Performance

Report

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| Name of service: | Estia Health Forster |
| Service address: | 105 The Southern Parkway Forster NSW 2428 |
| Commission ID: | 0837 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 16 December 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 Forster (**the service**) has been prepared by G.Hope‑Simpson, 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.
* 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 individual identity, culture, and diversity were valued. Staff understood consumers’ care plans and supported consumers’ lifestyle choices and preferences, including addressing consumers using their preferred name.

Consumers confirmed the service recognised their cultural background and that they could express their cultural identity and interests, which informed how staff delivered care and services. Care planning documents showed the service had sought and captured individualised information as it related to consumers’ religious, spiritual, and cultural preferences.

The service supported consumers to exercise choice and independence regarding how their care and services were delivered, and how they maintained relationships. Care planning documents identified consumers’ individual choices concerning when care was delivered, who engaged in their care and how the service supported married consumers to maintain their relationship. For example, by sharing a room and spending time together.

Consumers and representatives were satisfied the service supported them in making decisions involving risk. Care planning documents showed the service used mitigation strategies to help consumers participate in activities deemed to carry risk.

Consumers and representatives received current, accurate and timely information, which the service communicated clearly, enabling them to exercise choice and control. Management demonstrated it communicated to consumers and representatives in a timely manner, either in person, by phone or by email.

Consumers were confident staff protected their personal information and privacy, by using practices such as knocking on doors prior to entry and closing the door during personal care. Hardcopy material relating to consumers’ personal files was stored in secure offices.

# 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

Care planning documents reflected effective assessment and planning processes to identify the needs, goals, and preferences of consumers. If the consumer wished, staff included statements of choice and end-of-life planning in care planning documents. Staff said they update care plans in response to incidents or changes to a consumer’s condition. Consumers’ feedback corroborated this.

Care planning documents reflected the involvement of consumers, representatives and other health professionals in the assessment and planning process. Consumers and representatives confirmed their involvement in the process.

Consumers said the service had explained care plans to them, that care plans met their needs, goals, and preferences, and that they were able to access care plans upon request.

Consumers and representatives said the service notified them when changes occurred in consumers’ clinical or cognitive health, including falls, development of pressure injuries or medication incidents. Management reviewed incidents at a service-level, to identify strategies to minimise reoccurrence. The service had policies and procedures for recording and reporting incidents and care plans were updated when circumstances changed.

# 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 plans reflected safe, and effective care, tailored to the preferences of the consumer. The service used assessment tools to monitor medication, skin integrity, and pain across the service, supporting consumers’ needs, and optimising their health and well‑being.

The service identified and managed risks for each consumer, including end-of-life and mobility preferences. Care planning documents reflected effective strategies to manage identified risks.

Care planning documents for a recently deceased consumer showed the service preserved their dignity and provided care in accordance with the consumer’s needs and preferences. Staff had good knowledge of how to adjust care for consumers nearing end-of-life. The service had fostered connections with the State’s Hospital and Health Services Palliative Care Team, who could provide support with end-of-life care, if required.

Care planning documents showed the service identified and responded to changes in consumers’ conditions, and that the responses were appropriate. Consumer feedback confirmed the service responded quickly and appropriately. Staff understood signs of deterioration.

Consumers said the service managed their personal and clinical care well. They also reported the service kept them fully informed, and the service’s care addressed their needs. Care plans and progress notes showed adequate information to effectively and safely share consumers’ conditions, preferences, and care needs.

Consumers said the service made timely, and appropriate referrals, and that they had access to relevant health supports and services. Staff could competently refer consumers to other health professionals.

Staff knew how to monitor consumers for infection, and, if they found infection, how to minimise its spread. The service had an outbreak management plan, which explained how they would prepare for, identify, and manage outbreaks. The service’s Infection Prevention and Control lead collaborated with senior management to oversee infection controls.

# 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 said the service supported them to pursue activities of interest and optimise their independence and well-being. Staff knew what activities consumers liked, such as, for example, gardening and attending exercise classes.

Consumers said staff supported their emotional, spiritual, and psychological needs. Staff encouraged consumers to stay in touch with family and friends for emotional support, and they described the service’s culturally appropriate supports for Indigenous consumers.

The service supported consumers to participate in activities within and outside the service. For example, staff were found to work with community groups to enable consumers to pursue their interests and maintain community connections. Consumers corroborated this finding.

Consumers said the service staff adequately communicated with them, between each other and with others responsible for consumers’ care. Staff recorded information about consumer care in the service's care planning system and shared it internally.

Care planning documents showed the service referred consumers to appropriately skilled service providers. Staff knew the process for referring consumers to relevant services and the service had policies and procedures in place to guide staff through the referral process.

Consumers and representatives were satisfied with the variety and quality of meals. When consumers wanted food other than what was on the menu for a given day, they were offered a range of alternatives. Staff knew consumers’ dietary preferences and which consumers had extra requirements, such as the need for adaptive cutlery.

Equipment for daily living and lifestyle supports was safe, suitable, clean, and well maintained. Consumers and staff had access to equipment to assist consumers with their daily living activities. The service had a cleaning schedule and a system for scheduling extra cleaning in the event of an outbreak.

# 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 confirmed the service environment was welcoming, easy to understand, and encouraged them to remain as independent as possible. They also stated the service supported them to personalise their rooms with photos and furniture of their choosing.

Consumers said the service environment was safe, clean, well maintained, and allowed them to move around freely. The service’s outside areas were free of debris and trip hazards, with wide and clear pathways. Staff said maintenance requests were addressed quickly to ensure consumers had a comfortable and safe environment.

Service equipment was generally safe and well-maintained. One consumer‘s air conditioning had malfunctioned and had not been repaired. In response to this finding, Management advised the repair required roof access and the delay was caused by the service’s COVID-19 lockdown and unseasonal weather conditions. A November 2022 work order was in place to address the repair.

# 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

The service encouraged consumers to provide feedback should the need arise. Consumers reported they felt comfortable doing so. The service had multiple feedback channels available to consumers, along with policies and procedures to guide staff in the management of feedback, complaints, and compliments.

Consumers said they were aware of advocacy services, should they need them. The service displayed advocacy and language services brochures and information throughout the facility.

Staff applied principles of open disclosure, which included acknowledging when things went wrong, apologising, and using complaints as opportunities for improvement. The Assessment Team found evidence showing the service had applied a consistent approach for complaints handling across two complaints.

Staff reviewed feedback and complaints and used them to improve the quality of Estia Health Forster’s care and services. For example, in response to feedback received about the service’s food menu, staff implemented a new menu, which received positive feedback from consumers and representatives.

# 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

The service planned its workforce to have a suitable number and mix of staff to deliver quality care and services. Consumers said service staff mostly responded to call bells in a reasonable time. Consumers reported no concerns with the care received. Call bell reports indicated call bells were mostly answered in a timely manner.

Consumers and representatives said staff were respectful, kind and caring, which included respecting consumers’ indigenous heritage. Management monitored staff interactions through observations, feedback and complaints, and other staff.

The members of the service’s workforce had the qualifications and knowledge to effectively perform their roles. Consumers and representatives felt staff were competent in providing care and knew what they were doing. Each role had a position description, minimum qualifications, and credential requirements.

The service had systems and processes to ensure it recruited appropriately skilled staff and supported them to deliver quality care and services. Staff had access to training to support their ongoing development and the service monitored whether staff had completed training. Staff were up-to-date with mandatory training.

The service conducted staff performance appraisals on an annual basis, where staff performance was assessed, monitored, and reviewed. Staff confirmed they participated in the performance appraisal process annually.

# 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 said the organisation was well run, and that they partner with the service by contributing ideas to improve care. Management engaged consumers and representatives in the development, delivery and evaluation of care, including through consumer experience surveys.

Members of the organisation’s governing body were from various backgrounds including law, education, clinical care, finance, and business. The governing body monitored clinical indicators, monthly reporting, and feedback from consumers and the workforce, which helped ensure the service met Quality Standards.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. The service’s policies and procedures were consistent with relevant legislative requirements, including those relating to open disclosure, restrictive practice, complaints management, clinical risk management, and clinical governance policy. At the time of assessment, the service was a member of the National Aged & Community Care Providers’ Association.

The organisation’s risk management framework included policies for: managing high impact, high prevalence risks; identifying and responding to consumer abuse and neglect; supporting consumers to live the best life they can; and managing incidents; among others. Management knew their obligations under the Serious Incident Reporting Scheme.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff understood open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)