

**Performance Report**

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| Name: | Estia Health Grovedale |
| Commission ID: | 4193 |
| Address: | 6a Perrett Street, GROVEDALE, Victoria, 3216 |
| Activity type: | Site Audit |
| Activity date: | 10 December 2024 to 12 December 2024 |
| Performance report date: | 16 January 2025 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 2736 Estia Health Grovedale |

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 Grovedale (**the service**) has been prepared by P. Sherin, 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 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 2 January 2025 acknowledging the assessment team’s findings.

# 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 and representatives said consumers are treated with dignity and respect and feel valued as an individual at the service. Management and staff spoke about consumers in a respectful and caring manner and demonstrated knowledge of individual consumers’ background and preferences. Care documentation captures information on each consumer’s background and what is important to them to guide staff practice.

Consumers gave examples of how care and services provided are culturally safe. Staff demonstrated knowledge of individual consumers’ cultural needs and preferences and described how each consumer’s culture and preferences influence the way in which care and services are delivered to them.

Consumers said they are supported to exercise choice, to make their own decisions, and to maintain relationships important to them. Staff described how consumers are supported to make informed choices at the service and to maintain their relationships. Care documentation evidenced consumers are supported to make decisions and to maintain relationships how they want to.

Consumers and representatives said consumers are supported to take risks to enable them to live the best life they can. Management described how risk assessments are completed, and consumers are supported to take risks of their choosing. Staff demonstrated knowledge of consumers who engage in activities of risk and strategies used to ensure their safety.

Consumers and representatives said consumers receive the information they need to make decisions about care and services. Staff described various ways information is provided to consumers in line with the consumer’s needs and preferences. A range of documentation such as menus, activities calendars, complaints brochures, and other information displayed on noticeboards was observed available across the service.

Consumers said staff respect their personal privacy. Staff described the practical ways used to ensure the privacy of consumers and to keep their information confidential. Staff were observed knocking on doors to seek permission before entering consumers’ rooms and keeping nurse’s stations and computer screens locked when not in use.

# 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

Consumers and representatives expressed satisfaction with the service’s assessment and planning processes. Clinical staff described how consumer needs and risks are identified during initial and ongoing assessments using validated risk screening tools. Care documentation identified detailed assessments, including the consideration of risks, to inform the development of care plans.

Consumers and representatives said consumers’ needs, goals, and preferences are discussed on entry to the service and confirmed they have had discussions with staff regarding advance care planning. Clinical staff explained information on advance care directives is provided on entry to the service and via 3-monthly case conferences. Staff have access to policies and procedures to guide discussions with consumers and representatives on advance care planning. Review of care documentation identified individualised care plans capturing needs, goals, and preferences including information on advance care planning.

Consumers and representatives said they have participated in assessment and planning processes, and discussions on who they would like to have involved in the consumer’s care. Clinical staff described how allied health professionals and other health specialists are involved in consumers’ care planning to ensure a multi-disciplinary approach to care and service delivery. Care documentation reflects input from other providers and ongoing consultation occurring between consumers, representatives, and staff.

Consumers and representatives said they are involved in ongoing conversations regarding the consumer’s care plan and have received or been offered a copy of the care plan. Clinical staff described how they access electronic care files and use handover sheets to inform care, and how copies of the consumer’s care plan are offered to consumers and representatives. Care documentation identified 3-monthly case conferences include a discussion on the consumer’s care plan.

Consumers and representatives confirmed they are contacted regularly by clinical staff to discuss the consumer’s changing needs, including when incidents occur. Clinical staff described how referrals for reassessment are initiated when the consumer’s circumstances change and following any incidents. Care documentation identified regular review of care plans in line with the service’s 3-monthly case conference schedule, and as required based on changes in the consumer’s health and condition.

# 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

Consumers and representatives expressed their satisfaction with safe and effective personal and clinical care provided at the service. Staff demonstrated knowledge of best-practice clinical care in relation to various areas such as management of skin integrity, pain, and restrictive practices to optimise consumers’ health and well-being. Care documentation identified safe and effective management of consumers’ personal and clinical care needs. Where restrictive practices are implemented, documentation reflected appropriate assessments, authorisations and consent, behaviour support plans, and monitoring and review in place.

Consumers and representatives said staff manage consumers’ complex clinical care needs well. Clinical staff described the high-impact and high-prevalence risks to consumers at the service and strategies to manage and mitigate these risks. Care planning documentation evidenced risks to consumers are effectively managed such as in relation to falls, pressure injuries, unplanned weight loss, and other complex care needs.

Consumers and representatives said the service has discussed and documented the consumer’s advance care plan and end-of-life wishes. The representative of a consumer palliating at the service expressed their satisfaction with ongoing palliative care provided to the consumer. Clinical staff described access to palliative care specialists and end-of-life pathways and flowcharts to guide staff practice. Care staff described strategies used to maximise consumer comfort and dignity.

Consumers and representatives said staff are responsive when there is a decline in the consumer’s health. Clinical staff described how deterioration or changes in the health and condition of a consumer are identified, communicated, and responded to. Care documentation identified timely and appropriate response to consumer deterioration. The service has policies and flowcharts to guide staff in identifying and responding to deterioration.

Consumers and representatives confirmed information about consumers’ care is communicated with others who have shared responsibility for care delivery. Staff described how they receive updated information at handover and how information is shared with external services involved in care as required. Observation of handover and review of documentation such as progress notes, care planning documentation, electronic prompts and alerts, meetings, and reports identified timely and effective information sharing methods in place.

Consumers and representatives expressed satisfaction with access to medical officers, allied health professionals, and other specialists when required. Clinical staff described the service’s referral processes and provided examples of referrals made. The service has access to a range of health professionals and providers including but not limited to physiotherapists, speech pathologists, dietitians, wound specialists, geriatricians, podiatrists, and palliative care specialists. Care documentation reflected various referrals made based on consumers’ individual needs.

Consumers and representatives said staff follow infection prevention and control protocol and they are satisfied with the way the service has responded to outbreaks, including COVID-19. Staff demonstrated knowledge of infection prevention and control practices and antimicrobial stewardship as relevant to their roles. The service has an outbreak management plan and has appointed a trained infection prevention and control lead. Information on infections is reported monthly, with actions taken to respond to any identified trends.

# 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 expressed satisfaction with the services and supports available and said they enjoy the activities on offer. Individualised lifestyle care plans are in place for each consumer to guide staff practice. The service implements a diverse activities schedule based on consumer input which includes but is not limited to various activities such as bus trips, singing, craft, games, gardening groups, exercise, visiting entertainers, and individual one-on-one support.

Consumers said services and supports promote their emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of individual consumers’ spiritual and emotional needs which aligned with information captured under care planning documentation, and described how this is supported. The service provides access to church services, pastoral care staff, and volunteers for the provision of one-on-one support to consumers.

Consumers described the services and supports that enable them to participate in the community, do things of interest to them, and have relationships they choose. Staff demonstrated knowledge of individual consumers’ activities of interest and social and personal relationships important to them; this aligned with information under care planning documentation. Consumers were observed undertaking individual and group activities, having family and pets visit the service, and going out in the community with family and friends.

Consumers said information regarding their service and support needs is communicated and coordinated well, both within the organisation and with others where necessary. Staff described how consumer information is updated when changes occur. Weekly updates are provided by management to key personnel to communicate matters for the week. Communication to external services is documented in progress notes by the referring staff. Staff were observed communicating information regarding consumers’ supports for daily living via handover and documentation reflected communication from external providers.

The service demonstrated timely and appropriate referrals to providers of other care and services. Staff described procedures to refer consumers to other organisations and service providers. Care planning documentation reflected the service collaborates with external providers such as counselling and community-based services to support the needs of consumers.

Most consumers expressed satisfaction with the taste, choice, and quality of meals at the service. Information regarding consumers’ dietary needs, allergies, and preferences is documented under care plans. Staff were knowledgeable about individual consumers’ preferences and dietary requirements. Management described how consumers have input into menu planning and how feedback is actively sought from consumers to implement improvements. Staff were observed offering choice to consumers at mealtimes and assisting consumers with meals.

Consumers and representatives said they are satisfied equipment provided is suitable, safe, and effectively maintained. Staff described how safety and suitability of equipment is ensured through cleaning and maintenance programs. A range of equipment was observed available for consumer use and to be kept in a clean and well-maintained condition.

# 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 and representatives provided positive feedback about the service environment. Management said consumers are encouraged to personalise their rooms and described features of the service environment that enable a home-like atmosphere for consumers. A variety of communal spaces are available for consumers to use both indoors and outdoors, including a private dining space for family functions and a newly established greenhouse in the gardens. Consumers were observed welcoming visitors and pets and socialising in common areas of the service environment.

Consumers said they felt safe and comfortable living at the service, the service is kept clean, and they can move freely inside and outside the service. The service was observed to be kept clean, well-maintained, and free of clutter and hazards. Cleaning staff described cleaning schedules followed to ensure routine cleaning is completed as required. Maintenance staff described, and review of maintenance records identified, preventative and reactive maintenance programs in place.

Consumers said, and observations identified, furniture, fittings, and equipment are kept clean, well-maintained, and suitable for consumer use. Staff described how equipment is checked to ensure safety and said any maintenance requests are attended to promptly. Review of documentation such as preventive maintenance schedules evidenced equipment testing and tagging and shared equipment servicing is up to date.

# 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

Consumers and representatives said they feel encouraged to provide feedback and are supported to submit a complaint. Staff and management described various ways feedback and complaints can be submitted including via consumer/representative meetings, case conferences, completing paper forms, or speaking with staff and management directly. Staff said they assist consumers to lodge a complaint where requested by completing paper forms or submitting a complaint through the service’s electronic system.

Consumers and representatives confirmed they are aware of how to access external complaints mechanisms and advocacy services. Staff and management demonstrated knowledge of how to support consumers in accessing these services. Information on external complaints agencies and advocacy services is provided to consumers on entry to the service, via newsletters and consumer/representative meetings, and displayed on noticeboards throughout the service.

Consumers and representatives expressed satisfaction with the service’s complaints handling processes and said complaints are responded to and addressed in a timely manner. Staff and management demonstrated an understanding of open disclosure and provided examples of how this has been applied in response to complaints. Review of the service’s complaints register identified timely and appropriate response to complaints and the application of open disclosure.

Consumers provided examples of how their feedback and complaints have resulted in improvements at the service. Management described how feedback and complaints are reviewed and result in improvements to care and service delivery. Review of documentation such as the service’s continuous improvement plan and consumer/representative meeting minutes identified various improvements in response to consumer and representative feedback.

# 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

Consumers and representatives expressed satisfaction with staffing numbers at the service and said staff respond to call bells in a timely manner. Staff said they generally have enough time to complete their allocated duties, and staff numbers are adequate to enable the delivery of care and services in accordance with consumer needs and preferences. The service has a registered nurse available 24 hours a day, 7 days a week. Management described, and review of roster documentation confirmed, various ways the service works to ensure unplanned leave is filled.

Consumers and representatives said staff are kind, caring, and respectful. Staff demonstrated knowledge of individual consumers’ background and preferences. Staff were observed providing care and assistance and interacting with consumers in a caring and respectful manner.

Consumers and representatives said staff are competent. Management described recruitment procedures in place including background screening checks prior to employment. Review of documentation identified position descriptions are available, the service monitors staff competencies, and ensures appropriate qualifications and registrations are maintained relevant to staff roles.

The service has policies and procedures in place to monitor and review staff performance. Management described performance appraisal processes and how the service manages instances of underperformance. Staff said they have participated in performance appraisals annually which include identification of additional training and professional development needs. The service maintains an electronic system to track and monitor staff performance appraisals.

# 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 and representatives said the service is well run and they can provide feedback and input into care and services which is considered by management. Management described, and review of documentation identified, various ways consumers are involved in the design and evaluation of care and services such as by participating in consumer/representative meetings, the service’s consumer committee, and the service’s consumer advisory body.

Management described the organisation’s governing body structure and how it promotes and is accountable for a culture of safe, inclusive, and quality care. Regular meetings, auditing, and reporting functions and the establishment of various committees are used to ensure oversight of care and service delivery. Review of documentation identified information such as incident and survey data is reported to the governing body.

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

The service implements comprehensive risk and incident management systems to support the identification and response to abuse and neglect of consumers, and management and prevention of incidents. Management and staff complete mandatory training on identifying and preventing abuse and neglect and serious incident reporting. Staff demonstrated strong knowledge of high impact and high prevalence risks associated with consumers at the service and strategies to manage and mitigate risks.

The service implements a clinical governance framework supported by various policies, procedures, internal auditing and reporting functions, and staff training requirements. Management and staff demonstrated knowledge on restrictive practices, open disclosure, and antimicrobial stewardship as relevant to their roles.

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)