Performance

Report

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| Estia Health Epping VIC | 24 June 2022 |
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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 Epping VIC (**the service**) has been considered by **Denise McDonald**, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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.

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1 The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018.

# 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 | | Compliant |
| 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 considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose.

Most consumers were from a culturally and linguistically diverse background and they felt their background, culture and diversity was respected and valued. Consumers felt encouraged to make choices, be independent and do things they wanted, even if there was some risk involved. Consumers were supported to host visitors and maintain their important relationships. Consumers considered confidentiality was maintained and their personal privacy was respected by both staff and visitors.

Staff and management demonstrated respect and understanding of the diverse backgrounds and culture of consumers and considered their identity when delivering individualised care. Staff interacted with consumers in a respectful manner and the Charter of Aged Care Rights was prominently displayed throughout the service in multiple languages. Care planning documentation included information regarding each consumer’s background, identity and cultural practices.

The organisation had appropriate policies, training and practices to support staff to treat consumers with dignity and respect and deliver person centred care. The service assessed care needs and risk-taking activities in consultation with the consumer, representative and other health professionals, as required. Staff were aware of consumers who wanted to take risks and could explain how they supported them to engage in the activities as safely as possible. The consumer welcome book promoted how the service supported consumers to invite family to visit, encouraged outings, to take holiday leave and supported consumers who wish to vote.

Staff demonstrated consumers privacy and confidentiality was respected. Staff knocked before entering rooms and discussed or delivered care in private. The electronic care management system holding consumer records was password protected and access was restricted.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 considered they were partners in the ongoing assessment and planning of their care and services. All consumers had a care plan that described their needs, goals and preferences. Consumers/representatives confirmed they were involved in the care planning process and its ongoing review. They knew they could request a copy of the care plan at any time. The assessment and planning process considered consumer’s current needs, goals, and preferences as well as their advance care and end of life wishes. Family members confirmed they were involved in discussions about advance care directives and end of life planning. Care plans aligned with consumer/representative feedback, staff knowledge and there was evidence of review every 3 months, or as circumstances changed. Documentation showed the involvement of family members, doctors, other health professionals and specialised services in assessing and planning consumers’ care and service needs.

The outcomes of assessment and planning were effectively documented and communicated to consumers and others involved in their care. The service’s electronic care management system stored the care plans and a copy was made available to consumers and representatives upon request. Staff were observed updating care plans and entering progress notes into the electronic system which keeps a dated record of entries.

The service demonstrated care and services were reviewed regularly for effectiveness or when circumstances changed. Information about changes to the care plan were completed in consultation with consumers and their next of kin. Any changes are communicated to staff at the shift handover meeting and in the online electronic care management system. Care plans consistently showed registered nurses, doctors, consumers, physiotherapists and next of kin were consulted in the review process.

The service had written policies and procedures for the assessment and planning process from entry into the service to review every 3-months, or as the consumer’s needs or circumstances changed.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Overall, consumers considered they received personal and clinical care which was safe and right for them. Consumers and representatives all said the personal and clinical care provided was good and it was safely delivered by skilled staff. They were able to access services from medical and allied health practitioners when needed and referrals or medical escalations were handled promptly.

The service demonstrated the personal and clinical care provided to consumers was both safe and effective. Best practice policies and procedures as well as training and resources meant staff could deliver care to consumers which was tailored to their needs, optimised their health and well-being. The service recorded high impact and high prevalence clinical and personal risks to consumers in their electronic care management system and analysis of falls and pressure injuries was included in the monthly clinical indicator report. High impact, high prevalence risks to consumers were effectively managed with appropriate risk management practices in place.

Personalised care needs were documented in care plans and progress notes, which were available to consumers/representatives and others involved in their care. Care plans reflected the needs and preferences of consumers and identified any changes or deterioration in their condition. Shift handover documents and progress notes meant adequate information about consumer’s current care needs was communicated appropriately and acted upon.

The service demonstrated referrals to doctors, allied health practitioners and external organisations were prompt and well-handled. Staff understood the referral process and care documentation evidenced referrals to other health providers such as; medical officers, physiotherapists, speech therapists, dementia support and palliative care services.

The service demonstrated sound antimicrobial stewardship and practices to prevent entry and spread of infectious agents. The service had appropriate policies and procedures for infection prevention and control and minimising the risk of antimicrobial resistance. Staff could clearly describe the practical actions they took to minimise the introduction and spread of infections in the service.

All consumers and representatives said if they had an infectious condition they quarantined in their rooms, staff always maintained good hand hygiene and used personal protective equipment. Clinical staff could clearly outline how swabs and pathology samples were collected and sent for analysis prior to any antibiotics being prescribed.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Overall, consumers considered they got the services and supports for daily living which were important for their health and well-being and enabled them to do the things they wanted to do. Consumers confirmed their emotional and psychological needs were supported by the service and they could do activities of interest and maintain the relationships and community connections important to them.

Care plans demonstrated lifestyle assessments had been undertaken to support the needs, goals and preferences of each consumer. The lifestyle program was diverse, and photographs of lifestyle activities, showed consumers enjoyed a wide range of activities and social events both within and outside the service. A wide variety of activities were observed being undertaken during the audit such as; church services, bingo, pet therapy and group exercises.

The service communicated the needs and preferences of consumers to staff and those responsible for their care and services. Staff recorded and shared information about changes to a consumer’s condition, needs or preferences to assist in lifestyle activity planning. Referrals to external supports and services were timely and appropriate to the individual consumer.

Most consumers said they enjoyed the food, and stated it is varied and of suitable quantity and quality. The food being served looked and smelled appetising and the serving size appeared adequate. Consumers’ care plans showed nutrition assessments and dietary requirements were documented with preferences, allergies, likes and dislikes recorded. Consumers had input into the food options, which catered to specific dietary needs such as, modified texture meals. Hospitality staff advised the menu was changed regularly and there were 2 meal choices at lunch, and a number of alternatives available for dinner, including toasted sandwiches and salads. The kitchen appeared clean and tidy, and kitchen staff were adhering to workplace health and food safety protocols.

There was a wide range of mobility aids, exercise equipment and lifestyle activity products available, which all appeared suitable, clean and well maintained. The hairdressing salon appeared clean, tidy and well equipped.

Staff said they had access to the equipment required to support consumers, it was cleaned and maintained regularly, according to a schedule. Staff also cleaned and sanitised shared equipment following use. The service has a preventative maintenance schedule and logbooks as well as a newly introduced electronic maintenance system for managing ad hoc requests. The cleaning and maintenance schedules for equipment were up to date and showed any issues were rectified in a timely manner.

Standard 5

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| Organisation’s service environment | | Compliant |
| 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 they belonged in the service, felt safe and were comfortable in the environment. Consumers/representatives felt the service environment was welcoming, with visitors encouraged to participate in the lifestyle activities and enjoy the facilities. Consumers’ rooms were personalised with furniture, photographs and bed covers. They could provide specific examples of what made the service a nice place to live.

Consumers felt the design of the service including the wide level pathways, promoted mobility independence. Consumers were encouraged to make their room their own and the service was happy to assist them make it more home-like. For example, by hanging pictures on the walls. Staff were conscious it is the consumer’s home, and they aimed to make the service comfortable and welcoming.

The service featured multiple communal dining and private lounge areas. There was an activities hall, chapel alcove, main kitchen, laundry and storage areas. Gardens surrounded the building, and there was a designated smoking area. The service had sufficient signage, lighting and handrails to support consumers to move around. Consumers were observed navigating around the service, utilising the communal areas, accessing the outdoor areas, garden seating and shade.

Consumers said the service was safe, clean, and well maintained and they could move freely indoors or outdoors in the courtyards. The service environment was observed to be safe, clean and well-maintained, inside and outside. Staff could describe the maintenance and cleaning processes for the service, including the furniture, fittings and equipment.

Staff reported any furniture, visibly soiled or damaged, was taken out of service by maintenance staff for cleaning or repair. Floor staff will clean the equipment if it is something that can be done quickly. Shared equipment was cleaned with sanitising wipes between use. The call bell system was observed to be operating effectively.

The preventative maintenance schedule included 6-monthly servicing of equipment, such as weight chairs, lifts, hoists, reclining chairs, wheelchairs, and commodes.

Corrective maintenance logs demonstrated issues identified are rectified by maintenance staff in a timely manner.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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/representatives felt safe and supported to give feedback or and make complaints and that appropriate action would be taken. Consumers said they did not have complaints but if they did, they knew how to go about it and where complaint forms were kept. Representatives that who had made complaints were satisfied with how the service responded, saying prompt remedial action was taken.

The service actively seeks feedback from consumers, informs them of the complaints process and support services available. At the service reception a poster about how to make a complaint was displayed and the Aged Care Quality and Safety Commission (Commission) brochure ‘Do you have a concern’ was available in multiple languages. Feedback forms and lodgement boxes were available throughout the service. The consumer welcome book pack also included information on how to provide feedback or make a complaint. It detailed alternative ways of providing feedback through the form, email or phone and provided details of how to contact the Aged Care Quality and Safety Commission and the Older Person’s Advocacy Network (OPAN).

The feedback, complaints and open disclosure policy stated that all feedback or complaints are considered opportunities to improve care and services. It states that any complaint received is investigated and sets out an effective, timely, fair and resolution focused complaints process which includes the use of open disclosure. Staff understood the complaints management process and knew when to use open disclosure.

Complaints and feedback were used to make improvements to care and services. Minor issues/complaints were dealt with immediately by staff, where they could be. The service recorded complaints in the complaints register and harnessed them to identify continuous improvement activities. Complaints for all services were discussed in the corporate quality and risk team.

**Standard 7**

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| Human resources | | Compliant |
| 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 felt they received quality care and services when they needed them, from people who were knowledgeable, capable and caring. Consumers/representatives stated staff were kind and caring and they were happy with the care and services provided. They felt there were sufficient personnel and could not identify any areas where staff required more training.

The service’s rosters showed a consistent workforce with vacant shifts filled. The rostering process allowed for sourcing replacements for unplanned absences. Staff confirmed there was enough staff and said the service has a ‘good team’ who support each other where required, such as during unplanned absences. Call bell data was reviewed monthly and it showed the average response time in the April 2022 was 2:52 minutes. Investigations of long wait times generally found it had been due to a chair being left on an alert mat, or care had been provided prior to turning off the bell. Observations of care staff assisting consumers were consistent with a high level of care and respect being provided to consumers.

The service was currently recruiting for positions including; personal care attendant, food services assistant, cleaner and head chef. Recruitment documentation showed staff had appropriate qualifications, knowledge, and experience to perform the duties of their roles. The competencies, skills and qualifications required by staff to complete their role were documented in job descriptions. Human resource records confirmed all staff are appropriately qualified, have undertaken the mandatory training required and have achieved all checks required for their roles.

Human resource records indicated all staff had been recruited, trained and supervised to provide quality care and services. The service provides ongoing training and support in line with the Quality Standards. For example; staff had undertaken Serious Incident Response Scheme (SIRS) training and were aware of what were reportable incidents and the associated processes.

The service has an appropriate performance appraisal system which includes the regular assessment, monitoring and review of staff performance. The current process for performance development across all provider sites has been under review and is due for implementation on 1 July 2022. Whilst this has resulted in delays in performance appraisals, file reviews and discussions with management indicate there is a planned process forward.

**Standard 8**

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| Organisational governance | | Compliant |
| 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/representatives said the service was well run and they were engaged in the development, delivery and evaluation of care and services. Consumers/representatives were asked about activities, food and services through resident meetings, during activities and daily interactions and regular satisfaction surveys. The monthly consumer and representative meeting minutes showed how the service engaged consumers about issues and changes they would like to see implemented.

The service’s governing body maintains oversight and was accountable for the culture of providing safe and inclusive, quality care and services. The ‘Board Commitment’ document outlined how the Board had appropriate reporting lines within the organisational structure and oversight of the governance team.

All service level meetings feed into the quality improvement committee and the clinical governance meeting minutes were ratified by the Board. The quality partner advised monthly meetings occurred with the corporate quality and risk committee, where each of the service’s risks are discussed. The organisation had appropriate governance structures, policies, and procedures related to; information management, incident reporting, complaints handling, risks, workforce governance, financial governance, and clinical governance.

The organisation provided a documented risk management framework, including policies addressing; Management of high impact and high prevalence risks, Identifying and responding to abuse and neglect, supporting consumers to live the best life they can, Management and prevention of incidents.

Staff had been educated about the policies and were able to provide examples of their relevance to their work. For example, staff outlined the process where they are required to push the emergency button to alert the registered nurse in the event of an incident.

The organisation had a documented clinical governance framework incorporating policies relating to; antimicrobial stewardship, minimising the use of restraint and open disclosure. The antimicrobial stewardship policy outlined the organisation’s commitment to optimise antimicrobial use in order to improve consumer outcomes, ensure cost-effective therapy and reduce adverse consequences of antimicrobial use, including microbial resistance.