Performance

Report

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| Name: | Estia Health Maroochydore |
| Commission ID: | 5415 |
| Address: | 2-6 Amity Avenue, MAROOCHYDORE, Queensland, 4558 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2023 to 27 September 2023 |
| Performance report date: | 1 November 2023 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 22894 Estia Health Maroochydore |

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 Maroochydore (**the service**) has been prepared by Denise McDonald, 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

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ individual backgrounds, personal circumstances and interests and were observed engaging with consumers in a respectful manner. Care documentation reflected details of consumers’ life histories, relationships and interests.

Consumers confirmed staff were aware of their personal backgrounds and activities they enjoyed undertaking at the service. Staff were familiar with consumers’ unique needs, including for those with dementia, and education records confirmed staff had participated in cultural safety training.

Consumers said they were supported to make choices regarding care delivery, including deciding who was involved, and to maintain important relationships. Staff ensured consumers’ choices were respected, including for married consumers, and were guided by a person-centred framework to support consumer decision-making and maintenance of important relationships.

Consumers said they were supported to take risks to live the best life they can. Staff described assessing consumer risk at entry, ensuring consumers understood potential benefits and harms, and developing a risk care plan. Care documentation evidenced supports for consumers to take risks were planned and recorded relevant discussions.

Consumers and representatives said they were provided current information to inform decision-making about care and services, including events, meals, daily activities and access to allied health professionals. Staff described sharing information with consumers in ways consumers could understand, including accessing interpreters. The consumer handbook included various information to inform care and services and meeting minutes reflected information being shared with consumers and representatives.

Consumers said their privacy was respected and their personal information was kept confidential. Staff were knowledgeable of consumers’ privacy preferences and were observed knocking on doors and discreetly discussing consumer information. Education records confirmed staff attended privacy training and staff were guided by information privacy policies.

# 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 provided positive feedback regarding care assessment and planning, including consideration of risks. Staff described assessments undertaken upon entry, including using validated risk assessment tools, and regularly reviewing resulting care plans. Care documentation included risk assessment outcomes and responsive care plans.

Consumers and representatives confirmed consumers’ needs, goals and preferences were addressed, and they had discussed preferences for end of life care. Staff described respectfully approaching palliative care discussions, involving representatives and reviewing end of life care needs, when required. Staff were guided by policies and procedures regarding care planning and managing palliative care.

Consumers and representatives said they were involved in care assessment, planning and review. Staff described collaborating with consumers, representatives and allied health professionals during care planning and reviews. Care documentation evidenced consultation with consumers, representatives and other individuals and organisations who supported consumer care.

Consumers and representatives confirmed staff regularly discussed outcomes of care assessment and planning with them and they were offered copies of care plans. Staff described assisting consumers to understand their care plans by adapting their communication or seeking assistance from translation services or representatives. Care documentation evidenced communication of review outcomes and care plans were readily available for consumers, staff and relevant specialists.

Consumers’ care plans were reviewed every 3 months or in response to changes or incidents and included consultation with others involved in consumer care. Care documentation reflected changes made in response to deterioration or incidents, and reviews undertaken in accordance with the review schedule.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives provided positive feedback regarding safe and effective personal and clinical care. Staff were knowledgeable of best practice care, including incident management and using validated assessment tools. Care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with specialists. Staff were knowledgeable of restrictive practices, skin integrity, pain and medication management.

Consumers said high-impact and high-prevalence risks were assessed, explained to them and appropriately managed. Management described monitoring clinical data to identify prevalent risks and implement responsive mitigation strategies. Care documentation evidenced appropriate clinical and environmental assessment and management of risks, including for falls, in consultation with specialists and representatives.

Representatives provided positive feedback regarding palliative care which was respectful of consumers’ wishes. Management described ongoing discussions with representatives during the consumer’s end of life to ensure comfort and pain was appropriately managed and individualised preferences were respected. Care documentation for palliating or recently deceased consumers reflected ongoing consultation with representatives and specialists to provide care aligned to the consumer’s choices.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff referred to guidance material to identify, escalate and respond to changes in consumers’ condition, including behavioural changes, and used tools to monitor consumers for changes. Care documentation evidenced prompt identification of and response to deterioration.

Consumers and representatives confirmed receiving consistent information about care and services aligned to consumers’ needs and preferences. Staff described exchanging consumer information during handovers and referring to care plans and progress notes. Care documentation evidenced information shared between staff and others involved in consumers’ care.

Consumers and representatives provided positive feedback regarding timely and appropriate referrals to other individuals and organisations. Management described an electronic system to refer consumers to a network of external health professionals to supplement clinical care. Care documentation evidenced consumer referrals to, and input from, a range of specialists.

Consumers and representatives said the service managed infection-related risks well and staff wore personal protective equipment when providing care. An infection prevention control lead confirmed staff practiced hand hygiene, performed viral testing at entry and participated in relevant training. Staff were knowledgeable of antimicrobial stewardship and majority of staff and consumers were vaccinated.

# 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 confirmed they were supported to do things of interest to optimise their wellbeing, independence and quality of life. Staff described assessing consumers’ interests at entry, were knowledgeable of consumers’ individual likes and dislikes and tailored care and services accordingly, including for consumers with dementia. An activity calendar scheduled various events including bus trips and exercise groups.

Consumers and representatives said the service supported consumers’ emotional, spiritual and psychological wellbeing. Staff described providing individualised support to consumers who were feeling distressed and were knowledgeable of consumers’ religious preferences. Care documentation reflected consumers’ psychological needs and spiritual preferences.

Consumers said they were supported to participate in activities within and outside of the service and to maintain contact with their family and friends. Staff described developing activities based on consumers’ interests, including engaging community groups and facilitating outings. Consumers were observed participating in various activities and spending time with visitors.

Consumers and representatives provided positive feedback regarding consumers’ information being shared amongst those involved in their daily living. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers, kitchen whiteboards and the electronic care management system. Staff were observed discreetly exchanging consumer information during shift handovers.

Consumers provided positive feedback regarding timely and appropriate referrals to other care and service providers. Staff confirmed volunteers visit weekly to assist consumers during activities, to provide emotional support, entertainment or therapeutic activities. Care documentation reflected referrals made to support services aligned to consumer needs.

Consumers said food was varied and of suitable quality and quantity. Staff confirmed the seasonal menu rotated every 4 weeks and would be adjusted in response to consumer feedback through monthly food focus meetings. Care documentation included dietary restrictions and preferences and the kitchen had passed recent food safety audits.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff confirmed access to mobility equipment and cleaning of shared equipment after each use. Staff described maintenance processes and registers evidenced timely completion of maintenance on various lifestyle and mobility equipment.

# 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 the service was homely, easy to navigate and provided a sense of safety. There was sitting and garden areas, wide corridors, clear signage and a café. Consumer rooms were observed to be personalised with photographs and consumers were sitting in shaded outdoor areas and gardening.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and they could move about freely. Staff were knowledgeable of cleaning processes for daily and weekly cleaning and managing hazards to ensure safety. Cleaning records confirmed all tasks had been completed as scheduled. Consumers were observed moving freely between internal and external areas.

Consumers said they felt safe and comfortable when using furniture, fittings and equipment. Staff were knowledgeable of maintenance processes and checked equipment prior to each use to ensure safety. Consumers were reviewed by physiotherapists who recommended appropriate equipment and records confirmed equipment maintenance had been undertaken with no outstanding items.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they understood the feedback and complaints process and were encouraged to provide input. Staff confirmed addressing concerns promptly during care delivery or escalating matters, where appropriate. Management confirmed encouraging feedback and complaints, as stated in service policies, and consumers were observed receiving information regarding feedback and complaint mechanisms.

Consumers said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Staff were knowledgeable of available advocacy and language support services and relevant information was provided to consumers through booklets, brochures and promotional materials displayed at service entry.

Consumers and representatives said their feedback and complaints were promptly addressed and apologies offered. Staff and management described appropriate processes to respond to and resolve issues raised by consumers or representatives, including the use of open disclosure. A feedback and complaints policy and procedure provided staff guidance to appropriately manage complaints, including practising open disclosure.

Consumers and representatives confirmed their feedback and complaints were used to improve care and services. Management described discussing feedback with consumers to ensure actions were taken and monitoring trends to report to senior management for systemic improvements. The continuous improvement plan evidenced registration and resolution of complaints to the satisfaction of 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

Consumers provided positive feedback regarding staffing numbers and confirmed their care needs were met and calls for assistance responded to quickly. Management described forward planning rosters to ensure sufficient availability of staff to meet consumer need. Rosters evidenced adequate staff coverage, including uninterrupted availability of registered nurses, with any vacancies filled by permanent and casual staff, or agency staff as a last resort.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff described addressing consumes by their preferred names and familiarising themselves with consumers’ preferences. Staff were observed interacting with consumers in a kind and respectful manner, including knocking on doors prior to entering.

Consumers and representatives said staff demonstrated competency, skill and knowledge when performing their duties. Management confirmed candidate competencies during recruitment and onboarding processes, including verifying qualifications, professional registrations and security checks. Records confirmed staff were experienced, qualified and held valid credentials to undertake their roles.

Consumers and representatives were confident staff were skilled and prepared to perform their duties. Management confirmed the availability of ongoing training including for restrictive practices, serious incidents and medication management, among other topics. Staff described participating in training and the practical application of learnings. Records confirmed staff had engaged in various training to support care delivery.

Staff confirmed participating in annual performance appraisals and receiving notifications when appraisals were due for completion. Management described processes to respond to and resolve issues arising from staff underperformance and records evidenced the service assessed, monitored and reviewed workforce performance.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were involved in the development, delivery and evaluation of care and services through meetings and care plan reviews. Management confirmed consumers and representatives were encouraged to engage in feedback processes. Meeting minutes evidenced consumers’ contributions to care and service delivery.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed by the service of feedback and complaints through various committees. Meeting minutes evidenced governing body consideration of the service’s clinical indicators, infection prevention measures, medication management and regulatory compliance to inform advice and recommendations.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate, review and monitor risks and incidents to improve care delivery. Management identified falls and weight loss as prevalent risks and described clinical and environmental management strategies. Staff were knowledgeable of best practice management of serious incidents, including reporting events and using open disclosure.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and confirmed participating in relevant training. Records evidenced appropriate use of antimicrobials and restrictive practices and that open disclosure was used following complaints or incidents.

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)