Performance

Report

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| Name of service: | Performance report date: |
| Estia Health Gold Coast | 30 June 2022 |
| Commission ID: | Activity type: |
| 5376 | Site audit |
| Approved provider: | Activity date: |
| Estia Investments Pty Ltd | 23 May 2022 to 25 May 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 Gold Coast (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 20 June 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 said staff value them, respect their cultural backgrounds and treat them well. Staff described consumers’ backgrounds, cultures and how these inform services. Care plans detailed consumers’ background, identities and cultural practices.

Consumers said they make decisions about their care and are supported to maintain important relationships. Staff described being guided by consumer choice. The admission process identifies who consumers want involved in care.

Consumers said they are supported to take risks they want to take. Dignity of risk assessments showed risk management strategies are identified, to support consumer informed choice.

Consumers said they receive necessary information to make choices about care and lifestyle. Staff explained how information is conveyed to consumers and representatives, including by displaying information throughout the service.

Staff described practical ways they ensure consumers’ personal privacy is maintained, consistent with consumers’ wishes. Observations confirmed the feedback and showed confidential consumer information is securely stored.

# 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 their representatives said the service involves them in assessment and planning decisions. Assessments are used to inform care plans, which contained consumers’ current needs, goals, preferences, risk management strategies, advance care plans and reflected involvement of other individuals and services.

Consumers and their representatives said staff explain care plans and keep them informed of changes, however were unaware they could request a copy of the plan. Staff said they can access care plans; however, some did not consistently communicate the outcome of reviews to consumers and representatives. Management identified appropriate improvement actions to address both issues.

Care plan documentation confirmed the service reviews plans 3 monthly and in response to incidents or changes in consumers’ condition. Consumers described recent reviews in response to incidents and at their own request. Staff described how scheduled reviews are allocated and the additional Resident of the Day process used to evaluate effectiveness of care and services.

# 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

Care plans reflect consumers receive tailored, safe and effective care that is best practice and optimises health and well-being. Consumers and their representatives were satisfied with the care and services provided and complimentary of staff. Personnel said they feel well supported to meet consumers’ care needs. Management of skin integrity, pain and restrictive practices at the service aligns with best practice.

Care plans showed high impact and high prevalence risks are effectively identified and managed. Staff understood the key risks relevant to consumers and described consumer-specific strategies to address the risks.

Care plans showed the care needs, wishes and preferences of recently deceased and palliating consumers at the service were met. Representatives were confident in the service’s provision of end of life care.

Care plans showed the service recognises and responds to deterioration in a timely manner and uses validated tools to assess changes in condition. Staff described how the service identifies, assesses and responds to change and uses best practice tools to prompt rapid response.

Information about consumers’ condition, needs and preferences is effectively communicated in care plans, progress notes and assessments. Consumers said staff know their needs and preferences. Staff said they notify other involved health professionals or services of necessary information to ensure consistently safe and effective care.

Care plans reflect consumers are referred to appropriate allied health professionals, medical officers and service providers. Staff described how timely referrals are made, information is shared, and how recommendations are converted to practice.

Staff demonstrated understanding of antimicrobial stewardship and described key infection-prevention measures. The service’s Infection Prevention and Control lead outlined their role and responsibilities. Observations confirmed appropriate infection prevention measures in place.

# 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 said staff support them to engage with the lifestyle program, which they said meets their needs and interests them. Staff described how the service seeks feedback on the program and were familiar with the needs and interests of consumers. Care plans described consumer interests, preferred activities and supports they need to participate. Consumers were observed engaged in group and individual activities.

Consumers said staff support their emotional, spiritual and psychological wellbeing by assisting them to maintain important relationships, engage in past-times that support their mental health and by honouring their cultural background. Care plans described lifestyle activities that support the wellbeing of consumers. Staff said they know consumers well and how to support them emotionally.

Consumers described how the service supports them to participate in activities inside and outside the service, including with people who are important to them. Care plans contained information about consumers’ important relationships and demonstrated external community groups and activities they are involved in. Staff described how the service supported consumers to maintain external relationships during lockdowns.

Consumers said staff know their lifestyle preferences and support needs. Care plans detailed how staff can support consumers to participate in meaningful activities. Staff demonstrated their understanding of participation barriers for consumers and the strategies and supports used to overcome them.

Consumers described the external services and activities the service supports them to access, such as bus tours. Care plans demonstrated engagement with online church services, referrals to local community groups and medical officers. Lifestyle staff were aware of local organisations, services and supports available however confirmed pandemic restrictions affected access to these. Observations confirmed the lifestyle program makes use of external entertainers and volunteers.

Consumers said meals are of sufficient quantity and quality, with specific dietary needs catered to, however a consumer said they missed their cultural food. Catering staff knew the dietary needs and preferences of sampled consumers and how those needs are communicated to staff and incorporated into service delivery. There is a changing menu with meals prepared onsite daily. Observations confirmed a tidy and safe kitchen environment.

Equipment was observed to be clean, fit for purpose and well-maintained. Staff knew how to submit maintenance requests and preventative maintenance schedules were observed.

# 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 reported feeling at home in the service and said they can personalise their rooms. Observations showed the service environment is safe and promotes consumer interaction, independence and function. Dementia sensitive design principles are used, and signage is displayed. Consumers were observed socialising in common areas.

Consumers said they can move freely inside and outside the service, and said they are supported to move about as needed. The service environment was clean, well-maintained and enabled free movement in both outdoor and indoor areas. Preventative and reactive maintenance systems are in place and staff understood how to report safety issues.

Furniture, fittings and equipment were observed to be safe, clean, well-maintained and suited to consumers using them. Shared equipment is maintained and cleaned between use.

**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

The Assessment Team recommended the following requirement as not met:

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

I have considered the Assessment Team’s findings, the evidence documented in the Site Audit Report and the Approved Provider’s response, and find the service compliant for this requirement.

The Assessment Team considered appropriate action was not always taken in response to complaints. Their recommendation relied on evidence from one consumer’s family member, who reported making multiple complaints, which had not yet been resolved to their satisfaction.

In their response of 20 June 2022, the Approved Provider gave further context and clarified information concerning the complaints and other Assessment Team evidence they regarded inaccurate. I acknowledge that information and the evidence provided to substantiate the Approved Provider’s position. I am persuaded by the Approved Provider’s information that the family member’s concerns are being addressed and are not reflective of a systemic deficit in complaint handling processes. The Assessment Team did not provide any other relevant evidence to support the not met recommendation. Remaining evidence showed the service uses open disclosure and consumers said the service responds to complaints with appropriate action.

Therefore, I find requirement 6(3)(c) is compliant.

Regarding the remaining requirements, consumers and their representatives were aware of complaint and feedback mechanisms and most were comfortable raising concerns directly with staff or management in the first instance. Staff had shared understanding of internal and external complaint avenues and described how they support and advocate for consumers. Information is provided about language and advocacy services, as well as external complaint avenues.

Consumers said concerns they raise are addressed and suggestions they made resulted in changes. Staff gave examples of service-level improvements made following feedback. Management said the service records and reviews complaints, however review of the service’s continuous improvement plan showed complaints were not always documented.

**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

The Assessment Team recommended the following requirements as not met:

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for these requirements.

Consumers were satisfied with the capability of staff, and staff confirmed they received relevant training. However, reports showed a small number of staffs had not completed mandatory training modules. In their response of 20 June 2022, the Approved Provider clarified that the outstanding modules were due to staff being recently hired or on extended leave.

Performance appraisals for some staff were incomplete at the time of site audit, however no staff raised concern regarding outstanding appraisals. The Approved Provider clarified the appraisals were outstanding due to staff being on leave or new, with annual appraisals due in October, and stated regular monitoring occurs outside of formal appraisals.

I acknowledge and accept the Approved Provider’s response as evidence of compliance, noting no consumer or staff impact was reported.

Therefore, I find requirements 7(3)(d) and 7(3)(e) are compliant.

Regarding the remaining requirements, consumers and their representatives said overall the service has enough staff to meet their needs, with some waiting for call bell responses when staff are busy. Staff confirmed there are enough personnel at the service and management described how rosters are planned. Document review confirmed emergent vacant shifts are filled, workforce numbers are planned to meet consumer needs and call bell response times are generally within target.

Consumers and their representatives gave positive feedback about staff interactions and said staff are dedicated, kind, caring and patient. Staff knew consumers’ needs, preferences and cultural background. Observations showed staff interactions with consumers were respectful and personable.

Consumers and their representatives considered staff are competent and have the skills needed to perform their roles effectively. Staff said they are well supported and trained. Recruitment and onboarding processes ensure staff have necessary minimum qualifications, professional registrations and worker screening checks for their roles.

**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 their representatives generally considered the service is well run and said they were confident to provide feedback and direction about care and services. Staff and management described the mechanisms the service uses to promote consumer input, including through meetings, feedback forms and case conferences.

The organisation’s governing body demonstrates accountability and promotes quality care through regular review and monitoring of clinical and quality indicators and by monitoring the service’s clinical governance arrangements, alignment with the Quality Standards and complaints. Changes that impact on service delivery were communicated through reporting lines, with a newsletter circulated to promote consistency of information.

The service has effective governance systems to support staff access to information and access to funds meet consumer needs. Whole of organisation systems are in place to ensure continuous improvement opportunities are recognised and improvement actions implemented. Although the Assessment Team identified deficits in training and performance appraisal completion rates, the response and other site audit evidence demonstrated effective workforce governance systems are in place. Feedback and complaints systems are effective, and regulatory changes are communicated to staff and management.

The service has effective risk management systems in place, with policies relating to management of high impact or high prevalence risks, incident prevention and management and elder abuse. Staff had shared understanding of what constitutes abuse and how they would respond to and report abuse and neglect.

The service’s documented clinical governance framework incorporated policies on antimicrobial stewardship, minimising the use of restrictive practices and utilising open disclosure. Staff understood the policies and described their practical application.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018 [↑](#footnote-ref-1)