Performance

Report

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| Name: | Estia Health Myrtle Bank |
| Commission ID: | 6809 |
| Address: | 32 Cross Road, MYRTLE BANK, South Australia, 5064 |
| Activity type: | Site Audit |
| Activity date: | 10 July 2024 to 12 July 2024 |
| Performance report date: | 19 August 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4256 Estia Health Myrtle Bank |

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 Myrtle Bank (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider submitted an email on 29 July 2024 stating they accepted findings and would not be formally responding to 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

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

Consumers and representatives described how staff treated them with dignity and respect, and considered their identity, culture, and diversity. Staff demonstrated awareness of personal circumstances of each consumer in line with care planning documentation, and said they received training in relation to respecting consumer culture, diversity, and choice. Management described policies and procedures to support delivery of person-centred care. in a dignified and respectful manner.

Consumers and representatives explained how the cultural backgrounds of consumers were considered and influenced delivery of care and services. Care planning documentation included tailored strategies in line with cultural needs, preferences, and celebrations. Staff received cultural awareness training to ensure provision of culturally safe care.

Consumers and representatives outlined how consumers were supported to make decisions about care and maintaining relationships of importance. Staff provided examples of how they supported consumers to make choices about care and services, and how they knew who to approach when consumers were unable to make their own decisions. Care planning documentation reflected consumer choices and were updated with changes.

Consumers and representatives said they were supported, and risks were discussed and assessed for safety. Staff were aware of risks of consumer choice and mitigating actions and could describe assessments to ensure risks were communicated and mitigating strategies developed. The service’s dignity of risk policy described the consumer’s right to take risks and supporting actions for staff.

Staff described methods for sharing information with consumers to inform choices, and how communication was adapted to meet consumer needs. Consumers verified they received up to date information to make choices in relation to care and leisure activities, including through consumer forums, newsletters, and calendars. Posters and flyers were displayed, informing of meetings and activities, and staff said information was available in large print for consumers where required.

Care documentation reflected consumer privacy preferences, and consumers said staff demonstrated respect through ensuring doors and curtains were closed during cares. Staff explained how they respected privacy and kept personal information confidential. Consumer information was secured within a password protected electronic care management system and paper-based information locked in offices with restricted access.

# 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 Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff outlined how assessment and planning was undertaken to ensure delivery of safe and effective care and could demonstrate awareness of documented strategies. Care planning documentation outlined risk management strategies within tailored care and services plans.

Consumers explained how their needs, goals, and preferences were considered, including for current care and services and end of life wishes. Staff described the importance of person-centred care provision including consulting processes to understand needs, goals, and preferences and respect advance care planning outcomes. Care planning documentation reflected personal goals and strategies.

Consumers and representatives described the partnership with staff and providers within assessment and planning processes, including care conference meetings. Care planning documentation reflected the involvement of consumers, representatives, and a range of allied health providers and specialists.

Staff said consumers can ask for their care and service plans at any time, and these are readily accessible through the electronic care management system. Consumers and representatives confirmed access to care and service plans and receive regular communication about changes following reviews or incidents.

Management outlined how the effectiveness of care and services was considered through staff communication, oversight, and following routine or ad hoc reviews. Staff explained how they would identify and assess for change in needs as required, including following incident or change in health. Care planning documentation reflected evaluation of care strategies, with changes made to those considered ineffective.

# 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 Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives provided positive feedback about care, explaining how it was tailored to their needs and preferences. Staff explained how they ensure care was best practice, incorporating input from other providers and following strategies outlined in consumer’s care and service plans. Documentation verified staff followed protocols and procedures during care and following incidents to optimise consumer health and well-being.

Staff demonstrated awareness of risks for consumers and actions to minimise harm and injury. Consumers and representatives reported risks were known, monitored, and managed well. Documentation reflected monitoring and management of risks in lines with tailored strategies and service policies and procedures.

Staff outlined how care delivery was adapted when consumers commenced end of life care, focusing on comfort, including pain management, dignity, and spiritual and emotional needs. Policies, procedures, and training informed palliative and end of life care practices. Care planning documentation for a late consumer reflected monitoring and management of symptoms, including pain, communication with family, review of care needs and preferences, and use of a palliative care plan to ensure comfort and hygiene needs were met.

Consumers and representatives gave examples of how deterioration or change of consumer health was identified and managed. Staff demonstrated familiarity with escalation policies and procedures deployed following identification of change of consumer health. Documentation reflected timely response following identification of clinical deterioration.

Consumers said information about them was effectively shared, and staff knew when there were changes made. Care planning documentation included sufficient information about consumers, reflected changes, and recorded communication with other providers, including medical officers. Staff explained sharing of information through verbal and written handover procedures and within documentation.

Care planning documentation reflected timely and appropriate referrals to allied health staff and specialist providers to meet consumer needs. Staff described referral processes for a range of providers and services. Consumers and representatives reported referrals made were prompt and effectively considered consumer needs.

Staff feedback reflected understanding of appropriate antibiotic use, and said they received competency training in infection prevention and control precautions including hand hygiene, use of personal protective equipment, and recognising signs and symptoms of infection. Staff practice was supported by policies, procedures, outbreak management plans, and the Infection prevention and control lead. Consumers said staff took action to prevent infections and minimise antibiotic use through a range of strategies, such as increasing fluids.

# 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 Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described how supports and services met their needs and preferences. Care planning documentation outlined services and supports to optimise quality of life and independence.

Consumers described how their emotional, spiritual, and psychological needs were met, including through scheduled religious services or staff spending time with them when feeling down. Staff said they recognise low mood in consumers and ensure they spend extra time with them, and consumers at risk of isolation have scheduled one-on-one time. Care planning documentation outlined spiritual and emotional needs and strategies for consumers.

Staff outlined how they engaged consumers in development of the activity schedule to ensure it reflected interests and were familiar with people of importance to consumers. Consumers said they were supported to participate in the service and greater community and could describe how they maintained important relationships with other consumers and visitors. Care and service plans outlined people of importance, and community engagements.

Staff in various roles explained how information about consumers was shared, for example, lifestyle staff said they received updates from clinical staff and passed on key information to other staff and volunteers. Care planning documentation recorded consumer’s needs and preferences and reflected changes made. Dietary information was reviewed by kitchen staff weekly, or when notified of changes.

Consumers recalled discussing referrals to local providers suitable to their interests and needs. Staff described referral processes for a range of services and visitors.

Consumers and representatives gave positive feedback about the variety, quality, quantity, and temperature of provided meals, and if they didn’t like selections, they could ask for an alternate meal. The rotating menu was designed at organisational level with Dietitian input, with review through the consumer forum to finalise choices and ongoing adjustment to feedback.

Staff described monitoring, cleaning and maintenance processes for provided equipment, with processes to report and manage issues. Consumers described equipment as safe, clean, and well maintained, with monitoring undertaken.

# 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 Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said consumers felt comfortable and at home, with encouragement to personalise rooms with furniture, photos, and items. Consumers were observed navigating throughout the service and socialising in communal areas.

Consumers described how the service environment, including their personal room, was kept clean and well maintained, and they could access outdoor areas. Staff explained cleaning schedules, outlining increased actions in response to infections. A documented preventative and reactive maintenance schedule demonstrated actions were completed by due dates, and staff were familiar with methods to report issues. Consumers were observed moving freely through the service environment.

Management explained how furniture, fittings, and equipment were assessed for consumer suitability before purchase, with ongoing monitoring for effectiveness and maintaining. Consumers said items such as furniture, call bells, and air conditioning were maintained and suitable.

# 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 Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives were aware of complaint processes and said they felt supported to provide feedback. Staff described methods to encourage and support consumers provide feedback and complaints, including through discussing it with staff or within meetings, or putting in writing through surveys and written and online feedback forms. Procedures were in place to support staff practice and encourage provision of feedback and complaints, and feedback forms and secured boxes were observed.

Consumers were aware of external supports for complaints but preferred to raise directly with staff and management. Information on advocates and complaint services were included in the consumer handbook and displayed on posters and leaflets through the service. Staff demonstrated familiarity with accessing advocacy and interpreter services. An advocacy service attended the service in June 2024 to meet with consumers.

Staff described how and when the open disclosure process was used to address complaints. Consumers gave examples of actions taken in response to complaints, including an apology and ensuring the matter was resolved. Documentation verified complaints were recorded and actioned, with outlined steps reflective of organisational processes.

Consumers and representatives said the service listens to feedback and makes improvements from it. Management explained how feedback and complaints were collected and reviewed to identify improvements, giving examples of how this was applied, including creation of staff training to address raised concerns.

# 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 Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said although staff were busy, there were enough to ensure consumers received required care and support in a timely manner. Management described processes to ensure sufficiency of staffing numbers and skills within rostering, with monitoring of effectiveness, outlining changes to the model of care and staff roles following regulatory changes. Rostering documentation evidenced vacant shifts were filled, including with agency staff familiar with the service or increasing part time staff hours, and the service meets legislated requirements for nursing and care minutes.

Consumers described staff as being kind, caring, and respectful. Management outlined how the service promoted a culture of respect through training and resources such as policies, procedures, and the Code of Conduct. Staff demonstrated awareness of consumer identities and preferences, and their interactions with consumers were observed to be attentive and respectful.

Management detailed how they ensured staff held required qualifications, registrations, visas, and checks relevant to their role. Staff said they were well supported during orientation and training, with competency assessments and buddy shifts included in the onboarding period. Position descriptions and duty lists outlined roles and responsibilities with necessary qualifications, skills, checks, and training, with processes to monitor and manage compliance.

Staff outlined mandatory training requirements, and said management encourage additional training to enhance skills. Management explained how mandatory training considered the Quality Standards and risks, including infection prevention and control, and records are kept ensuring training is completed by due date.

Staff described probationary and annual performance appraisal processes, confirming their participation. Management detailed formal and informal assessment of staff performance, including observations, feedback processes, and team meeting participation, with discussions about aptitude and attitude viewed as learning opportunities if ever required. Performance appraisals were undertaken in line with scheduled dates, and documents recorded input by the staff member and their supervisor to develop goals.

# 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 Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers said they felt engaged and supported to provide input through care planning reviews, feedback and complaint mechanisms, consumer forums and surveys, audits, and the organisational Consumer advisory body and Quality Consumer advisory body. Management described supports to engage consumers, in line with policies and procedures. Documentation, including case conference outcomes, audits, forum minutes, feedback and complaints, and continuous improvement planning reflected involvement of consumers and representatives.

The governing body, comprising of the Board, subcommittees, and executive management, outlined expectations for safety, inclusivity, and quality in care and service provision, reflected within policies and procedures. The performance of the service was monitored and evaluated against the Quality Standards, through meetings, reviews of incidents and complaints, and quality indicator reports with consideration for improvements. The Board was made up of independent directors, one of whom has clinical experience, and the Chief Executive Officer. Management outlined how the governing body communicates changes to management, staff, consumers, and representatives.

Organisation wide governance framework included policies, procedures, and flowcharts for key areas with monitoring through analysis of reports. The information management framework ensured staff access to consumer information, policies, procedures, confidentiality agreements, reporting tools for incidents and complaints, as well as communication pathways to management, staff, and consumers. Financial governance practices included development and monitoring of an annual budget, with adjustments due to changes in process or legislation, and pathways for seeking additional expenditure approval to meet consumer needs.

The risk management systems ensured high impact or high prevalence risks were monitored whilst enabling consumers to take risks to live their best life. Risks were identified, reported, escalated, and reviewed at service, organisational, and governance levels. Staff were aware of their responsibilities to identify and report abuse and neglect of consumers. Incidents were escalated and reported through the incident management system, reviewed within clinical staff meetings to determine methods to prevent recurrence, and analysed by management for reporting to the governing body.

The clinical governance framework and systems supported the provision of safe and quality clinical care, including for key areas. Policies and procedures informed staff practice with effectiveness monitored within clinical meetings at the service and overseen during organisational and clinical governance meetings. Staff described receiving education on antimicrobial stewardship, identification and use of restrictive practices, and application of open disclosure. Effectiveness of clinical governance systems and practices were evidenced within staff practice and care planning documentation.

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)