Performance

Report

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| Name of service: | Estia Health Merrylands |
| Service address: | 42 Cumberland Road GREYSTANES NSW 2145 |
| Commission ID: | 2569 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 3 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 Merrylands (**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; 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 3 March 2023 acknowledging the recommendations made in the Site Audit report.

# 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 they were treated with dignity, with their values, identity, and culture respected. Staff demonstrated knowledge of consumer’s identity and culture. Staff interactions with consumers were observed to be respectful.

Care documentation captured consumers personal and cultural backgrounds. Staff described how they deliver care aligned with consumers preferences and cultural practices. A Diversity and inclusion policy supported staff to provide person centred care.

Consumers said they were supported to make decisions about their care and the way it was delivered, despite having nominated family members as their representatives. Staff described and were observed supporting consumers to exercise choice, by seeking their selection from the menu.

Consumers said the benefits and possible harm of risk-taking activities were discussed with them. Staff described supporting consumers to have choice and control, including when the choice involved risk. Care documentation evidenced risk assessments were completed and decisions regarding risk were documented.

Staff said they review information provided to consumers to ensure it is accurate and current. Consumers said they received information, through various means and it was easy to understand and enabled them to make choices. Lifestyle calendars were available in each consumer’s room and together with the menu were displayed on noticeboards.

Staff described how they maintained the privacy of consumers and knew of the importance of maintaining the consumers confidentiality. Consumers said the confidentiality of their information was protected and care was undertaken in privacy. Staff were observed undertaking practices which protected the consumers privacy.

# 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 were involved in care planning processes. Staff demonstrated knowledge of the assessment and care planning process, identified consumers considered at risk and the care strategies used to reduce those risks. Care documentation supported risk was assessed and strategies to manage any identified risks, were included in care plans.

Care documentation captured and staff knew of, the consumer's current needs, goals and preferences, including for advance care and end of life. Consumers said their care is planned around what is important to them, how they want their care delivered and end of life is discussions occur when they chose.

Care documentation evidenced consumers, representatives, and diverse range of external providers participated in care conferences and allied health professionals contributed to the assessment of consumers. Staff described and consumers confirmed, they or their representatives were regularly consulted about care and services.

Consumers and representatives said staff communicated and explained the consumers assessed needs. Staff confirmed a copy of the consumer’s care plan is offered following changes. An electronic care management system was used to generate, store and provide access to care plans.

Care documentation evidenced care was reviewed every 3-months or in response to an incident, such as a fall or change in condition. Consumers and representatives confirmed any changes or issues were addressed promptly. Staff described their responsibilities in relation to reporting changes in consumers’ health and well-being so that care could be reviewed.

# 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 said they felt care was safe, met their needs, and optimised their health and well-being. Care documentation evidenced safe, effective care, customised to consumers. Policies, procedures and guides were available for key areas of care, including restrictive practice, skin integrity, wound and pain management which referenced best practice.

Staff described the high impact and high prevalence risks for consumers, who said their risks were identified and managed effectively. Care documentation identified individual consumers key risks and provided effective strategies to manage those risks, however these directives were not always followed when consumers were identified to exceed blood glucose parameters set by the Medical officer.

Staff described practices which support the comfort and dignity of consumers at end of life, including encouraging family members to be present. An end of life pathway guided staff, a palliative care kit and specialist palliative care support was available.

Representatives said changes in consumers’ conditions were promptly recognised. Staff described signs related to deterioration and the process for when changes in consumers’ well-being were detected. Care documentation evidenced when consumers became unwell or their condition changed, medical officer review or hospital transfer occurred.

Consumers and representatives said consumers care was consistent, well-coordinated and they were regularly updated. Staff advised they were informed of changes through handovers, meetings, the electronic care management system and a communication book. Documentation evidenced current and accurate information relating to consumer care was available to staff.

Care documentation evidenced referrals and consultation with other service providers, such as allied health professionals and specialist support services. Consumers said they were referred appropriately to meet their care needs. Staff demonstrated knowledge of referral processes.

Policies and procedures on antimicrobial stewardship, hand hygiene and infection control guided staff practice. Representatives felt the service’s management of COVID-19 precautions and other infection control practices were appropriate. Staff demonstrated an understanding of precautions to prevent and control infection and the steps to minimise the need for antibiotics.

# 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

Care documentation captured what and who was important to each consumer to promote their well-being and quality of life. Staff knew what was important to consumers and the activities they liked to engage in, and this aligned with the information in care documentation. Consumers were observed in communal areas, engaging in group activities and enjoying the snacks offered.

Consumers confirmed they have access to psychological services to improve their mental health and well-being. Staff described spending one-on-one time with consumers whose mood was low. The lifestyle calendar promoted the availability of church services, to meet consumer’s spiritual needs.

Consumers gave examples of how they maintain contact with those important to them and the activities they like to undertake, including by accessing the external community. Staff confirmed there were regular bus outings, and a variety of activities were scheduled based on consumer preferences. Family members were observed visiting consumers.

Consumers said they have continuity of supports and don’t have to repeat their preferences. Staff confirmed accurate, up-to-date, and relevant information was shared with others including between the service and hospital. Care documentation was accurate, consistent and described the current services provided to each consumer.

Staff described consumers were actively involved in referrals. Consumers said where the organisation had been unable to provide a suitable service or support, they had been referred to other organisations to meet their needs. Care documentation evidenced external disability support services assisted in providing supports to consumers, where they were eligible.

Consumers gave mixed feedback on the meals, with some saying they were tasty, delicious and the portion sizes were appropriate, where other described the meals as repetitive and they were served foods they did not like. Staff said the menu was tailored to meet the dietary needs of the consumers and considered allergies, sensitivities, and medication-related issues. Consumers dietary requirements were documented.

Consumers said they felt safe when using equipment and they knew how to report any hazards or repairs. Staff described how they were trained in the use of equipment, including how to identify any potential risks to the safety of consumers. Equipment, including wheelchairs, four-wheeled walkers and lifting machines, were observed to be 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 stated the service environment was safe, accessible, welcoming to visitors. Staff described strategies to welcome representatives, visitors and others who were important to consumers including being friendly, smiling, taking time to chat and answer questions, and addressing them by their name. The service used individual room signage and clear directional signage to support independence and belonging, including signage in different languages for consumers from a non-English speaking background.

Consumers and representatives said the service was clean, and staff attended to their preferences for the cleaning of their room. Both indoor and outdoor service environments, was observed to be clean, well-maintained, and free from any obstructions and hazards. Consumers were observed to mobilise freely and to leave the service as they pleased.

Consumers and representatives said equipment and furniture was safe, well-maintained, and suitable for their needs. Staff described how shared equipment used for moving and manual handling of consumers was cleaned and maintained. The preventative maintenance schedule demonstrated regular maintenance of equipment and furniture was being completed, and all reported maintenance issues for equipment and furniture were resolved promptly.

# 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 confirmed they were encouraged and supported to make complaints and provide feedback and said they had no issue raising concerns with staff. Management advised they were always available to talk to consumers and representatives when they had concerns. Complaint processes were promoted on noticeboards and in service publications.

Consumers and representatives said, although they were aware of external avenues for raising a complaint, they were comfortable raising concerns internally. Staff described how they assisted consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Brochures and posters displayed, provided information regarding feedback and complaints processes, the Commission, advocacy and translation services.

Consumers and representatives said management promptly addressed and resolved their concerns, and provided an apology. Staff stated, if consumers and representatives were to raise an issue with them directly, they would escalate all complaints to senior personnel and management for investigation and follow-up. Management outlined their approach to open disclosure and explained their processes when a complaint was received, or when an incident had occurred.

Consumers and representatives had several ways to provide feedback or make complaints and all complaints were recorded and kept in a folder in the executive director’s office. Management advised all feedback and complaints were linked to the plan for continuous improvement. Every comment and complaint, whether it was received through a survey, provided verbally or via email, was acknowledged and then entered the online care management system, which also registered improvements made in response to feedback.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said they were satisfied with the number of staff and said call bells were answered promptly. Staff described working together to ensure the care needs of consumers were met and didn’t feel consumer care was being compromised. Staff were observed to be available to assist consumers when needed.

Consumers and representatives said staff were gentle when delivering care and understood consumers’ background and cultural preferences. Staff described each other as kind and caring and policies documented behaviours expected of staff.

Consumers and representatives were confident staff were sufficiently skilled to meet their care needs. Position descriptions outlined key qualifications and knowledge requirements of each role, reference checks were conducted prior to staff commencing employment and qualifications were monitored for currency.

Consumers, representatives, and staff did not identify areas where additional training was required. A comprehensive staff orientation program ensured staff had the knowledge required to deliver care and services. Staff stated adequate resources and training was provided to support them to perform their duties.

Management advised staff performance appraisals were undertaken annually, were up to date and informal monitoring processes were in place. Consumers and representatives did not raise any concerns with staff performance. Policies guided employee appraisal procedures.

# 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 said they were involved in the development and delivery of care provided. Management described the processes undertaken to engage consumers in the development, delivery and evaluation of care and services, including at consumer and representative meetings, in response to audits and through feedback and complaints. Minutes from consumer meetings evidenced positive consumer engagement and covered the development, delivery and evaluation of care and services, as well as feedback and complaints.

The service’s governing body used the information from consolidated reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery. The consumers and representatives felt the organisation did promote a culture of safe, inclusive, and quality care and was accountable for its delivery.

The service had policies and procedures to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff said they could readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles. The organisation’s executive team had the prime responsibility for monitoring aged care law and regulations, to identify changes and to communicate changes to the service.

The service had a documented risk management framework, including policies describing how high impact or high prevalence risks, associated with the care of consumers, were managed, how the abuse and neglect of consumers was identified and responded to, how consumers were supported to live the best life they could, and how incidents were managed. Staff confirmed they had received education on these topics and provided examples of their relevance to their work.

The organisation had a documented clinical governance framework, and management and staff applied the principles of the framework when providing clinical care. Staff described processes in relation to the clinical governance framework, such as minimising restrictive practices, implementing antimicrobial stewardship strategies and providing open disclosure to consumers and representatives when things went wrong. Documentation reviewed, such as monthly reports and meeting minutes, discussed these key areas and strategies for implementing this framework.

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)