Performance

Report

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| Name: | Estia Health Hope Valley |
| Commission ID: | 6502 |
| Address: | 1099 Grand Junction Rd, HOPE VALLEY, South Australia, 5090 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 13 May 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4217 Estia Health Hope Valley |

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 Hope Valley (**the service**) has been prepared by Patricia Golledge, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said that the staff treat them with dignity and respect and take the time to get to know their needs and preferences. Staff were observed interacting respectfully with consumers including when assisting them at mealtimes, with activities and when engaging in conversations.

Staff confirmed they had received training in the delivery of culturally safe care and demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Representatives considered staff were aware of consumers cultural backgrounds and supported their religious beliefs and traditions. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of individual consumers’ cultural needs and preferences.

Consumers said their choices were respected and they were supported to make their own decisions regarding their care and services. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with, including intimate relationships. Lifestyle staff advised how they support consumers to keep in contact with family members living abroad, for example, assisting them to make phone calls to them.

Representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Management and staff described strategies they use to support consumers to take risks and enable them to live the best life they can. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers and representatives were satisfied with how information was communicated to consumers, such as verbal reminders of daily activities, special events, and menu options. Staff explained that information is communicated in accessible and easy-to-understand ways, including using whiteboards listing daily activities, displays of the date and weather, menu options, and copies of consumer meeting minutes being available.

Consumers said their personal privacy was respected by staff. Representatives of consumers with share rooms reported staff use dividing curtains as appropriate. Staff described how they respect consumers’ privacy including ensuring dividing curtains in shared rooms were closed when attending to consumer’s personal care. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Representatives reported their satisfaction with the assessment and planning processes. Staff interviewed were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Care planning documentation was individualised and included consideration of risks to individual consumers. Policies and clinical assessment tools guided staff in the assessment, planning, and consideration of risks to consumers’ health and well-being.

Representatives said staff know what was important to consumers in terms of how their care is delivered and confirmed end-of-life (EOL) discussions occurred. Staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around EOL care planning. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and EOL wishes as appropriate.

Representatives, and staff said, and documentation evidenced, assessment and planning were completed in partnership with consumers, representatives, and others. Management and clinical staff described how consumers and their representatives are kept informed and involved during the assessment and care planning process. Care planning documentation reflected organisations, individuals, and providers of other care and services were involved in the care of the consumer.

Review of care planning documents and progress notes identified assessment and planning was communicated to consumers and representatives and a copy of consumers care plan was available to consumers and their representatives. Representatives said they were kept informed and involved in care planning processes including receiving a copy of consumers care plan. Staff described how consumers and representatives were involved in the assessment and care planning process through a range of ways including case conferences and during regular review processes. Review of meeting minutes evidenced consumers and representatives were reminded a copy of consumers care plan is available upon request.

Representatives said they were satisfied changes to care are made following any concerns or incidents. Staff advised care and services are reviewed regularly for effectiveness, including via the service’s 3 monthly review policy, or when a change occurs in a consumer’s condition, needs or preferences. Review of care documentation evidenced consumer care and services are reviewed regularly for effectiveness when incidents occur or when circumstances change.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Representatives considered consumers received safe, effective clinical and personal care that met their needs. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise consumers’ health and well-being. Care planning documentation evidenced that consumers received individualised care that was safe, effective, and tailored to specific needs and preferences, including but not limited to restrictive practices, behaviour support, skin integrity, and pain management.

Representatives said known risks to consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Management and clinical staff identified falls and weight loss as the most significant risks for consumers living at the service. To mitigate the risk of falls, they described various strategies for falls prevention, such as involving a Physiotherapist, regularly monitoring consumers at risk of falls, and using falls prevention equipment.

Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Care planning documentation for a recently passed consumer evidenced EOL care was delivered in a way that ensured consumers’ comfort, including family involvement, pain management, and providing comfort cares. Palliative and EOL care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives said deterioration or changes in consumers condition or well-being was recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Representatives reported consumers’ needs and preferences were accurately communicated between staff and they know consumers’ needs and preferences. Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes and documentation practices. Consumer care files reflected information about consumers was documented and shared with others as appropriate.

Representatives considered referrals were completed in a timely and appropriate manner and consumers had access to relevant health professionals such as allied health staff and specialists. Management and clinical staff described other providers of care available to consumers, including but not limited to a range of health professionals and specialists. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

Representatives reported staff take precautions to minimise infection risks including practicing hand hygiene regularly. Management and clinical staff demonstrated knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship and advised the service has an appointed Infection Prevention Control Lead who maintains and monitors an infection register. Hand sanitising stations were observed throughout the service and staff members using them before delivery of care and service, and COVID-19 screening procedures were in place at the service.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered the service catered for consumers’ needs and preferences in a way which enhanced their quality of life. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers and confirmed activities were designed with input from consumers. Care planning documentation identified the needs, goals, and preferences of consumers.

Consumers and representatives reported that the service supports consumers emotional well-being and assists them to maintain their religious beliefs. Care planning documentation encompassed the emotional and spiritual needs of consumers, along with established strategies to guide staff in meeting these needs. Staff could describe practical examples to support consumers emotional, spiritual, or psychological well-being such as spending one-to-one time with consumers, arranging religious services and visits by volunteers. Lifestyle staff advised they provide one-to-one activities for consumers who choose to or were unable to attend group activities.

Consumers and representatives said consumers were supported to participate within their communities, have friendships and personal relationships, and do things of interest. Lifestyle staff described the services and supports in place to promote consumers’ social interaction and relationships, such as tabletop activities and bus outings. Consumers were observed interacting with other consumers during activities and with visitors. Care planning documents noted consumers hobbies and interests, and people important to them.

Consumers and representatives reported that information about consumers' needs and preferences is effectively communicated among staff. The service's Chef reported they receive information about dietary needs and preferences through the dietary care plan, which is regularly updated based on changes communicated by management or nursing staff. Staff advised they stay informed about consumers' conditions, needs, and preferences through handover processes and information in the care plan.

Consumers and representatives said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation identified appropriate referrals to other organisations and services such as volunteer services. Staff described other individuals, organisations, and service providers involved in the delivery of care and services.

Consumers and representatives expressed their satisfaction with the meals provided and said requests for alternative meals was accommodated. Menus are reviewed by a dietician with input from consumers gathered, including feedback from the food focus meetings. Meals were observed to be served in a timely manner and well presented.

Consumers considered equipment was clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Lifestyle staff said they have access to well-maintained lifestyle equipment, and any need to purchase new lifestyle equipment, was approved by management. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers reported the service is easy to navigate and they were supported to personalise their rooms how they choose. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging and assisting consumers to personalise their rooms. The service environment was observed to have wayfinding signage, handrails and consumers’ rooms were observed to be decorated with their personal possessions such as ornaments, needlecrafts, and photos.

Consumers reported they were satisfied with the cleanliness of their rooms and were able to move freely between the indoor and outdoor areas of the service and externally. Cleaning and maintenance staff were guided by work schedules and documentation demonstrated preventative and reactive maintenance was up to date. Staff described the cleaning schedule and processes in place to maintain the safety and cleanliness of the service environment, such as cleaning high touch point areas, common areas, and consumer rooms.

Consumers said equipment and furniture is well maintained and maintenance requests attended to promptly. Staff demonstrated knowledge of the maintenance request process, and said equipment, such as hoists and lifting machines, were cleaned between use. Documentation furniture, equipment, and fittings were checked for safety and functionality, and were up to date. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they know how to raise complaints and felt comfortable discussing complaints with staff. Staff described the services complaint procedure and said they would support consumers to complete feedback forms or raise concerns on their behalf. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback, including verbally to staff, consumer and representative meetings, via email, an anonymous hotline, and feedback forms. Feedback forms and information about the service’s complaints process including posters with phone number details were observed throughout the service.

Consumers said they were aware of advocacy services available to raise complaints. Brochures, newsletters, posters for external complaints, advocacy, and translation services were observed to be displayed throughout the service. Management described external complaints resolution pathways available for consumers and others, such as advocates and language services.

Representatives said they were satisfied how the service responds to concerns raised. Management and staff demonstrated their awareness of complaints management and open disclosure processes. Review of the service’s feedback and complaints register identified complaints were resolved in an appropriate and responsive manner and open disclosure was practiced.

Representatives advised improvements were made as a result of their feedback. Management described the service’s processes for continuous improvement and provided examples of where consumer feedback and complaints have resulted in improvements to care and service delivery. Review of documentation such as consumer and representative meeting minutes and the service’s Continuous Improvement Plan demonstrated activities were created to improve care and services.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said there were enough staff to provide care in line with their needs and preferences and they receive their medication on time. Staff interviewed said the service is able to cover unplanned absences and expressed overall satisfaction with staffing. Management described workforce planning and management strategies, such as extending staff shifts, utilising existing staff not rostered, using staff from the service’s other sites and the use of agency staff if required. Documentation demonstrated the service had a Registered Nurse on each shift providing 24 hour coverage and systems in place to regularly review the delivery and management of safe, quality care and services.

Consumers reported staff were kind, friendly and respectful. Staff described the actions they would take if they ever witnessed a consumer being treated disrespectfully including intervening and reporting the incident to management. Staff were observed to be interacting with consumers in a kind and respectful manner including addressing consumers by their preferred name.

Consumers considered staff know what they are doing and were competent in their roles. Management describe how they determine and ensure staff are competent and capable in their roles including providing orientation, buddy shifts, position descriptions and specific role competencies. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions and monitoring processes ensured expiry dates were identified and actions taken to ensure compliance.

Consumers said staff are well trained and know how to provide care in line with their needs and preferences. Staff considered they were appropriately trained and equipped to perform their roles and confirmed they are encouraged to request any further education or coaching they require. Management outlined the range of training and development opportunities available to staff, highlighting that additional education is arranged in response to consumer feedback. Review of mandatory training records revealed that training is closely monitored and covers a variety of topics, with consistently high completion rates.

Staff said management regularly check in with them informally to offer support, and they are encouraged to request support or further training throughout the year as required, and they can also request this during their annual performance review. Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce including during probationary periods at 5 months and annual staff performance reviews unless other performance matters were identified outside this period. The service had policies and documentation in place to guide staff and management in understanding and following the performance monitoring and assessment process.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through consumer and representative meetings and food focus meetings and advised the service established a Consumer Advisory Board in March 2024.

Management described their organisational governance framework and how the governing council was involved, and accountable for the delivery of safe, quality care and services such as through governing council meetings and various subcommittee meetings. Documentation evidenced the governing council maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as incident management, risk management, audits, and feedback and complaints.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, and shared with clinical staff, and the governing council and relevant subcommittees and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing council.

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)