Performance

Report

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| Name of service: | Estia Health Ringwood |
| Service address: | 211-217 Wantirna Road RINGWOOD VIC 3134 |
| Commission ID: | 3519 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 30 June 2023 |
| Performance report date: | 8 August 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 Ringwood (**the service**) has been prepared by K 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; the Site Audit report was informed by site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.

The Approved Provider has submitted an email on 19 July 2023 advising they accept the Assessment Team’s recommendations.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff treat them with dignity and respect, and staff were able to describe how they demonstrate respect for all consumers. Care planning documents included details of each consumer’s identity through their personal history, and guidance on how to maintain respect and dignity whilst providing care.

Consumers and representatives were satisfied staff understand and value consumer backgrounds, and provide care, activities, and food consistent with cultural preferences. Staff described supportive actions taken to accommodate consumers from culturally diverse backgrounds during provision of care, and cultural celebrations incorporated into lifestyle activities. The service’s Culture, Spirituality and Religious Policy provides guidance for staff in delivery of culturally safe care and services.

Consumers and representatives described actions taken to support relationships of importance, and make decisions about the provision of care and services, including who should be involved in their care. Staff demonstrated knowledge of relationships of importance to consumers, and described how each consumer is supported to make informed choices. Care planning documentation included consumer choices on the delivery of care, including when care is delivered, and who is involved.

Consumers and representatives gave examples on how the service supports consumers to live their best lives, including undertaking activities with risk. Staff demonstrated awareness of risks taken by consumers, describing the supports provided and mitigating strategies to reduce harm in line with care planning documentation for sampled consumers. The Dignity of Risk Policy informs staff on the consumer’s right of self-determination to make informed choices, including taking risks, and guides staff in risk assessment processes.

Consumers described receiving information that is current, accurate, timely, and easy to understand through written formats and verbal reminders, and representatives advised they also receive emailed updates. Staff described varying methods of communication information to consumers, including where communication challenges exist due to language barriers, or consumer cognitive and sensory impairments. Activity calendars were observed to be on display, and staff observed reminding consumers of commencing scheduled activities.

Consumers advised they feel the service is considerate of their privacy, and representatives were satisfied with staff actions to maintain privacy. Staff described practices undertaken to respect consumer privacy and keep information confidential. Although overdue for review, the service has a policy to guide staff on respecting consumer privacy.

Based on the Assessment Team’s report, I find Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said consumers receive the care and services they need and risks are understood and managed. Staff described the assessment process for new consumers, which incorporates risk assessments undertaken within the first month of admission. Care planning documentation outlined consumers’ risks and management strategies.

Consumers and representatives were satisfied care planning documentation identifies and addresses current preferences and incorporates advance care directives and end of life wishes, with ongoing discussions to review for changes. Staff demonstrated familiarity with needs and preferences for sampled consumers, describing where this information is recorded in care planning documentation. Care planning documentation was noted to be in alignment with consumer and staff feedback.

Consumers and representatives could describe who was involved in their care planning. Staff detailed processes to involve consumers and representatives in care planning, including through phone calls and meetings, or text messages and emails, ensuring preferences are captured and changes are communicated. Care planning documentation demonstrated involvement of other care and service providers in assessment and planning.

Consumers and representatives said they have access to the consumer’s care plan, and were satisfied staff explain information clearly. Management and clinical staff said representatives are updated on care outcomes and a copy of a summary care plan is offered following evaluation. Care planning documentation was observed to be readily available to all staff through an electronic care management system.

Consumers and representatives said clinical staff review and make changes to their care in a timely manner. Management and clinical staff described processes to undertake care plan reviews every 3 months, or if there is an incident or change in circumstance, with monthly monitoring processes through the Resident of the Day review. Care planning documentation was observed to have been reviewed in line with the service’s review process, or where there had been an incident or change of circumstance.

Based on the Assessment Team’s report, I find Standard 2 Ongoing assessment and planning with consumers Compliant.

# 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 were satisfied personal and clinical care provided met their tailored needs in a safe and effective manner. Staff described how they ensured care and services were safe and right for consumer needs, including engaging care specialists for advice. Documentation reviewed in relation to skin integrity, wound care, assessment and management of pain, and use of restrictive practice demonstrated provision of care tailored to each consumer’s needs in line with best practice principles.

Consumers and representatives were satisfied the service effectively managed risks for consumers. Management and staff demonstrated awareness of high impact and/or high prevalence risks for sampled consumers. Care planning documentation reviewed demonstrated risks were identified, changes triggering review, and actions taken to correct deficiencies and/or minimise ongoing risks.

Representatives were satisfied with the provision of end of life care, with documentation for a late consumer demonstrating actions taken to maintain comfort and preserve dignity. Staff described use of an end of life pathway to guide care, maximise comfort for the consumer, and support family members.

Consumers and representatives said staff recognise and respond appropriately to deterioration or changes of consumer condition. Clinical staff described how deterioration is recognised, responded to, documented and monitored, and care staff spoke of their responsibilities to build familiarity with consumers to recognise changes, and report concerns to clinical staff. Documentation within clinical records demonstrated regular monitoring of consumers, and when deterioration or change is identified it is recognised and responded to in a timely manner.

Consumers and representatives were satisfied information about consumers’ condition, needs and preferences is communicated between staff. Staff described written and verbal handover processes, with updates also captured in care planning documentation and progress notes. Visiting providers, including Medical Officers and Allied Health staff receive notification of incidents or changed conditions, and were observed to have access to consumer files.

Consumers and representatives stated they had access to a range of health professionals, and referrals are timely. Management and clinical staff provided details of other providers of care available for consumers, and demonstrated awareness of referral pathways. Care planning documentation demonstrated referral to specialised health providers in a timely manner.

Consumers and representatives were satisfied with the service’s precautions to manage infection control, including cleaning and COVID-19 screening processes. Staff described precautions taken with consumers demonstrating signs of contagious illness to avoid an outbreak, including isolating the consumer and ensuring staff wear personal protective equipment. The service has an Infection Prevention and Control (IPC) Lead, who with management monitors infections and antimicrobial stewardship.

Based on the Assessment Team’s report, I find Standard 3 Personal care and clinical care Compliant.

# 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 to support their health and well-being through participating in lifestyle activities. Staff demonstrated awareness of consumer needs and preferences. Activities scheduled for the memory support unit included games and exercise groups to maintain movement and optimise health.

Consumers described the availability of religious services to meet spiritual needs, and gave examples of staff providing emotional support during times of sorrow. Staff said they provide one-to-one support time for consumers or coordinate visits for spiritual support, and consumers can opt into the service’s well-being program.

Consumers were satisfied with services and supports provided to keep in touch with people who are important to them, and do things of interest. Examples throughout the Assessment Team’s reports demonstrate the service supports consumers to do things of interest, incorporated into scheduled activities, including shopping trips and bus outings within the local community.

Consumers and representatives said information about consumers’ condition, needs and preferences were effectively communicated, including with external organisations. Clinical and care staff described handover processes, and lifestyle staff advised they were updated through regular operations meetings, known as ‘buzz’ meetings. Handover communication was observed to include information on changes for consumers’ condition and preferences.

Staff demonstrated familiarity with referral processes and involvement of providers of care and services, including volunteers, and during an outbreak of COVID-19 referrals were made to a psychologist for isolated consumers. Care planning documentation demonstrated referrals were timely and in line with consumer needs and preferences.

Overall, consumers expressed satisfaction with the quality and quantity of food provided, with management able to describe actions taken in response to negative feedback on specific meals. Kitchen staff described adapting meals to suit consumer needs, such as allergies/intolerances, and preferences, including having consumers sharing and preparing their personal recipes.

Most consumers and representatives reported consumers have access to clean and well maintained equipment for activities of daily living. However, one consumer did not think staff checked and cleaned their mobility aid. Management demonstrated the preventative maintenance schedule included a monthly clean of personal equipment, with staff to monitor and undertake reactive cleaning if required. Staff confirmed they undertook regular cleaning of shared equipment, including lifters and lifestyle equipment.

Based on the Assessment Team’s report, I find Standard 4 Services and supports for daily living Compliant.

# 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 described the service as feeling like home, or as close to being home as possible. Staff gave examples of how they ensure the service maintains a welcoming environment, through ensuring consumers feel respected and included, and seeking ongoing feedback on whether this can be improved. Consumer rooms were observed to be decorated with personal belongings, such as photographs and paintings.

Consumers were satisfied the service is safe, clean, well maintained, and they can move freely to all areas, including outdoors. Staff described cleaning schedules used, safety and hazard systems, and maintenance processes to ensure the service is safe and comfortable. Communal spaces and hallways were observed to be tidy and free of hazards, and doors with keypad access had the code displayed nearby.

Consumers said they felt safe using equipment, and said equipment was clean and well-maintained. Staff demonstrated awareness of their responsibilities for cleaning and reporting maintenance needs. Scheduled maintenance tasks were documented, and observed to be up to date, including servicing of lifting machines and slings.

Based on the Assessment Team’s report, I find Standard 5 Organisation’s service environment Compliant.

# 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 demonstrated familiarity with available written and verbal feedback avenues, and said they felt comfortable raising concerns. Staff described how they could support consumers to raise concerns, including logging the complaint in the feedback register. The consumer handbook included guidance and encouragement on providing feedback.

Consumers and representatives said they were aware of external complaint and advocacy services, but had not required their use, being comfortable to directly raise concerns. Staff were familiar with translation and interpreter services available, and management advised written information is available in multiple languages. Displayed information included details of external complaints and advocacy services, and language and translation services.

Most consumers and representatives were satisfied with the service’s response to complaints or concerns, and described steps taken consistent with the open disclosure process. One representative said whilst the service investigated and resolved a complaint, they believed the process could have been more transparent. Management demonstrated actions taken in response to this complaint, including use of open disclosure, and advised they will follow up again to ensure satisfaction with the outcome. Staff demonstrated understanding of the open disclosure process and actions to be taken in line with the service’s Feedback Policy.

Consumers and representatives gave examples of how feedback is used to improve services, such as changing meals. Management described the final process of complaint resolution as executing actions to solve the issue, and the Assessment Team’s report includes evidence of reviewing feedback for trends to inform continuous improvement activities.

Based on the Assessment Team’s report, I find Standard 6 Feedback and complaints Compliant.

# 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 there are times the service is short staffed, however, most could not identify any negative impact on the delivery of care and services. Feedback from consumers and representatives identified two consumers experiencing delays for staff assistance with personal care, and management acknowledged the trending complaint on staffing in feedback data, with ongoing recruitment for staff. Management described current rostering processes incorporate consumer needs and staff experience, with ability to cover unplanned leave with their own staff and agency staff if essential, confirmed through sampled rostering documentation. Call bell response times are monitored, with average response time demonstrated to be under five minutes, and delays over 10 minutes are investigated by clinical staff.

Consumers and representatives described staff engaging with consumers in a kind, caring, gentle, and respectful manner. Staff interactions with consumers demonstrated familiarity with their identity and personal history, with knowledge of consumer interests, and staff said they ensure they treat consumers in a kind and caring way. Staff interactions with consumers are guided by education, policies, and procedures, including the Diversity and Inclusion Policy.

Consumers and representatives were satisfied staff were competent and had the training and skills required to meet consumer needs. Staff and management described staff onboarding processes, including monitoring of new staff through feedback of colleagues to determine when able to work independently. Records of staff screenings and professional registration was observed to be up to date.

Consumers and representatives said staff are well trained, and do their job well. Staff described training provided through online and face-to-face forums, and said they felt supported to provide quality care and services. Training records showed deficiencies in overall completion levels, particularly relating to manual handling and infection prevention and control. Management explained some staff who have not completed training are on extended leave, with the infection prevention and control module not yet due for completion, and further manual handling training scheduled for staff in July 2023. Management advised training compliance is also monitored at organisational level.

Staff could describe the routine performance review process and outcomes, including who was involved in discussions. Management advised all staff undertake annual reviews, with new staff also reviewed after their third or sixth month, with additional reviews able to be initiated following incident or in response to poor work performance. Underperformance management processes were described by management. Performance review records demonstrated all staff were up to date with their performance appraisal.

Based on the Assessment Team’s report, I find Standard 7 Human resources Compliant.

# 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 could provide feedback on the operations of the service, including through consumer meetings and advocacy. Management provided examples of how the service captures consumer input, including through surveys, feedback mechanisms, and discussions with consumers and representatives. Management described visits by the regional manager to meet with randomly selected consumers to discuss running of the service.

Management described the organisational structure and hierarchy, including reporting processes and accountability for provision of care and service delivery and monitoring of quality through audits and analysis of clinical indicators. Reports from Board meetings demonstrate monitoring and accountability of care delivery by each service.

Management spoke of processes and mechanisms for each governance system, guided by the organisation’s governance policies and procedures. Whilst all staff could access information required to perform their roles, two sampled policies were noted to be significantly overdue for review, with management stating an organisational review of policies is currently underway. The continuous improvement plan was informed through feedback and complaints, audits, clinical indicator trends, and legislative updates, with evidence of ongoing actions on documented areas for development. Management described financial governance and capital expenditure processes, and organisational processes for ensuring compliance with regulatory and legislative requirements.

Staff gave examples demonstrating awareness of identifying abuse and neglect and could describe reporting obligations and processes. Management captured high impact and high prevalence risks through weekly clinical indicator reports and monthly analysis of incidents and clinical trends, using this information to identify improvements and training opportunities. An incident management system was used to record incidents, including those reportable under the Serious Incident Response Scheme (SIRS). Where SIRS reports are made, alerts are triggered for management, including regional management, and clinical governance committee members to ensure appropriate reporting. Whilst the Assessment Team found not all SIRS incidents were reported within required timeframes, management provided explanation for each, including ensuring reporting was done as soon as they identified incidents as a priority 1. The service has processes in place to support consumers to take risks in order to live their best lives, as demonstrated in Standard 1 Requirement (3)(d).

Staff demonstrated understanding of open disclosure actions, and when this would be used, and described actions to minimise use of restrictive practices. Management described processes for monitoring of infections and antibiotic use, to ensure and application of antimicrobial stewardship. The clinical governance framework was documented, informing policies and procedures for provision of clinical care.

Based on the Assessment Team’s report, I find Standard 8 Organisational governance Compliant.

1. The preparation of the performance report is in accordance with 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)