Performance

Report

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| Name of service: | Performance report date: |
| Estia Health Glen Waverley | 14 September 2022 |
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| Approved provider: | Activity date: |
| Estia Investments Pty Ltd | 20 June 2022 to 21 June 2022 and 18 August 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 Glen Waverley (**the service**) has been considered by D. McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.
* the provider’s response in acceptance of recommendations made by the assessment team received on 29 August 2022.
* 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 | | 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 and representatives said consumers feel respected by staff, a consumer said staff visit them in their room to chat and they feel listened to and respected. Staff explained how individualised information is recorded in care plans reflecting culturally appropriate activity planning. Staff described the use of multilingual communication cards to engage effectively with consumers in a culturally respectful manner.

The service has guiding policies in place for diversity and inclusive consumer centred care, culture, spirituality, religion and privacy and dignity. Care planning documentation demonstrated the service has sought and captured individualised information as it relates to consumers’ religious, spiritual, and cultural needs and personal preferences. The chef provided an example of how the menu had been changed to accommodate a consumer’s cultural meal preference.

Consumers and representatives felt staff support consumers to make choices and decisions about their care and maintain their independence. Staff demonstrated knowledge and understanding of the preferences and choices of consumers and described how they support consumers to make informed choices about their care and services such as choosing a male or female carer for showering needs. A consumer said they were supported to spend time in their room rather than join in activities and staff respected their decision to do so.

Consumers and representatives felt consumers are supported by the service to take risks and live the life they choose as staff discussed duty of care, choice and dignity of risk with them. Where consumers have chosen to accept the risks and they continue to engage in these activities. Staff described how risk assessment processes include allied health professionals and registered staff. The service has a dignity of risk policy which recognises consumers have the right to make decisions that affect their lives and are supported to take risks appropriately.

Consumers and representatives reported they have access to information they need to make informed choices, including monthly newsletters, and consumer meetings. Consumers said topics discussed at consumer meetings relate to food, activities and offerings at the service. Relevant information about activities, daily menu choices, complaints processes, church and support services were observed on noticeboards around the service and were clear and easy to read. Newsletters included information on COVID-19 outbreak updates, building works updates, staff resignations or appointments, and special events such as consumer’ birthdays.

Consumers said the service respects their privacy and described staff practices such as knocking on doors before entering a consumer’s room to maintain their privacy. Staff described how shift handovers are held in the privacy of an enclosed room and all computers are password protected to ensure consumer privacy. The service has a consumer privacy and confidentiality policy, and the consumer welcome book promotes privacy principles.

# 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 and representatives said they are included in the ongoing assessment and planning of their care and services and confirmed their care plans reflected their current needs, goals and preferences. Staff described assessment and planning processes as reflected in the policy, this included how ongoing risk assessments and monitoring reviews inform the delivery of safe and effective care and services. Behaviour support plans were observed in place for consumers subject to restrictive practices.

Staff described how they approach end of life planning conversations at the end of care planning meetings with the consumer and representatives, and felt these discussions helped the consumer and family to understand what to expect and how the consumer will be supported during the end of life period. Care planning documentation reflected consumers advance care and end of life wishes are documented which could include instructions to call family immediately, transfer to hospital and resuscitation preferences.

The service has policies and procedures in place to support care planning practices and describing the process as an ongoing partnership with the consumer and their representative including other support services. Consumers said they are supported by allied health professionals in the development and review of their care plans. The service’s physiotherapist described how and when consumers and representatives are involved in regular assessment and care planning discussions.

Consumers and representatives stated they are included in decisions around their care planning, informed about any changes, and aware that they could access a copy of their care plan at any time. Staff described how they talk to the consumer, and their representatives about changes to the recommendations and outcomes of care planning; this consultation occurs at a monthly care planning conference.

Consumers and representatives confirmed their involvement with regular reviews of care and services and were aware they can request a review at any time. Staff said care plans are reviewed quarterly or if changes in the consumer’s health and well-being occurred, care plan documentation reflected regular review or following an incident such as a fall. The service had policies and processes in place to prescribe the process of developing and reviewing care plans.

# 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

Consumers and representatives reported consumers are provided with safe and effective clinical care and care planning documentation reflected tailored information pertaining to care needs. Care planning documentation identified if the consumer had any complex care needs, how to manage them and what to do if any issues emerged. Care documentation evidenced staff were monitoring the delivery of care in accordance with directives. Management described how safety and effectiveness of care was ensured through observations of staff and monitoring care delivery to be aligned to the consumer’s needs. Policies in place reflected best practice guidance across areas such as medication and pain management, skin integrity, and minimising the use of restrictive practices.

Management and staff identified high impact risks within the service and described procedures such as a full assessment of a consumer post a fall including notifying of representatives and transfer to hospital where required. Care planning documentation for consumers assessed as at being at risk, showed strategies and interventions for managing risk were recorded. Consumers and representatives confirmed effective management of high impact and high prevalence risks at the service.

Clinical staff explained processes to support end of life care including involvement of family and allied health professionals and supporting consumer preferences. Care plans demonstrated consumer’s end of life preferences are documented. The service has a current, comprehensive palliative care procedure to support staff through this work which focusses on comfort and dignity of the consumer and support for the family and loved ones.

Representatives said the service communicates with them when there are changes in circumstances with their loved one. Management and clinical staff explained practices in place for responding to and managing changes to consumer’s conditions, including observing consumers, completing assessments, and providing relevant referrals. Care plans showed where deterioration and changing conditions occurred, appropriate recording and case noting were evident. The service has a current change in health status (deterioration) policy to guide staff practice.

Consumers and representatives said they get referrals to allied health professionals and care plans confirmed appropriate and timely referrals to external health providers where appropriate. Staff described providing written referrals in the communication book held in the nurse’s station for visiting health providers as well as liaising via email or talking with them while at the service. Information about making referrals was reflected in various policies relating to skin integrity, mobility, dexterity, rehabilitation and falls prevention.

Consumers reported they see staff engaging in hand hygiene and wearing of personal protective equipment. The infection prevention and control lead and staff could describe practices in place regarding infection control and minimising antibiotic resistance. The service has appropriate guiding documentation to support staff with infection control, was observed to be clean with hand sanitising stations located throughout and staff were engaging in appropriate hygiene practices.

# 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

Consumers and representatives said consumers receive effective services and are encouraged to be independent and enjoy a good quality of life. Management and staff described the steps taken to ensure each consumer’s preferences are considered and supports are personalised to meet their needs as they distribute monthly surveys for consumers to select preferred activities for the forthcoming month. Care plans reflected a range of lifestyle information about consumers was recorded, including backgrounds, interests, and activity preferences.

Consumers said staff provide emotional support when they need it, with one consumer describing how staff spent one on one time with them after losing a family member. Staff described practices they engage in to support consumers when feeling low including talking to the consumer to determine the cause of their low mood. The activities coordinator explained pastors, of different faiths, visit each week and speak to consumers in their rooms.

Consumers provided examples of how the service supports them to engage in the broader community and maintain relationships and communicate with family interstate and overseas. A consumer described their affiliation with a veteran’s support organisation and how the service has supported their continued involvement in committee meetings which are now held at the service. Consumers also confirmed they are supported to maintain relationships with their family as the service arranged for a phone line to be installed in the consumer’s room.

Consumers said they receive sufficient information from the service. A representative confirmed they are contacted promptly regarding any changes in consumer’s condition or needs, an update was provided even where no significant changes occurred after a medical officer review. Staff said they attend handover to hear and understand information about how each consumer is feeling. Staff were observed engaging in handover discussions and verbally advising other staff of relevant updates relating to consumer lifestyle or care needs. A white board detailing dietary needs of consumers and the way food and drinks should be prepared was observed in the kitchen.

Consumers said they are supported to access external services such as carers who take them into the community. Staff confirmed engagement with external providers and volunteers who support consumers with daily living and regularly take them on outings. Care plans showed consumers are supported with appropriate referrals to external services and providers and detailed the supports needed to assist the consumer to mobilise into the community such as falls risks from poor balance.

Consumers said meals were varied and of suitable quality and quantity; and individual consumer’s meal requests were accommodated by the service. Kitchen staff outlined practices in place to provide variety of meals, and how dietary requirements of consumers are met, and food is provided off the menu as requested. Consumer care plans included information such as allergies, dietary requirements, and personal preferences.

Consumers said personal equipment is clean, suitable, and well maintained. Staff explained processes in place including 6-monthly equipment audits conducted by an external provider, cleaning and maintenance processes, and additional equipment can be requested if required. Cleaning and maintenance documentation demonstrated equipment is appropriately maintained.

# 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 said the service was welcoming and easy to move around, including when the consumer used mobility equipment, and they felt at home in the service. Staff reported consumers and their visitors are free to move around the building or outside areas and consumers are encouraged to personalise their bedrooms by bringing their own furniture into their bedroom if they wished. The service environment was observed to be bright and welcoming and supported consumer independence and interaction consisting of wide corridors with handrails throughout the service.

Consumers said the service is safe, clean and well maintained, and they can move around freely. Staff explained processes in place for cleaning and maintenance including arrangements in place for trades people to attend when required. Staff were familiar with how consumers are supported to access indoors and outdoors. Documentation such as cleaning registers evidenced the service is safe and kept clean in a timely manner.

Consumers stated the equipment in use is well maintained, clean and kept within easy access for them. Staff demonstrated appropriate practices are in place for maintaining safe and clean equipment. Maintenance staff explained processes for maintaining equipment and a review of maintenance records demonstrated maintenance checks were up to date. Furniture, fittings and equipment in the service was observed to be safe, clean and well maintained.

# 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 and representatives advised they knew how to provide feedback or make a complaint and felt safe to do so, this included via attendance at consumer/representative meetings. Staff explained processes in place to support consumers to provide feedback and make complaints including feedback boxes, feedback form, email or phone.

Consumers and representatives were aware of advocacy services and other methods for making complaints. Staff explained multicultural staff help with communication challenges and the consumer’s family will also be called to assist with personal matters; staff confirmed they can access interpreter services for consumers from non-English speaking backgrounds if needed. Documentation and resources demonstrated the service promotes the use of and has resources available for consumers to access advocacy and language services.

Consumers and representatives said management quickly addresses and resolves their complaint and subsequent actions are taken. Staff described using an open disclosure approach when responding and managing complaints such as offering an apology where appropriate. The complaints register detailing complaints, responses, and implemented actions, were observed to be up to date and completed.

Management and staff explained processes for reviewing feedback and complaints and how these are used to make service improvements; systems and processes were observed to be in place to monitor and trend feedback, compliments, and complaints which led to improvements. The service conducts monthly surveys, collates responses and where issues are raised or compliments are identified, these are escalated to the executive leadership.

# 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 and representatives said they receive quality care and services delivered in a timely manner including for medication, toileting needs and assistance with mobility. Staff felt supported by the service to provide quality care and had supportive teams who came together to deliver care to consumer when there was an unfilled shift and unplanned leave. Management were familiar with current issues relating to staffing and outlined appropriate processes to increase human resources support and ongoing recruitment. Management explained current call bell monitoring processes and staff rosters showed consistent staffing levels over recent months.

Consumers and representatives felt staff are kind, caring and they were respected. Staff were observed providing kind, caring and respectful support and care to consumers, such as sitting at eye level with consumers and communicating in a gentle manner. A representative said staff were respectful of the consumer’s culture, values and beliefs and often discuss matters of personal interest with the consumer.

Consumers and representatives felt staff are competent and have sufficient knowledge to take care of consumer needs. Management explained processes to monitor and support staff relating to competency, each role had a job description containing specific skills and qualifications required in the role, these were observed to be in place for all staff. Training records evidenced staff are appropriately qualified and undertake mandatory training as required.

Consumers said staff are trained and equipped to deliver care. Staff said they receive adequate training and understood the associated processes. Management said staff attendance at mandatory training was monitored bi-weekly by the quality team and senior management for review and actioning, where required. The service’s policy on mandatory training reflected modules include manual handling, infection control, fire and emergency and elder abuse. Induction training was also reflected as mandatory to be completed on commencement of employment, refresher training occurs annually on the anniversary of employment.

Management described how staff performance was regularly reviewed and monitored in accordance with organisational goals and individual position descriptions. Staff described the review process as a positive opportunity to understand what they are doing well or where they could improve. Performance review documentation demonstrated a consistent process in place for reviewing performance and all reviews were observed to be up to date.

# 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 and representatives confirmed providing input into service delivery via monthly consumer meetings. Staff described a range of processes for engaging consumers such as through monthly surveys, and one on one meetings with consumers and their representatives. Consumers confirmed changes had occurred at the service based on feedback provided at consumer meetings including the addition of dominoes to the activities calendar.

Consumers and representatives said they feel safe and at home in the service and receive the care they need. Management explained organisational monitoring processes to ensure safe delivery of services including reporting of clinical data via clinical committees and quality/risk team to the Board. A digital platform for monitoring and reporting risks, and systems for monitoring staff training outcomes, as well as regular management meetings promoted a culture of accountability.

The organisation has appropriate governance systems available digitally to key stakeholders for information management, human resources, risk monitoring, policies and procedures. Reporting practices were reflected in management and board meeting minutes including data and information providing oversight of the services’ performance, the Board monitors service provision against the Quality Standards through these systems

The service has an appropriate and effective risk management framework in place including policies and procedures relating to high impact and high prevalence risks, prevention of abuse and neglect, and incident management. The quality and risk team provide analysis and reporting of trends for risks and ongoing monitoring of risks via internal audits. Risk reports evidenced how the service conducts ongoing quality checks aligned to Quality Standards.

The organisation has a clinical governance framework in place including policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, medication administration, restrictive practices, and open disclosure. Staff described antimicrobial stewardship and the importance of monitoring consumers’ use of antibiotics and attempting to minimise their use where appropriate. Staff demonstrated knowledge regarding different forms of restrictive practice and the importance of ensuring that these forms of restraint are not accidentally implemented.

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-2)