Performance

Report

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| Name of service: | Performance report date: |
| Estia Health Golden Grove | 1 September 2022 |
| Commission ID: | Activity type: |
| 6876 | Site audit |
| Approved provider: | Activity date: |
| Estia Investments Pty Ltd | 8 August 2022 to 10 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 Golden Grove (**the service**) has been considered by Denise 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 to the assessment team’s report received 26 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 their representatives confirmed the service recognised, respected and valued their cultural background. The service kept a cultural register and staff were able to identify consumers cultural backgrounds and describe how this influenced the consumers care and services. Care planning documentation detailed the cultural preferences of each consumer.

Consumers, who were in an intimate relationship, said the service supports and respects their relationship and they are able to make choices about their own care. The service’s policies identified consumers are encouraged to make decisions about how their day is structured, and the way their time is spent. Care planning documents identified the consumers’ individual choices and how the service supports them in maintaining relationships including by giving them privacy when in their room.

Consumers said they are supported by the service to take risks such as administering their own medication. Staff are aware of the risks taken by consumers and said they support consumers to take risks and live the best life they can. Care documentation evidenced the risk had been assessed, the consumer’s medical officer was involved, support strategies agreed, and informed consent was obtained.

Consumers and representative said the information they receive was current, accurate, timely and was easy-to-understand. The consumer monthly newsletter, menu and activity program, was displayed throughout the service, were clear to read and up to date. Staff said they inform consumers if there is any change in relation to their care and daily life.

Consumers said their privacy is respected as staff knock on their door before entering. Staff gave examples of how they respect consumers privacy and could describe how they keep consumer information confidential. Staff were observed using individual passwords to access information on computers, based on the service’s privacy and confidentiality policy.

# 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 were involved in, and have a say in, care planning and assessment processes. Staff described the process in detail and explained how it informs the delivery of care and services. Care plans evidenced risks to each consumers health and well-being had been identified.

Care plans identified and addressed the current needs, goals and preferences of consumers including for advance care and their end of life wishes. Consumers and representatives said staff involve them in assessment and planning processes through regular conversations or at case conferences. Staff advised these discussions, determine what is important to the consumer.

Consumers and representatives reported the service partnered with them and others who they wanted involved in their care including medical and allied health professionals. Consumer files confirmed the involvement of a diverse range of external providers including in case conferences. Staff described partnering processes occur in person, over the telephone or electronically.

Care planning documentation is available and where consumers had requested a copy it had been received. Consumers and representatives said the service effectively kept them up to date and informed about the consumers’ care, care plan and assessments. Consumers confirmed staff explain things simply, in a manner they can understand; and clarification is provided if any information not understood.

Clinical staff could describe how and when consumer care plans are reviewed, with allied health professionals, confirming they are involved regularly and as needed. Care planning documentation evidenced review, on both a regular 3 monthly basis, or when circumstances, such as consumer deterioration or an incident occurred. Consumers and representatives said any changes requested or needed are addressed in a timely manner.

# 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 said they received safe and effective personal and clinical care, tailored to their needs, such as skin integrity, weight management, restrictive practices, and pain management. Policies and procedures are available to guide staff in key areas of care. Care documentation supports care delivery is monitored to ensure it is safe and effective.

Effective management of identified high impact and high prevalence risks was evidenced through regular clinical data monitoring, trending and implementation of suitable risk mitigation strategies for individual consumers. Staff were familiar with high impact and high prevalence risks for consumers at the service. A representative confirmed the risk management strategies implemented following a fall were effective as the consumer hasn’t had a fall since.

Care documentation evidence consumers nearing the end of life had their dignity preserved and care provided in accordance with their needs and preferences. Representatives confirmed consumers nearing the end of life had their dignity preserved and care was provided in accordance with their needs and preferences.

Consumers and representatives said the service recognised and responded to changes in condition in a suitable and timely manner. Clinical staff described how they monitored signs, changes or deterioration of consumers, such as unplanned weight gain or loss, general wellness, behavioural changes, and sudden changes in preferences for activities for daily living.

Care planning documentation and progress notes demonstrated adequate information was provided to support effective and safe sharing of the consumer’s information to other staff and providers of care. Consumers and representatives confirmed their care needs and preferences were effectively communicated between staff and other providers responsible for their care.

The service demonstrated preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak, and best practice antibiotic practices. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices. The service had appointed 2 infection prevention and control leads, they had completed competency training, outbreak folders, outbreak kits and infection control storage was observed in each unit of the service.

# 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 they felt supported to participate in activities they liked and got appropriate support to optimise their independence and quality of life. Staff described how each consumer’s emotional, spiritual and psychological well-being were promoted by referring consumers to external counselling services, offering church services to consumers who were religious, and having physical exercise activities in the activity program.

The service provided a range of services and supports for consumers’ daily living, this allowed consumers to make their own choices for lifestyle activities and meals, the lifestyle schedule and menu were observed to have multiple options for consumers to choose from. Consumers and representatives said they were satisfied with the quality and quantity of food provided at the service and could choose what meals they preferred.

Consumers and representatives said they were supported to participate within and outside the service environment, keep in touch with people that were important to them and do things of interest to them. Staff were familiar with consumer’s interests and preferred activities and described how consumers were supported to participate in the community and stay in touch with people important to them such as arranging window visits with family during COVID-19 lockdowns.

Consumers and representatives said their needs and preferences were well communicated. Staff described ways in which they shared information and were kept updated regarding a consumers’ condition, needs and preferences specifically if any changes occurred. Care plans provided adequate information to support safe and effective care delivery for daily living.

Consumers said they were supported by other organisations and support services, staff knew of external organisations involved with specific referrals for consumers. Care planning documentation evidenced referral processes and relevant notes recorded by external providers. Staff described the involvement of volunteers in various aspects of the service such as looking after pet birds in the courtyard and providing music therapy sessions to consumers.

Consumers advised they had access to clean and well-maintained equipment to support them in their daily living and it required repair this was done quickly. Staff said they had access to clean and well maintained equipment and they cleaned consumers personal mobility aids overnight.

# 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 and representatives confirmed the service environment was welcoming, homely and easy to navigate as they could move inside and outdoors when they wanted to. Staff described aspects of the service design which optimised consumers’ sense of belonging, independence and interaction such as the garden project at the memory support unit which provided a better environment for these consumers. The service was observed to be bright, clean and well-maintained with spacious outdoor garden spaces, clear signage and handrails throughout and consumers were seen engaging with each other and enjoying communal areas inside and outdoors.

Consumers and representatives said the service environment was clean and well maintained. Cleaning staff followed an electronic cleaning schedule in portable electronic devices and marked off tasks completed. The maintenance logbook evidenced effective management of maintenance issues and promptly actioning, the preventative maintenance schedule showed no outstanding or overdue tasks.

Consumers and representatives said equipment was kept clean and safe for use, a consumer described how their walker was cleaned and checked regularly and their wrist band call bell worked effectively, all consumers confirmed the call bell system was in good working order and the service had an external provider available for fixing any call bell issues.

Furniture in communal areas was observed to be clean, in good condition, and frequently used by consumers; cleaners were observed cleaning common areas, furniture, consumers’ equipment and high frequency touch points.

# 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 said they felt safe and supported to provide feedback or raise concerns with staff and management. Management and staff described processes in place to encourage and support feedback and complaints describing how consumers could provide feedback through consumer meetings, feedback forms, an online portal, verbally to staff and consumer experience surveys.

Consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Staff described how they helped advocate for and understand the complaints of consumers and referenced brochures available in different languages for consumers with linguistically diverse backgrounds.

Consumers and representatives said management addressed and resolved their concerns raised, or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong and were familiar with the policy on open disclosure and complaints management.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Staff described complaints and actions taken in response, as well as how feedback and complaints had been used to inform continuous improvement across the service, consumers and representatives confirmed their feedback was used to improve services.

# 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 service demonstrated adequate staffing levels and mix to meet the needs of consumers; consumers and representatives confirmed they felt there were enough staff at the service. Management advised unplanned absences were covered, with sufficient staff rostered and adequate time to attend to consumers’ personal preferences and care needs.

Consumers and representatives said staff were kind, caring and gentle when providing care, staff were observed greeting consumers by their preferred name and were familiar with each consumer's individual needs and identity. The service had a suite of documented policies and procedures to guide staff practice on delivery of care and services in a person-centred approach.

Consumers and representatives considered staff performed their duties effectively, and were confident staff were skilled to meet their care needs. Management described annual mandatory and essential training delivered via an online training portal and staff said training had equipped them with the knowledge to carry out care and services for consumers. Position descriptions included key competencies and qualifications desired and essential for each role.

Documentation evidenced staff performance was regularly reviewed through 6 monthly appraisals for staff on probation and annually thereafter. Management said the service used an online system that alerted staff when performance reviews were due and required action.

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

The service had established processes to support consumers to engage in the development, delivery and evaluation of care and services and consumers confirmed they could speak directly with staff and management regarding any concerns, suggestions or feedback. Staff described how consumers were engaged through monthly consumer meetings, monthly surveys, care planning conversations and conferences.

The service had policies and procedures in place with the governing body promoting a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management described an organisational structure which governed the delivery of quality care and services across the organisation with a clinical governance team maintaining oversight of the clinical matters, whilst the governing body’s sub-committee’s maintained oversight of how the service is meeting the Quality Standards.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints.

The service demonstrated how consumers were supported to live the best life they could, through taking risks and participating in the activities they enjoy. Staff provided examples of how risk was managed within the service, this included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks.

A documented clinical governance framework was in place including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work such as strategies to minimise the use of antibiotics.

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)