Performance

Report

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| Name of service: | Estia Health Manly Vale |
| Service address: | 5 -13 King St MANLY VALE NSW 2100 |
| Commission ID: | 2505 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 16 March 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 Manly Vale (**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
* the provider’s response to the assessment team’s report received 7 March 2023

# 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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they were treated with dignity and respect. Consumer’s cultural, spiritual and individual needs and preferences were recorded in care documentation. Staff received cultural awareness training to ensure the care provided to the consumers remained culturally safe. Consumers and representatives said consumers’ identity, culture and diversity was valued. Staff understood consumers’ needs and preferences and ensured the consumers’ choices were respected, such have same gendered staff to provide care.

Consumers stated they participated in the care planning process from admission and were enabled to choose who they wish to be involved in their care. Consumer choices were communicated with staff and recorded in care documentation. Consumers stated they were supported to exercise choice and independence where risk was involved. The service performed risk assessments for consumers who wished to take risks, including drinking alcohol, and all decisions regarding risk were documented in the consumers’ care plans.

Consumers said they were provided with information which was clear and easy to understand. Menus were observed to be provided to consumers and displayed in dining rooms to facilitate consumer choice. Staff described communication strategies such as communication cards to enable communication with consumers who had limited English.

Consumers and representatives said the staff respected their privacy and confidentiality. Staff supported and respected consumers’ choice of personal space and privacy, especially when they had visitors. The service’s privacy policy outlines how the service maintained and respected the privacy of personal and health information for the consumers.

# 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 said they participated in developing care plans and consumers received the care and services they need. Staff described assessment and planning processes and care documentation demonstrated comprehensive assessment to identify the consumer’s needs, goals, and preferences.

Consumers and representatives said the care documentation reflected consumers' current needs, goals, and preferences. Management said advance care plans were discussed with consumers and representatives during the entry process if they wished. Care documentation was individualised and reflected the consumers’ individual needs and preferences.

Consumers said assessment and care planning was coordinated and the right people were involved. Staff described the processes to ensure the service partnered with consumers to assess, plan and review care and services. Care documentation demonstrated the involvement of all relevant organisations, individuals, and service providers.

Consumers and representatives were aware they could access the consumers' care plan. Staff demonstrated an understanding of the processes to document and communicate assessment outcomes. Care documentation evidenced that outcomes of assessment and care planning were communicated to consumers and representatives in a timely and appropriate way.

Consumers and representatives said care and services are reviewed regularly. Staff demonstrated an awareness of the review process and additional reviews as required. A review of sampled consumers’ care plans demonstrated care and services are regularly reviewed for effectiveness.

Consumers and representatives said the service communicated with them when something went wrong, or things changed. Staff described the review process. Policies and procedures directed that care and services plans were regularly reviewed for effectiveness every three months, or when changes or incidents impacted the needs, goals, and preferences of consumers.

# 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

The Assessment Team recommended Requirement 3(3)(a) as not met:

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

The Site Audit Report reflected most consumers and representatives said consumers were receiving the personal and clinical care they need. Care delivery relating to skin integrity and pain management was overall safe and effective. However, the report brought forward deficits related to wound management at the service.

The Approved Provider responded on 07 March 2023 and included clarifying information and clinical record extracts.

Regarding feedback from the representative of a named consumer with a pressure injury identified at stage 2 and the consumer not receiving adequate pain relief. The Approved Provider stated the consumer was cognizant and able to make their own decisions. Staff encouraged the consumer to accept pressure-relieving interventions and explained the risk of not accepting the interventions. Interventions were often refused but the service respected the consumer's autonomy and continued to offer strategies to mitigate the risk. A pressure injury was subsequently identified beyond a superficial stage. Pain charts demonstrated monitoring of pain, also the response to reports of pain along with the effectiveness of pain relief.

Regarding a named consumer who was identified to have two pressure injuries to their lower back and sacrum with no documentation since 22 November 2022, the Approved Provider submitted evidence the wounds were healed as of the last day of charting but the wound chart not closed due to oversight. The service stated this was an isolated oversight but has provided staff education about wound charting as a result.

Regarding a named consumer with a pressure injury to their sacrum with no initial or follow-up wound photos, the Approved Provider submitted evidence of providing adequate personal care, advising photographs should have been taken upon the identification of the wound and weekly thereafter. However, the Provider stated evidence still stands that daily dressings were being applied and wound management evaluated (including measurements of the size and depth of the wound), evidencing the wound was improving at the time. The Approved Provider acknowledged the representative was not advised when a wound was identified and charted, and they have since contacted the representative and offered an apology.

I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response, I consider the additional explanation or initiatives commenced by the Approved Provider in response to examples brought forward by the Assessment Team sufficient. Overall, I am satisfied that consumer receive tailored, safe, and effective personal and clinical care. Therefore, I find requirement 3(3)(a) is compliant.

Consumers said risks to their well-being such as falls and pressure injuries were assessed, explained, and managed to reduce risk. Staff described how high impact and high prevalence risks to consumers were managed. Policies and procedures guided how the service managed high-impact or high-prevalence risks.

Representatives said they could visit and support their loved ones and participate in palliative care decisions. Care documentation reflected changes in care and services, in line with the consumer’s end of life care needs, goals, and preferences. Policies and procedures guided staff in the management of palliative and end of life care.

Consumers and representatives said the service recognised and responded to changes in consumer's condition in a suitable and timely manner. Staff explained how deterioration was recognised and escalated if needed. Care documentation evidenced the identification of, and response to, deterioration or changes in the consumer’s condition.

Consumers and representatives said care was constant and dependable, and information is communicated well. Staff explained how information was shared when there were changes in consumer's condition. Handover was observed and demonstrated effective communication of changes in consumers’ needs and preferences.

Consumers and representatives advised referrals were timely, appropriate, and met consumers care needs. Care documentation confirmed the input of others and prompt referrals where needed. Staff described information sharing when referrals were made to individuals, other organisations, and providers of other care and services.

Policies and procedures guided staff in antimicrobial stewardship, infection control management, and the management of COVID-19 outbreaks. Staff confirmed they had received training in infection minimisation strategies, including infection control and COVID-19 strategies. Hand hygiene stations and staff wearing appropriate personal protective equipment were observed throughout 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

Consumers said they felt safe in the way services and supports were delivered and said supports improved their independence, health, well-being, and quality of life. Care documentation reflected consumer's needs and preferences and staff described accessing these records to assist consumers to stay as healthy and independent as possible.

Consumers said they had access to meaningful activities which were satisfying to them, and they were supported to observe sacred, cultural, and religious practices. Staff described how they support the well-being of consumers, such as through visits from kindergarten classes or mobile library services. Care documentation contained information about the consumers' emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they were supported to maintain personal relationships, can take part in the community and social activities, and had day-to-day control over what they took part in. Staff advised, and documentation confirmed, the organisation designed services and supports with the consumer and adjusted them to reflect the consumer’s changing needs, goals, and preferences.

Consumers said they have consented to information about them being shared with others and as a result, they have continuity of services and support, and do not have to repeat themselves. Staff described how information about consumer’s was shared effectively. Care documentation evidenced updates, reviews, and communication alerts including information from multiple sources, updates from reassessments, and their results.

Care documentation reflected collaboration with other organisations or providers to support the diverse needs of consumers. Staff described how the consumer was actively involved in referrals and how consent was obtained. The service advised they regularly review the individuals, organisations, or providers to whom they refer consumers to make sure their services remain safe and effective.

Consumers said the service offered a variety of quality and healthy meals, snacks, and drinks, adding they took part in planning the menu. The consumer dining experience was observed to be comfortable and unhurried and assistance with eating and drinking was provided in a dignified manner. The service had processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences.

Consumers said they felt safe when using equipment and they knew how to report any concerns they had. Staff described their shared responsibility for the safety, cleanliness, and maintenance of equipment. Observation confirmed there was sufficient equipment for mobility, which appeared to be safe, 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

Consumers said they could personalise their rooms, including bringing in furniture and personal possessions. Staff described how consumers were supported to make the facility feel like home. The service was observed to be warm and welcoming, easy to navigate with a range of loungerooms, dining rooms, and common areas suitable for consumers.

Consumers and representatives reported the facility was cleaned well and said maintenance was addressed promptly. Consumers were observed moving freely around the facility, both indoors and in the gardens. The cleaning schedule indicated common areas and all the consumers’ rooms were cleaned on daily basis.

Consumers advised equipment was well maintained and clean. Staff said they had access to the equipment needed for consumer care. Furniture and equipment were maintained under a scheduled maintenance plan with specialist contractors in place where required.

# 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 advised they were encouraged to provide feedback and make complaints. Staff described how they encouraged and responded to consumer feedback. Consumer meeting minutes evidenced that these forums provided an opportunity for consumers and representatives to discuss issues and receive details from the management group.

Consumers and representatives described internal and external complaints mechanisms to make complaints or lodge feedback. Staff advised how they assisted consumers who had cognitive impairments or communication barriers to make a complaint. The service had systems to support consumers access to advocacy and language services if required.

Consumers and representatives advised when issues were raised management was responsive and provided an apology. Staff described the process of open disclosure principles in complaint resolution. The services’ feedback register evidenced how complaints were managed in line with the services’ complaints policy.

Consumers and representatives described changes implemented at the service as a result of feedback and complaints and said they were confident changes improved the quality of care and services. Management advised, and a review of consumer meeting minutes demonstrated, changes and improvements made at the service were discussed with consumers.

# 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

The Assessment Team recommended the following requirement as not met:

* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

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

The Site Audit Report brought forward deficits in the regular assessment, monitoring, and review of the performance of each member of the workforce through formal annual appraisals.

The Approved Provider's response dated 7 March 2023, submitted additional information and documentation to support their refute of the claims and deficiencies brought forward in the Site Audit report.

In consideration of consumer feedback, I acknowledge and agree with the provider, that the site audit report contains positive feedback from consumers and representatives who confirmed the consumers were receiving the care, support, and services that met their needs and indicated that staff were performing despite not receiving formal appraisals. This was also supported by the recommendations of compliance against other requirements within the site audit report.

Consumers and representatives provided positive feedback about the care and services, stating staff had the skills required to provide the care they require. Staff also provided feedback stating, although they had not received formal performance appraisals, they were offered regular verbal feedback and were comfortable requesting training when they identified a need. Staff also said they offered performance feedback about other staff members.

Management described how monitoring occurred through governance processes, observations, senior staff working shifts with the clinical team, feedback from consumers and representatives and other staff, training attendance, and through the analysis of internal audits and clinical data.

The service introduced a performance review policy which was to have been rolled out in October 2022 and detailed the requirement for a 6 monthly probationary review and annual reviews thereafter, which was delayed due to extended leave at the leadership level.

The Approved Provider acknowledged formal staff appraisals were not up to date at the time of assessment contact, and the new process had not been initiated, management advised the home experienced 13 Lockdowns during the period from December 2021 through to December 2022 which they advised had impacted on management’s ability to schedule appraisals.

Overall, I have placed weight on the positive feedback provided by consumers and representatives, the recommendations of compliance across all other requirements, and am satisfied regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. Therefore, I find requirement 7(3)(e) is compliant.

Consumers and representatives said they were treated with care and respect. Staff advised they participated in celebrations of cultural days with residents to ensure they were aware of cultural traditions and diversity Staff were observed engaging with consumers in a kind and respectful manner, addressing consumers by their preferred name and assisting them around the facility.

Consumers stated staff had the skills required to provide the care they required. Management provided copies of position descriptions, mandatory education records, and education attendance for review. Orientation training was reviewed, and checklists of completion were reviewed on personnel files.

Staff confirmed they received training and knew how to operate equipment to assist them to provide the care required by consumers. Consumers stated staff know what they were doing and were happy with the care they receive. The online education platform was observed to provide mandatory training, training on competencies, and an orientation program.

# 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 reported they provided input into the development, delivery, and evaluation of care and services. The organisation offered various processes for engaging consumers in the design, delivery, and evaluation of services. Minutes of meetings evidenced consumers were provided with the opportunity to provide input into the care and services provided.

The Board satisfied itself the Standards were being met through a monthly report provided to them by the Regional Manager. Management advised the organisation communicated with consumers through direct discussion, emails, and memorandums. The organisation had a diversity and inclusion policy focusing on special needs groups who may require particular support in accessing services appropriate to their needs.

The service had appropriate policies and procedures in place to govern information management, continuous improvement, finances, the workforce, compliance with regulations, and feedback and complaints processes. For example, staff advised information management systems and processes provided access to all relevant information they required to perform their roles.

The service had documented risk management system in place which identified how high-impact or high-prevalence risks to consumers were managed, how abuse or neglect of consumers was identified and responded to, and how consumers were supported to live their best lives. Staff demonstrated awareness of and confirmed training had been provided on risk management, incident management, and prevention of abuse or neglect

The organisation had a clinical governance framework in place which included policies, procedures, and staff training on antimicrobial stewardship, restrictive practices, and open disclosure. Staff provided details on the policies on anti-microbial stewardship, restrictive practice, and open disclosure.

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