Performance

Report

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| Name of service: | Estia Health Mount Coolum |
| Service address: | 15 Suncoast Beach Drive, Mount Coolum, QLD 4573 |
| Commission ID: | 5302 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 14 November 2022 |

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 Mount Coolum (**the service**) has been prepared by Megha Kalra, 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 this 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 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 said staff treat them with dignity and respect, and value their identity, culture, and diversity. Care planning documentation reflected consumers’ cultural and spiritual needs to guide staff in the delivery of culturally safe care and services. Consumers said they were supported to make decisions about their care, how care should be delivered, and who should be involved. Consumers said, and observations confirmed consumers were supported to make and maintain relationships of their choice.

Consumers said they are supported to understand benefits and possible harm when they make decisions about taking risks. The service has policies and procedures relating to dignity of risk and staff described examples of how the service supports consumers to have choice and control, including completing risk assessments.

Consumer feedback confirmed clear and accurate information is provided to consumers to support them to make informed choices, such as through meetings, care plans, and calendars. Staff explained how they assist consumers with sensory and communication barriers to understand information in a clear manner. Consumers said their privacy is respected and described ways staff uphold their privacy, such as knocking before entering their rooms. Observations confirmed consumers’ personal information is kept confidential.

# 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 said they are involved in the ongoing assessment and planning of their care and services. The service identifies and assess risks associated with the care of consumers, and risk management strategies are included in consumers’ care planning documentation. Staff described how assessment and care plans are completed to meet the consumer’s needs, goals, and preferences and provided examples of how they include consumers in care planning process.

Consumers’ care documents included an end of life assessment or care plan. Care planning documentation also shows integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers. Consumers said staff have explained their care plan to them and they consider that it meets their needs, goals and preferences. Consumers or their representatives are involved in developing and reviewing consumers’ care plans. Staff described how and when care plans are reviewed, including when circumstances change, or incidents occur.

# 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 they receive personal and clinical care which is safe and right for them. Staff demonstrated knowledge of consumers’ personal and clinical care needs, and described ways they provided safe and effective care, in accordance with consumers’ care plans, policies, and procedures. Care documentation evidenced consumers received safe and effective care, tailored to their specific needs and preferences.

Care plans reflected clinical risks associated with the care for consumers, including falls, weight loss, pain, and restrictive practices were effectively managed through evidence-based assessment and planning, and implementation of risk mitigation strategies. Consumers expressed confidence in staff supporting their advance care and end of life care needs, including their social, cultural, religious, and spiritual preferences. Care plans reflected consumers’ end of life choice and preferences, and staff described how the care delivery changed for consumers nearing end of life, including supporting consumers’ dignity and comfort.

Staff described how they identify and respond to signs of deterioration and care documentation showed changes to consumers’ care needs are recognised and responded to in a timely manner. Staff described how changes in consumers’ care and services are communicated through verbal handover, meetings, and accessing care plans, daily reports or messages through electronic documentation system.

Care plans, progress notes, consumers, and staff feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations, including medical officers, physiotherapists, dieticians, speech pathologists and other specialists. Clinical staff demonstrated knowledge of antimicrobial stewardship and ways to minimise antibiotic use among consumers. Staff described and were observed to follow infection prevention procedures and practices.

# 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 received services and supports for daily living which enabled them to do the things they want to do and enhanced their health and well-being. Care documentation shows strategies and options to deliver services and supports for daily living that reflect consumers’ diverse needs and characteristics. Consumers said they were involved in activities and services which provided a sense of enjoyment, social connection, and engagement. Staff described how they supported consumers’ emotional and spiritual well-being, consistent with consumer feedback and care planning documentation.

Consumers said they are supported to maintain personal relationships and can take part in community and social activities that they choose. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Handover notes, meeting minutes, referrals, care plans, and staff feedback confirmed information was shared internally, and with other providers of care as appropriate, to guide the delivery of consumers care and services.

Care planning documentation and staff feedback demonstrated the service had an established processes to ensure other organisations, individuals, or providers of care and services were engaged to support consumers, in a timely and appropriate manner. Some of the referrals included to services for bereavement for grief and loss, advocacy support, and Dementia Support Australia.

Menus, consumer and staff feedback confirmed meals were of a varied, suitable quality, and quantity. Consumers were observed to have special food requests catered to by the service, consistent with consumer and staff feedback. Staff explained the menu was reviewed in consultation with consumer and dietician input, to ensure meals met the needs and preferences of consumers. Equipment to support consumers with lifestyle activities was observed to be safe, clean, well maintained, and in adequate supply to assist with consumers’ diverse needs.

# 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 environment felt welcoming, safe, comfortable, and easy to understand and navigate. Observations confirmed, and consumers said they could decorate their room according to their preferences. The service has smaller sitting rooms, larger common areas, dining areas, bookshelves, and outdoor areas for consumers to socialise, engage or relax.

Consumers said the service environment was clean, and maintenance was attended to promptly. Consumers were observed moving freely around the service, both indoors and outdoors. The service has a scheduled maintenance program and approved contractors are engaged for clinical and higher level maintenance. Staff explained cleaning was conducted using a colour coded program with an electronic recording system.

Consumers said equipment is well-maintained and clean, and staff confirming having access to suitable equipment for consumer needs. Furniture and equipment are maintained under a scheduled maintenance plan with specialist contractors in place when required. Furniture of various heights and sizes was observed to be available to meet the diverse lifestyle, care, and clinical needs of consumers.

# Standard 6

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

Findings

Consumers said they felt comfortable raising concerns about care and services through verbal communication with staff or management. Information about internal and external complaints system is detailed in consumer handbook, staff handbook, and notice boards. Feedback forms and boxes are located throughout the service.

Consumers said they are aware of other methods of raising complaints and have access to advocates to support them if required. Staff described how they would assist consumers to raise a complaint or provide feedback and were aware of advocacy and translation services available for consumers.

Consumers said management promptly responds and seeks to resolve their concerns after they make a complaint. Management and staff demonstrated knowledge of the open disclosure process and how to apply it in practice. The service’s complaints register confirmed open disclosure was used to resolve feedback and complaints, consistent with the service’s policy and procedures.

Consumers said their feedback is used to improve the quality of care and services. All complaints are logged into the Continuous Improvement Register to ensure these are reviewed and quality of care is improved. Complaints are also trended and evaluated every month and trending data is discussed during staff meetings to ensure all staff are up to date with any quality improvement issues or actions being implemented.

# 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 said there were enough staff, their call bells are answered promptly, and staff provided care that they need. Staff expressed their satisfaction with the staffing levels at the service and said they have time to complete their work. Call bell reports showed most call bells were answered within the prescribed timeframes.

Staff were observed to be familiar with consumers and interacting with consumers in a caring and gentle way, consistent with consumer feedback. The service monitors and reviews staff qualifications regularly. Position descriptions for staff outline the required qualifications and skills for respective staff roles. Staff said they have the necessary skills to perform their roles and they are supported by senior staff.

Consumers said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff are recruited using a formal recruitment process that includes interviews, referee checks and qualification checks. Management said that ongoing training and development is provided for all staff and their participation in the training programs is logged and recorded. Staff said they receive training during their orientation and regularly throughout the year.

The performance of workforce is regularly assessed, monitored and reviewed through annual formal performance appraisal process. Staff demonstrated an awareness of the service’s performance development processes. Documentation reviewed confirmed performance appraisals and competency assessments are scheduled and conducted every year.

# 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 provide ongoing input into how care and services are delivered, through resident meetings, regular surveys and face-to-face discussions. The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The organisation drives improvements and innovations using data from internal audits, clinical indicator reports, incident reports and consumer and staff feedback.

The organisation has effective governance systems in place. Staff are able to easily access relevant information through the service’s information management systems. Opportunities for continuous improvement are identified and actioned. Financial, feedback and complaints and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular monitoring of the legislation by the organisation’s regulatory officers.

The organisational risk management framework included policies outlining how high impact, or high prevalence risks associated with the care of the consumers are managed. The risk management framework also outlines the approach to managing, monitoring, reporting and reviewing risk. Consumers are supported to take risks, with risk mitigation strategies being in place.

The service has policies and procedures relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. Clinical staff confirmed they have received education about the policies and provided examples relevant to their work.

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)