Performance

Report

**1800 951 822**

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| Name of service: | Estia Health Keysborough |
| Service address: | 15 Stanley Road KEYSBOROUGH VIC 3173 |
| Commission ID: | 3582 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 28 February 2023 |

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 Keysborough (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* 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 so as 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 said service staff treat them with dignity and respect, and that staff value their identity, culture and diversity. During the site audit, staff were observed treating consumers respectfully, and showed they understood consumers’ individual choices and preferences. Care planning documents recorded consumers' preferences, personal goals and other information.

Consumers said the service provided culturally safe care. Staff knew how to support consumers’ individual cultural needs, for example by learning greetings in consumers’ first language. Care planning documents showed consumers’ individual cultural and spiritual needs. There were photos of staff and consumers celebrating cultural days placed around the service, including photos of Greek Independence Day, Italian National Day, Saint Patrick’s Day, and others.

Consumers said the service supported them to exercise their own choice and independence about how the service met their care needs. Staff enabled consumers to maintain relationships, ensuring frequent communication for consumers and families. Consumers said the service supported them to take risks and live their best lives. Staff knew which consumers took risks and how best to support them to take those risks. Staff helped consumers by completing risk assessments to ensure they understood the risks connected with their decisions and developed strategies to support consumers to mitigate risk.

Consumers said they were happy with the service’s communication, particularly during lockdown. They said the service communicated well, including about the activities scheduled for each day. The service displayed important information throughout the facility, including its activity calendar, information about advocacy and support services, and current menu information. Staff spoke directly to consumers about significant matters.

Consumers said the service protected their personal information. Care staff maintained consumers’ privacy by knocking before entering their rooms, closing doors when providing care, and handling sensitive information carefully, including locking unused computers. The service had policies governing consumer privacy, confidentiality and information security.

# 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 spoke positively about the service’s assessment and care planning process and felt their care was right for them. Care planning considered consumers’ individual risks, including risks of falls, malnutrition, presentation of behaviours, and others. The care planning process also considered appropriate interventions for each risk. The service reviewed consumers’ care plans on a quarterly basis. Staff knew how to deliver safe and effective care for each consumer, in line with their care plans.

Consumers said the service had discussed and documented their preferences for end-of-life care and that service staff knew their needs and preferences. The service’s electronic care management system had an alert system to communicate important information relating to consumers’ end-of-life care preferences. The service had tailored consumers’ assessment and care planning to their individual needs.

Consumers said the service partnered with them and their allied health professionals to plan their care and said the service informed them of changes or when incidents occurred. Staff said they frequently review care and services for consumers in partnership with consumers, their representatives and medical and allied health professionals. Care plans and progress notes showed that various practitioners were involved in care assessments, allied health professionals and medical officers were observed reviewing consumers during the site audit.

The service engaged consumers in communication about assessments, planning and care. Staff said they had easy access to consumer care planning documents via several computer terminals throughout the service and that they used handovers and electronic care system messaging to communicate about the outcomes of assessments and reviews. Staff offered consumers a copy of their care plan as part of the review process.

Consumers said the service frequently reviewed its care, and staff kept them informed about changes. The service reviewed its care through monthly resident of the day processes, and quarterly care plan reviews. The service had policies and procedures to guide staff in assessing and reviewing care plans. Staff knew how to report incidents and whether incidents should trigger a reassessment or review of a consumer’s care plan. Staff recorded consumer incidents on the service’s electronic system and analysed aggregated incident data for trends.

# 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 said the service delivered safe care that optimised their health and wellbeing. The service had systems and processes to help staff manage risks related to falls, pain, skin integrity and psychotropic medication. Staff said they consulted the service’s guidance and care documents about what constituted best-practice care and whether the service’s processes or consumers’ care needs had changed. Staff also conferred with the service’s senior clinicians about care decisions and strategy. Consumers’ care documents showed the service delivered individual care that was safe, effective, and tailored to consumers’ individual needs and preferences.

Consumers said the service managed consumers' risks effectively, including risks of falls, weight loss, skin integrity and pain. Staff knew individual consumer’s risks and the strategies to mitigate them. The service had various policies governing risk management, including policies on managing falls, medication, nutrition, hydration, weight, pain, and wound care. Care documents showed staff identified risks, and effectively managed them.

Care documents showed the service preserved palliating consumers’ dignity and provided care according to their needs, including by using external palliative care providers. Care documents showed staff responded quickly to consumer deterioration, and that they communicated with representatives regularly. The service had policies and procedures to guide staff on how to care for consumers nearing end-of-life.

Consumers said staff recognised and reported changes and incidents promptly. The service had clear processes governing when and how staff should escalate incidents. Its framework for identifying consumer changes included multiple touch points, such as handovers, progress notes, scheduled reviews, incident reports and clinical charting. The service also maintained various tools to guide staff in responding to emergencies, such as flow charts. The service regularly reviewed its policies and tools for responding to incidents, and it displayed relevant documents at nurses’ stations.

Consumers said staff understood their care needs and said staff shared information among themselves and with other care providers, ensuring those involved were well-informed. Consumers’ care files showed staff and external providers had recorded information about consumers’ conditions, treatments, upcoming appointments and care interventions. Staff recorded consumers' information in the service’s electronic care management system and relayed it during handovers and through system messages. Staff attended handovers prior to their shift to ensure they understood relevant consumer information.

Consumers said they had access to medical officers, allied health practitioners and external health provider organisations. Physiotherapists attended the service five days per week. Staff knew the various referral options, and which were appropriate based on the consumer’s specific care needs. Care documents showed service staff had made referrals to a range of providers and that these referrals were timely and appropriate.

The service had policies and procedures to govern its infection prevention and control activities, including a concise COVID-19 Outbreak plan. The procedures included COVID-19 screening processes and an infection prevention and control lead, who conducted daily personal protective equipment checks, and monitored hand and equipment hygiene. Care and nursing staff minimised infection risks using good hand and equipment hygiene, and by isolating people with transmissible infections. The service trained its staff to control infections, use personal protective equipment, and maintain hand hygiene.

# 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 said the service supported them to do things that interested them, including participating in group and independent activities. Staff knew what was important to consumers and what they liked doing. Care documents included information about the support consumers needed to optimise their quality of life, health, wellbeing, and independence.

Consumers said the service supported them to maintain social, emotional and religious connections. Staff said they accommodate consumers’ social, emotional, and religious needs in their day-to-day care delivery. Care planning documents showed that staff delivered care according to consumers’ preferences.

Consumers said the service supported them to participate in activities within and outside the facility, and to keep in touch with people important to them. Lifestyle staff engaged consumers to help design the service’s monthly activities schedule. Care planning documents show that consumers participate in the community and stayed connected with family and friends.

Consumers felt the service communicated information about their condition effectively, and that staff understood their needs. Care staff kept themselves informed about updates to consumers’ care through the service’s handover processes and daily meetings. Care planning and handover documents identified the condition of consumers and their needs and preferences.

Consumers confirmed said the service made timely and appropriate referrals to providers of other care. Staff knew the referrals process and care planning documents showed other providers delivered lifestyle support, such as through community groups and church services.

Consumers said they were happy with the variety, quality and quantity of food at the service. The service prepared meals fresh on-site and the kitchen was clean and well maintained. The service offered multiple meal options for each meal and the menu of the day was available on a noticeboard in the dining room. The dining room was peaceful with music playing in the background and consumers engaged in conversation with each other. Staff assisted consumers respectfully. Care planning documents showed consumers’ allergies, food texture requirements, nutritional information, preferred mealtimes and special diet types.

Consumers said they felt safe when using the service's equipment, that they could access it easily and that it was suitable. The service conducted regular inspections on all equipment to ensure it was safe. Equipment was clean and well-maintained. The service had a set process for reporting maintenance issues and requests.

# 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 said they felt welcomed and comfortable at the service and that the service encouraged them to personalise their rooms. During the site audit, consumers and visitors used communal areas and moved independently around the service. The service’s rooms and communal areas were comfortably furnished, and they optimised consumer interaction.

Consumers said the service environment was safe, clean and comfortable. During the site audit, the service was clean, well maintained, comfortable and consumers moved freely both indoors and out. It was safe, well serviced, and a comfortable temperature. The service had a documented process for reporting and addressing maintenance issues.

Consumers said the service’s equipment met their needs and that it was safe, clean and operational. During the site audit, maintenance and cleaning staff checked, cleaned and repaired the service’s equipment. Staff knew how to raise maintenance requests using the service’s reactive maintenance process.

# 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 said they were comfortable raising concerns and providing feedback to service staff, they felt management listened to their feedback and acted to address their concerns. Staff supported consumers to provide feedback by assisting consumers to complete feedback forms and using other support methods. Management said consumers could provide comment and raise concerns through multiple channels including through surveys, Resident and Representative Meetings, feedback forms, and others. Meeting minutes and survey responses showed the service appropriately captured consumer feedback.

The service informed consumers how to raise their concerns and access advocacy through several methods, including by offering information packages, sending out notices, and holding meetings about the available services. The service also had brochures located around the facility, concerning advocacy and interpreter services. Consumers said they were aware of the various complaints and advocacy channels.

Consumers who had raised complaints said the service addressed their complaints adequately. Consumers who had not raised complaints were confident the service would address future concerns they might raise. Staff knew the principles of open disclosure and how and when to apply them. The service embedded open disclosure principles into its complaints management system.

Consumers said the service acted on their feedback and that they’d seen the service improve its care as a result. Management had a system to capture consumer feedback, including feedback from surveys and regular interaction with consumers, which it then reviewed, analysed and actioned. The service’s records showed it acted to improve its care in response to feedback and complaints.

# 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 felt that while the service had enough staff, they occasionally seemed rushed, however, said this did not affect their care. Management identified unplanned leave as a cause of staff shortages, at the time of the site audit, the service was conducting recruitment. If staff did not present for shifts, the service offered vacant shifts to existing staff, before seeking external agency staff. Staff said the service was short-staffed at times but that they were aware management was undertaking recruitment. They also said staff levels did not impact the quality of care and services to consumers.

Consumers said staff were kind, caring and respectful. During the site audit, the workforce interacted with consumers kindly and with care, and staff respected each consumers’ identity, culture, and diversity. The service had policies governing staff conduct, which embedded respectful staff behaviour within the service’s care practices. Management said the service promoted a respectful culture through resources and training.

Members of the service’s workforce had the qualifications and knowledge to perform their roles. Consumers said staff performed their duties effectively, and that they were confident staff had been properly trained. The service required that staff undergo initial training during induction and mandatory annual training thereafter. Staff also identified training opportunities as part of the service’s ongoing performance appraisal process. The service had position description policy documents, which it provided to new staff, to ensure they knew their responsibilities. The service monitored a range of certification requirements among its staff cohort, including professional registrations, criminal history checks, annual Influenza vaccination and COVID-19 vaccination records.

The service uses various staff training modalities, including online, face to face, and informal training. It monitored staff participation in mandatory training, which included notifying staff of mandatory training courses by email. Staff said they felt well-supported and that they could approach management or the nurse-in-charge if they needed additional training.

The service regularly assessed, monitored and reviewed the performance of its workforce. It had a probationary and ongoing performance review system in place, which measured performance at 3- and 6-month intervals for new staff, and annually thereafter. The service had policies and procedures to govern workforce management, staff recruitment, new starter orientation and probationary processes as well as staff performance and performance management policies.

# 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

The service consults consumers to develop, deliver and evaluate its care. Consumers said they submitted feedback through feedback forms and during the service’s regular Resident and Representative meetings or directly to management. Management was able to cite specific examples of changes the service made in response to consumer feedback.

Consumers said they felt safe at the service and that the service environment was inclusive. The service had a policy framework supporting its culture and staff said the culture was safe and inclusive. The service’s workforce was well-equipped to deliver care.

The service had effective governance systems, including systems for information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Staff said the service’s information management system was effective. The service’s Board maintained effective oversight through a structured reporting and management framework.

The service had systems to monitor and assess high impact, high prevalence risks associated with its care. Staff identified, reported, and escalated risks, which management then reviewed and analysed for issues or trends. Executive staff assessed aggregated risk data across all of the approved provider’s services, through various meetings. Service staff made various reports to the approved provider’s board, including reports on clinical indicators, incident data, and other information.

The service had a clinical governance framework to ensure its clinical care was high-quality and safe. The framework included various systems, such as those promoting antimicrobial stewardship, the minimisation of restrictive practices, and use of open disclosure processes, among others. Clinical staff said the service's clinical governance framework functioned effectively and that the service trains them in its systems supporting clinical governance.

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)