Performance

Report

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| Name: | Estia Health Mudgeeraba |
| Commission ID: | 5991 |
| Address: | 21-25 Old Coach Road, MUDGEERABA, Queensland, 4213 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 3 May 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 3903 Estia Health Mudgeeraba |

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 Mudgeeraba (**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
* your response to the Site Audit report received 11 April 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives confirmed staff treated consumers with dignity and respect, and understood their background and values. Staff spoke of consumers in a respectful manner, and described the measures taken to uphold their respect in the delivery of care. Care documentation evidenced consumers’ diversity, background and culture was captured.

Consumers and representatives described how consumers’ care and services were delivered in a culturally safe manner. Care documentation evidenced tailored strategies to ensure consumers’ cultural preferences were met. Staff were aware of consumers from culturally diverse backgrounds and could described their different practices and needs.

Consumers felt supported to maintain relationships of choice, including a married couple residing in the service who were supported to engage in lifestyle activities together. Care documentation evidenced consumers’ individual choices regarding when care was to be delivered, who should be involved in their care decisions and the support required to maintain relationships.

Consumers confirmed they were supported to take risks, including a consumer who chose to independently mobilise with their wheelchair, despite being assessed as requiring assistance to mobilise. Care documentation evidenced dignity of risk forms were completed, and risk mitigation strategies were in place. Staff were aware of the risks associated with consumers’ decisions, and described how they provided supports to promote their safety.

Consumers and representatives confirmed consumers were kept informed through printed information and verbal reminders, and staff were familiar with their communication preferences. Staff described how they adapted their communication style to meet the communication preferences of consumers. The activities calendar and daily menus were observed to be displayed throughout the service.

Consumers and representatives felt staff were respectful of their privacy, and they knocked on consumers’ doors prior to entering. Staff confirmed they discussed consumers’ personal information in private, to ensure the confidentiality of their information. Nurses’ stations were observed to be locked, and computers containing personal information were kept password protected when not in use.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care documentation evidenced the consideration of risks to consumers’ well-being, including diabetes. Staff described the initial and ongoing care planning process, including during the consumer’s entry to the service whereby the consumer’s skin integrity, dietary and mobility needs were assessed. A checklist for key assessments was used to ensure consumers’ risks were identified and assessed on an ongoing basis.

Care documentation reflected consumers’ advance care needs, goals and preferences. Representatives confirmed they were involved in discussions regarding the consumer’s end of life preferences. Staff described how they ensured consumers’ current needs, goals and preferences were captured, and outlined how they approached end of life conversations.

Consumers and representatives felt partnered in the assessment and planning processes of consumers’ care needs. Care documentation evidenced consumers’ care plans were created in collaboration with consumers, representatives, medical officers and allied health professionals. Policies were in place to ensure care plans were based on ongoing partnership between consumers, their representatives and external providers of care.

Consumers and representatives advised outcomes of assessment were communicated to them and they were offered a copy of the consumer’s care plan. Staff described how consumers and their representatives were kept informed of assessment outcomes through in person conversations, telephone calls and emails.

Consumers and representatives described how the consumer’s care needs were reviewed when their circumstances changed or an incident occurred. Care documentation evidenced care plans were reviewed on a regular basis, and when changes in condition or an incident occurred, such as weight loss. Policies and procedures were in place to guide staff to review and reassess care plans to ensure they were reflective of consumers’ current needs.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received care that was safe and effective, and tailored to their needs. Staff demonstrated knowledge of consumers’ personal and clinical care needs, and outlined how they delivered care in accordance with consumers’ care plans. Policies and procedures were in place to guide staff practice in relation to key areas of care including restrictive practices, wound care and pain management.

Care documentation identified individual risks to consumers, including falls, and the strategies in place to mitigate these risks. Consumers and representatives confirmed they were involved in conversations to discuss the risks to consumers’ well-being and implement risk mitigation strategies. Staff understood the high impact or high prevalence risks of consumers, and the supports required to promote the safety of consumers.

Staff explained how they delivered end of life care to consumers by ensuring their comfort was maintained and their pain managed. Care documentation evidenced case conferences were held with representatives to discuss the consumer’s deterioration and end of life preparations. Representatives confirmed consumers’ needs, goals and preferences were recognised and met during the provision of end of life care.

Care documentation evidenced deterioration or changes in consumers’ health was recognised and responded to in a timely manner. Staff described the health status changes which may indicate deterioration, such as loss of appetite, incontinence and changes in mobility and behaviour. Policies and procedures guided staff practice on consumer deterioration.

Consumers and representatives confirmed consumers’ information and preferences was effectively communicated between staff. Staff outlined how information was communicated through huddles and shift handover, and documented within the electronic care management system. Care documentation evidenced consumers’ information was documented and readily accessible to staff.

Representatives said consumers were referred to allied health professionals in a timely manner following the identification of incidents. Staff were knowledgeable of the referral process and described how external providers of care were contacted. Care documentation evidenced input from medical officers and allied health therapists.

Consumers and representatives expressed confidence in the ability of staff to manage and minimise infection related risks. Staff were regularly observed to use the various hand washing stations located throughout the service. Staff demonstrated an understanding of antimicrobial stewardship and its application in their roles, including awaiting pathology results prior to the administration of 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers were supported to engage in activities of interest and in alignment with their preferences. Staff described conducting lifestyle assessments upon entry, which collected information regarding the consumer’s needs and preferences. Staff were observed to invite and encourage consumers to engage in group activities held in communal areas.

Representatives said consumers were provided with emotional and psychological support including assistance to receive visits and phone calls from friends and family members. Care documentation outlined the supports and strategies in place to maintain consumers’ emotional, spiritual and psychological well-being. The activities calendar identified fortnightly church services and religious volunteer visits were scheduled to support consumers.

Consumers confirmed they were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Staff described how consumers were supported to participate in the external community by organising bus outings and sightseeing activities. Care documentation outlined the relationships of importance to consumers, and their activities of interest.

Consumers said staff were aware of their needs and preferences, and this information was well communicated between staff. Staff described how information was shared when changes occurred through meetings, handover processes and via the electronic care management system.

Care documentation evidenced the collaboration with external organisations and individuals to meet the needs of consumers. Consumers confirmed they were referred to external support services when required. Staff advised a range of external services including community and volunteer groups were engaged to enhance the supports offered to consumers.

Consumers and representatives mostly provided positive feedback regarding the quality and variety of the meals provided to them, however a consumer felt there was a lack of variety for the lunch and dinner meal service. Care documentation reflected consumers’ dietary needs and preferences. The meal service was observed to be delivered in a timely and organised manner, with consumers eating their meals independently or with assistance when required.

Consumers confirmed their mobility equipment was safe, clean and well maintained. Staff advised they had access to necessary equipment and outlined the process to request the approval of additional equipment purchases. A range of mobility and lifestyle equipment was observed to be clean, well maintained and suitable for use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives felt the service environment was welcoming and easy to understand. Staff described how they enabled consumers to feel comfortable within the service by encouraging them to personalise their rooms. The service environment was observed to be welcoming with sufficient lighting, handrails and navigational signage to assist consumers to mobilise throughout the service.

Consumers said the service environment was clean, well maintained and they were able to freely access the indoor and outdoor areas. Staff advised they adhered to cleaning schedules, which included the cleaning of communal and dining areas, and consumers’ rooms. Consumers were observed to move throughout the service, both indoors and outdoors and with the assistance of staff when required.

Staff outlined their roles and responsibilities to ensure equipment was clean and sanitised. Consumers and representatives provided positive feedback regarding the maintenance and cleanliness of consumers’ furniture, fittings and equipment. The preventative maintenance schedule evidenced the regular servicing of kitchen and laundry equipment had been completed.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives confirmed they understood how to provide feedback and make complaints. Management described the various verbal and written feedback avenues available to consumers and representatives if they wished to raise their concerns. Feedback and complaint forms were accessible and available throughout the service, alongside locked submission boxes.

Consumers and representatives said they were aware of advocacy and language services, including the Commission. Management advised they engaged with various advocacy organisations to present information to consumers and their representatives regarding the external supports available to them. Pamphlets and posters relating to the Commission and other advocacy services were displayed in multiple languages.

Complaint documentation evidenced prompt action was taken in response to complaints, and apologies were provided to consumers and their representatives. Consumers and representatives provided practical examples of actions taken in response their complaints and feedback. Staff were aware of open disclosure practices, and stated they would provide an apology in response to complaints, and escalate the feedback to ensure appropriate action was taken.

Consumers and representatives confirmed their feedback and complaints have led to improvements. The complaints register evidenced improvements to care and services were promptly made following the provision of feedback. Management demonstrated an understanding of recent complaint trends, and outlined examples of improvements made to resolve the complaints.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed there were enough staff to meet consumers’ care needs. Management advised the needs of consumers were considered when organising the staffing roster. Staff said there were sufficient staffing levels, and if they were short staffed, they would be offered an extra shift, or the vacancy was advertised to the wider staffing pool.

Consumers and representatives felt staff were consistently kind, caring and respectful when delivering care and services. Staff interactions were observed to be kind, and staff were patient and spoke to consumers using their preferred names. Staff demonstrated an understanding of consumers’ identity and preferences, and used respectful language when speaking about consumers.

Consumers and representatives confirmed staff were competent and knowledgeable to perform their roles. Management advised they had oversight of staff’s competency through electronic systems which enabled them to track the skills, qualifications and knowledge of each staff member. Position descriptions outlined the necessary knowledge, experience and qualifications required for each role.

Staff said they were supported through various online and in-person training to ensure care was delivered in alignment with the Quality Standards. Annual training completion rate data evidenced 90% of staff had completed their training on key areas of care and services, including open disclosure, restrictive practices and manual handling, with outstanding training completion being followed up by management.

Management advised performance appraisals were completed after 3 and 5 months of employment for new staff, and then on an annual basis thereafter. Staff described the performance appraisal process, and found it to be a useful process to receive feedback and identify areas for further development. Appraisal documentation evidenced staff received ratings across key competency areas, improvement opportunities were identified and future goals were discussed.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives felt the service was well run, and confirmed they were engaged in the development of consumers’ care and services. Management described a variety of mechanisms in place to ensure consumers and representatives were engaged in the development and delivery of care and services, including monthly consumer meetings, feedback forms and care plan reviews. Consumer meeting minutes evidenced consumers were actively encouraged and supported to provide their feedback.

Management advised of the organisational structure which facilitated reciprocal communication and reporting between the governing body and management to ensure effective oversight. Management outlined recent improvements and initiatives led by the governing body to improve the services to consumers.

Staff confirmed they could readily access the information required to perform their roles through the electronic care management system and online platforms. Management advised continuous improvement opportunities were identified through the regular analysis of internal audits and communication from the Commission. Management stated the governing body had oversight of feedback and complaints through the electronic register.

Staff demonstrated an understanding of the high impact risks associated with the care of consumers, and the strategies in place to manage these risks. Management outlined how critical incidents were escalated to the quality team and governing body. Policies and procedures were in place to support the identification, reporting and recording of incidents.

A robust framework with policies and procedures were in place to guide staff practice in relation to antimicrobial stewardship, restraint minimisation and open disclosure. Staff described how they minimised they promoted antimicrobial stewardship by ensuring consumers who often used antibiotics were regularly reviewed by medical officers. Management advised consumers’ restrictive practices were regularly reviewed to ensure maximum efficacy and appropriate use.

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)