raising a complaint, with assistance of advocacy services. Management and staff demonstrated knowledge of advocacy and language services available for consumers. An advocacy service was observed giving a presentation to consumers at a consumer meeting.

Consumers said appropriate action was taken in response to complaints, and staff utilised open disclosure. Complaints records evidenced the use of open disclosure and timeliness of actions taken when complaints were made. Management confirmed all complaints were acknowledged and investigated, and an apology was provided to consumers in response to adverse events.

Management provided an example of a complaint provided by consumers and representatives, and outlined how they utilised the feedback to improve the quality of services offered to consumers. Consumers provided positive feedback regarding the management’s response to their concerns, and indicated complaints were used to improve the quality of care and services. The providers response submitted a plan for continuous improvement in response to feedback given during the Site Audit.

# 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 reported there were enough staff to meet their care needs and their call bell requests were promptly answered. Management advised call bell response times were reviewed daily to ensure consumers were attended to in a timely manner. Staff indicated there was sufficient staff to deliver safe and effective care and services to consumers.

Consumers confirmed staff were kind, caring, respectful and gentle when providing care. Staff outlined they engaged with consumers and their representatives to learn about each consumer’s identity and preferences. Staff were observed to interact with consumers respectfully and to greet consumers by their preferred names.

Management indicated they determined whether staff were competent to perform their roles through the recruitment process, competency assessments and ongoing performance reviews. Personnel records evidenced staff qualifications, registrations and security checks were monitored for currency. Consumers and representatives expressed confidence with the ability of staff to perform their roles and meet the consumer’s care needs.

Staff outlined the training and professional development they received in relation to various topics to perform their roles and meet the Quality Standards. Training records evidenced staff received a range of mandatory training and their attendance was up to date. Management advised an education training program was in place to provide the workforce with the necessary knowledge to perform their roles.

Management outlined workforce performance is monitored through informal means as well as formal assessments with new staff appraised after 6 months and for established staff annually. Personnel records evidenced some appraisals were overdue, with plans in place to complete these prior to March 2024. Staff who had completed their appraisal confirmed they were given opportunities to identify any areas for skill development.

# 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 confirmed they were confident to provide their feedback and suggestions to make improvements to the care and services offered to them. Management reported consumer feedback was obtained in a various ways including through meetings, feedback and complaint processes, case conferences and daily interactions with consumers. The feedback and complaint policy outlined staff’s commitment to actively encourage and seek feedback from consumers and representatives.

Management confirmed they worked in collaboration with the Board to identify and mitigate risks to consumers, and the Board was accountable for the delivery of care and services through their analysis of reports, and their involvement with various governance sub-committees. A review of the organisation chart and governance framework evidenced clear reporting lines between staff, management, executives and the Board.

There were policies and frameworks in place to guide staff practice and support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff indicated they had appropriate access to information relating to consumers’ care needs, policies and training material via the electronic consumer file system and intranet. Management confirmed additional equipment to meet the needs of consumers could be requested and provided a recent example of the approval to purchase an air mattress to meet a newly admitted consumer’s needs.

Management and staff outlined the key processes in identifying and managing high impact and high prevalence risks, the prevention of abuse and neglect to consumers and incident management. A review of staff training information evidenced all staff had completed incident management and reporting training. Management confirmed risks were managed in accordance with consumers’ preferences, and they were supported to function as independently as possible.

Policies and procedures were in place which addressed antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Management confirmed an open disclosure process was utilised when resolving complaints and communicating with consumers and representatives. Staff demonstrated an understanding of antimicrobial stewardship and confirmed pathology results were obtained prior to the administration of antibiotics to consumers.

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)