Performance

Report

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| Name of service: | Estia Health Plenty Valley |
| Service address: | 806 Plenty Road SOUTH MORANG VIC 3752 |
| Commission ID: | 3648 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 21 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 Plenty Valley (**the service**) has been prepared by M. Nassif 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.

# 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 they were always treated with dignity and respect by staff. Staff were observed speaking to consumers in a gentle respectful manner, using appropriate language, and addressing consumers by their preferred name.

Consumers and representatives said staff understood their needs and preferences and knew what to do to make sure they feel respected, valued, and safe. Staff identified consumers’ backgrounds and religious beliefs and explained how they delivered culturally safe care and services.

Consumers said they were supported to make decisions about their care, who they want involved in their care, and were able to make and maintain connections with others. Staff described how they supported consumers to exercise choice, maintain their independence and maintain important relationships and this was consistent with documentation.

Consumers and representatives said the service supported them when they made decisions about taking risks in day-to-day life. Staff described how the service mitigated risks to consumers without limiting their ability to make their own choices. The service had documented processes in place to support consumers to understand the benefits and risks involved in their choices.

Consumers and representatives said the service provided information in relation to care and services that was accurate, clear, current and easy to understand. Staff explained how they effectively provided consumers and representatives with current information. Information such as menus, activity calendars, brochures, forms, and posters were observed throughout the service.

Consumers and representatives said consumers’ privacy and personal information was respected. Staff described how they protected the privacy and confidentiality of consumers such as by knocking and awaiting a response before entering rooms and closing doors to provide care.

# 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 expressed satisfaction with the assessment and care planning processes at the service. Staff were aware of the risks to the health and well-being of each consumer and the specific strategies in place to mitigate these risks. Care planning documents showed assessment and planning informed the delivery of safe and effective care and services.

Consumers and representatives said they had discussions with management and clinical staff in relation to advance care and end of life planning. Assessment and care planning documents outlined consumers’ current needs, goals and preferences, including advance care planning and end of life plans, if the consumer wished. Management explained how consumers and representatives were supported with advance care and end of life planning.

Consumers and representatives said they were consulted throughout the assessment and care planning process and input from health care professionals was sought, as required. Staff described how consumers and representatives, and other relevant individuals and organisations were involved in assessment and care planning. This was consistent with care planning documents.

Consumers and representatives said the service regularly communicated with them about care plans and provided updates in relation to the outcomes of assessments conducted. Staff explained how they kept consumers and representatives informed about the outcomes of care assessments and offered them copies of care plans during the care consultation and review process.

Consumers and representatives confirmed care and services were reviewed every 3 months, or when circumstances changed, or incidents occurred. This was consistent with care planning documents. Staff were aware of the incident reporting process and how these incidents can prompt a review of consumer care 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

Consumers and representatives said consumers received safe and effective personal and clinical care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documents, management and staff demonstrated care and services were safe and effective and in line with best practice guidelines. The service had policies and procedures to guide staff practice in relation to the assessment, authorisation and consent of restrictive practices and the routine review and evaluation of the restrictive practices implemented.

Consumers and representatives were satisfied high impact and high prevalence risks to consumers were effectively managed. Management and staff detailed effective processes for identifying and managing risks to consumers. Care planning documents and progress notes showed the service used best practice guidelines and assessment tools to manage high-impact or high-prevalent risks associated with the care of consumers.

Consumers and representatives were confident when they required end of life care, the service would support them to be as free as possible from pain and to have those important to them with them. Staff described how they maximised the dignity and comfort of consumers towards the end of life. The service had policies and procedures to direct the management of advance care and end of life care.

Consumers and representatives said the service responded well to a deterioration or change in consumers’ mental health, cognitive or physical function or condition. Staff demonstrated how they identified and responded to a deterioration or changes in consumer’s health or condition. This was consistent with care planning documents. The service had policies and systems in place to guide staff in the timely identification of, and response to, a change or deterioration in consumers’ condition.

Consumers and representatives said staff communicated well to ensure consumers’ personal and clinical care was consistently delivered in line with their needs, goals and preferences. Staff described how changes in consumers’ care and services were documented and communicated through verbal handover processes, meetings, accessing care plans, or electronic notifications.

Consumers and representatives said referrals to individuals, other organisations and providers of care and services were timely and appropriate. Management and clinical staff described how the service organised timely and appropriate referrals to other providers of care and services. This was evident in care planning documents.

Consumers and representatives were confident in the service’s management of infection related risks. Staff indicated they had received training in infection control, donning and doffing of personal protective equipment and effective handwashing and hand hygiene. The service had documented policies and procedures in place to promote antimicrobial stewardship and to prevent and control infection.

**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 and representatives said consumers received services and supports for daily living that optimised their health, independence and quality of life. Care planning documents showed a comprehensive lifestyle assessment was completed upon entry to the service, to ensure each consumers’ needs, goals and preferences for daily living were met. Staff demonstrates awareness of information in care planning documents.

Consumers and representatives said consumers’ emotional, spiritual and psychological needs were supported by the service. Staff advised they shared close relationships with consumers and knew when they were feeling low and needed additional emotional support. Staff were observed comforting consumers and redirecting them gently if they were disorientated.

Consumers and representatives said they were supported to participate in activities within and outside the service, maintain contact with people important to them, and do things of interest to them. This information was contained in care planning documents. Staff described how they supported consumers to socialise and stay connected with family and friends.

Consumers and representatives confirmed information about their preferences, needs, and condition was effectively communicated within the service, and with others who shared responsibility for their care. Staff described ways they shared information about the changing condition, needs and preferences of each consumer. Care planning documents provided current information to support safe and effective care related to daily living.

Consumers and representatives were satisfied they received timely and appropriate referrals to individuals and other organisations providing lifestyle support. Staff advised they had access to a range of volunteers and organisations to help supplement lifestyle activities. Care planning documents evidenced a variety of referrals to external providers of care and services.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff had a shared understanding of each consumer’s dietary needs and preferences and explained how their feedback influenced their future meal options. Care planning documents reflected consumers’ dietary requirements and showed dietitians and speech pathologists helped to inform safe eating practices at the service.

Consumers said they were satisfied the equipment available was safe, suitable and well maintained. Staff said they had adequate access to suitable equipment, and they described how it was maintained and cleaned. Cleaning and maintenance schedules were up to date and equipment provided to consumers appeared to be safe, suitable, 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 and representatives said the service environment was welcoming, easy to understand and optimised consumers’ sense of belonging, independence, interaction and function. Consumers’ rooms and doors were personalised, and the service environment appeared welcoming and spacious with no clutter and clear signage to aid navigation.

Consumers and representatives said the service environment was clean, well maintained and comfortable and they could move freely both indoors and outside. This was consistent with observations. The organisation had documented policies in relation to asset management, laundry and cleaning services.

Consumers and representatives said the furniture, fittings and equipment were suitable, clean, well maintained and safe for use. Staff described the process for logging and completing a maintenance request promptly. The organisation had documented policies for scheduled and requested maintenance and an electrical testing and tagging system. The furniture, fittings and equipment were observed to be safe, clean and well maintained.

# Standard 6

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

Findings

Consumers and representatives confirmed they were encouraged and supported by the service to provide feedback and make complaints. Staff described how they supported consumers and representatives to complete and lodge complaints. Information and forms about providing feedback or making complaints was observed displayed throughout the service.

Consumers and representatives said they were not really aware of other methods for raising complaints but said they were comfortable raising any concerns to the service. Staff described how they provided information to consumers and representatives about external complaints and advocacy services. The organisation had documented policies on feedback and complaints and posters and information on translation, advocacy and complaints support services was displayed around the service.

Consumers and representatives said management addressed resolved their concerns in a timely manner and apologised when things went wrong. Staff and management described how complaints and incidents were documented and investigated using open disclosure. The organisation had documented policies to guide staff practice in following up on complaints and using open disclosure.

Records showed, and consumers confirmed, that feedback and complaints were reviewed and used to improve the quality of care and services. Management detailed the processes for documenting complaints and using them to inform the service’s continuous improvement plan. The organisation had documented policies in relation to using feedback and complaints to identify areas for continuous improvement.

# 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 call bells were generally answered promptly and consumers’ needs were being met. Management described effective strategies to maintain adequate staffing levels. Documentations showed minimal unfilled shifts in the weeks prior to the Site Audit and the service had options to utilise to ensure consumer care needs continue to be met adequately.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services. This was consistent with observations. Management said they monitored staff interactions with consumers and or representatives to ensure they met the expected standards.

Consumers and representatives felt confident staff were sufficiently skilled and knowledgeable to meet their care needs. Management and staff outlined the recruitment and training requirements they used to ensure staff were competent and had the qualifications and knowledge to perform their roles. Documents showed staff met their position descriptions and had the necessary qualifications and registrations.

Consumers and representatives said staff knew what they were doing and they could not think of any areas where staff required more training. Staff felt they were trained, equipped, and supported by the service to deliver care and services in line with the Quality Standards. Training records demonstrated high completion rates of required training by staff.

Management said staff performance reviews were undertaken prior to the completion of probation and then annually. Staff files showed annual performance appraisals were being completed in accordance with the organisation’s documented policies.

# Standard 8

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

Findings

Consumers and representatives were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff described various ways consumers and representatives were involved in decisions about the service. Documentations confirmed consumers and representatives had input into the running of the service on an ongoing basis.

The organisation had clinical and quality governance frameworks that established accountability from the service manager to the Board and its committees. Records confirmed the Board received regular performance reports from the service and monitored compliance with the Quality Standards. The Board actively participated in the review of incidents and other reports and where required, directed change at the service level to minimise risk and support the delivery of safe and effective care and services.

The service demonstrated effective, organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described the processes and policies in place supporting each governance system and how staff were guided by the relevant documented policies, procedures and training. Staff were aware of their responsibilities within the governance arrangements and provided examples of how the systems and practices applied to their daily work.

The service had effective risk management systems and practices in place for; managing high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff understood their responsibilities, had access to appropriate policies and training, and provided examples of how the systems and practices applied to their daily work.

The service had a clinical governance framework that included antimicrobial stewardship, minimising the use of restrictive practice, and the use of open disclosure. The service had relevant policies and procedures which were readily available to staff and were implemented across the service.

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)