Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Estia Health Forster |
| Commission ID: | 0837 |
| Address: | 105 The Southern Parkway, Forster, New South Wales, 2428 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 August 2024 |
| Performance report date: | 23 September 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 5715 Estia Health Forster |

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 Forster (**the service**) has been prepared by G Cherry, 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 Assessment contact (performance assessment) – site 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 26 August 2024
* Information received by the Commission relating to dissatisfaction with meals, workforce planning and staff training.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |

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.

# Other relevant matters:

Consumers reside in 5 separate wings (one secure memory support unit) across a single level in single rooms with ensuites. Each wing has a sitting area and access to outdoor areas. There are 3 dining rooms with serveries supported by a central kitchen.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

Sampled consumers and representatives consider consumers are treated with dignity, respect and valued as individuals. Examples of satisfaction include, staff knowing consumers well, treating with respect, kindness, compassion, involving them in activities of interest. Staff demonstrate knowledge of consumers’ backgrounds and were observed to be addressing them in a polite, respectful manner. Documents detail information of consumer’s background, life experiences, culture, spirituality and diversity.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service’s process ensures a variety of meals, enabling choice from selected menus. The chef (who recently commenced) advised a process to include favourite meals within the organisation’s menu, and individual choice occurring at service level. Interviewed consumers/representatives gave mixed feedback relating to choice/preferences being accommodated. Five sampled consumers/representatives expressed satisfaction with meals, including receipt of assistance with meals and satisfaction with quality, variety, choice/preferences. However, 5 gave feedback of not being provided with meals of choice or in accordance with dietary needs. One noted while choice is offered, they do not consistently receive their preference, and another advised being served meals not as per dietary requirements. Review of documents detail some consumer’s preferences not communicated to catering staff. The assessment team observed menus displayed via television screens to be small/lacking clarity of meal options.

In their response, the provider advised of consultation with consumers/representatives who gave dissatisfied feedback, noting outcomes of these discussions resulted in differing consumer perspectives. They dispute documents do not contain dietary information citing several locations for staff reference. While acknowledging connectivity issues relation to newly installed television screens they assert prominent display of menus for consumer reference. They advised of Food Focus meetings as an additional strategy to address/manage any reoccurring dissatisfaction with meal quality/choice. In consideration of compliance, I am swayed by the positive consumer feedback, plus provider responsiveness to dissatisfied feedback and demonstration of processes to obtain ongoing feedback to ensure provision of varied and suitable quality/quantity meals. I find requirement 4(3)(f) is compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Requirement 7(3)(a) - Overall, the service demonstrates a planned workforce enables delivery and management of safe/quality care and services. The number and skill mix of staff is managed, plus an ongoing recruitment process continues to recruit/increase clinical and care staff, resulting in planned recruitment of 11 new clinical staff. Monitoring processes include daily review of consumer needs, and allocation/deployment of staff to areas based on identified needs. Rostering processes ensure staff have knowledge in advance and appropriate registered nurse (RN) coverage. Management explained increase of staff to cover care minute changes/response to feedback, and a process to cover unplanned leave. Registered nurse coverage includes use of agency RNs when required. A monitoring process to review response times to consumers requests for assistance, includes analysis to determine if changes are required.

Consumers expressed mixed feedback regarding staffing levels. While most express satisfaction regarding care, 2 noted waiting for staff response (specifically during the morning), plus equipment use to alert staff not consistently within reach. The assessment team raised issues of concern with Management. Interviewed staff gave mixed feedback regarding staffing levels, most stating sufficient numbers, however, note some delays in new staff attaining competency to assist consumers mobility use of equipment. Management acknowledged an identified issue, noting planned actions to prevent further delay.

Requirement 7(3)(d) - The service demonstrates a process to ensure a trained, equipped and supported workforce provides safe/effective care. Most interviewed consumers considered staff have necessary knowledge and skills to do their job/provide appropriate care. An education/training program commences upon staff employment and ongoing relative to aged care and Quality Standards. Training documents record attendance which is monitored/managed by the service manager. Food safety training is required for catering staff.

An organisational education calendar is available for staff review and additional training occurs when Management/staff identify a deficit in knowledge. Management advised due to staff feedback a presentation is planned regarding communication and improving consumer engagement and care staff traineeships are offered. Most interviewed note receipt of sufficient education/training to assist in performing their role, including recent training regarding fluid consistency. Staff advise communicating with an RN, clinical care coordinator or Manager if they require further knowledge. An orientation/induction program occurs and management determine when new staff can work unsupervised.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)