Performance

Report

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| Name of service: | Estia Health Ryde |
| Service address: | 94 Bowden Street RYDE NSW 2112 |
| Commission ID: | 2020 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 June 2023 to 21 June 2023 |
| Performance report date: | 26 July 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 Ryde (**the service**) has been prepared by G.Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Aged Care Quality and Safety 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

The Assessment Team spoke to consumers and representatives, who all provided favourable feedback about staff at the service, reporting they were kind and respectful of their identities and cultural preferences. Staff were familiar with sampled consumer’s interests and cultural preferences, and care plans contained detailed information about consumers’ cultural backgrounds, spiritual needs, interests and requirements. The service had a Diversity and Inclusion Policy and a Culture, Spirituality and Religion Policy, guiding staff to provide culturally safe care.

Consumers reported they were supported to preserve their important relationships and to make decisions about risks, their care and who should be involved in it. Staff said they supported relationships by affording privacy to consumers and their visitors. Observations confirmed numerous families and friends visiting at the service. Dignity of risk assessments were in place and staff demonstrated how they supported consumers to make informed risk-taking decisions. A Resident Centred Care, Choice and Diversity Policy was in place to guide staff practice.

Consumers and representatives said they received timely and clear information about daily care. Information was shared through activities schedules, menus, notice boards and an app for families. Consumers reported their privacy was respected and staff described how they protected privacy and dignity in care. Consumer personal information was guarded with password protected systems and ensuring discretion when care needs were discussed.

# 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 reported they were partners in assessment and planning, and they took part in ongoing conversations about consumers’ risks, needs, goals and preferences with staff and other professionals involved in consumer care. They also confirmed they had discussed end of life and advanced care planning with the service. Staff described the initial and ongoing assessment and planning processes, which included both 3 monthly care plan reviews and monthly ‘Resident of the Day’ reviews, as well as a multidisciplinary approach to advanced care and end of life planning.

Review of care planning documentation showed consumers’ current care needs, risks and risk mitigation strategies were documented and validated assessment tools used to identify and quantify risks. Documentation showed involvement from allied health and medical specialists and ongoing consultation and communication with consumers and their representatives. Care plans had been reviewed regularly and when incidents or changes occurred.

Consumers and representatives said the service provided in depth information about consumers’ health and any changes, care plan corroborated this. Care documentation also contained the outcomes of assessment and planning and were available to staff via the electronic care management system. Staff knew how to access the care plans at the point of service delivery and the service’s policy was to provide a copy of the care plan on request of consumers and representatives.

# 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 with the personal and clinical care they received at the service, confirming it met their needs and preferences. Clinical and care staff said they were supported with frequent training and resources, to stay abreast of best practice and meet consumer needs. Review of care planning documentation, observations and interviews with staff demonstrated effective personal and clinical care for skin and wounds, safe and compliant use of restrictive practices and controlled medications, as well as effective strategies to manage consumers’ pain.

Consumers and representatives were happy with how the service managed risks associated with their care. Care planning documents reflected the use of appropriate assessments to identify key consumer risks, including in relation to restraints, diabetes management, pressure injuries, wounds, falls, swallowing and reactive behaviours. Care documentation demonstrated staff appropriately managed risks in these areas and followed directives in care plans.

Care planning documentation for a consumer who had recently passed away documented their end of life needs, goals and preferences for care. Representatives confirmed end of life planning had occurred and staff demonstrated understanding of the service’s approach to end-of-life care, which included collaboration with Medical Officers, the consumer, their family and a palliative care team. Guidance documentation was in place to support staff in delivering end of life care.

Consumers and representatives described recent examples of deterioration in consumers, which the service had responded to in a timely and effective manner. Clinical and care staff described steps they took to monitor and identify gradual and rapid changes and deterioration in consumers, and they understood their responsibilities to escalate changes and deterioration in a timely manner. The Assessment Team reviewed care planning documentation for a consumer with recent deterioration, which reflected effective and timely recognition and response to their deterioration. An ‘Assessing for Deterioration Policy’ was in place guiding staff in monitoring and documentation practices, to support timely and effective response to changing consumer condition.

Consumers and representatives said the service and communicated consumers’ needs effectively within the service. Staff confirmed that information about consumers’ condition, needs and preferences were shared via daily handovers and the electronic care management system (ECMS) progress note function. Care documentation showed communication between staff and others involved in care. An observed handover showed effective communication of consumer needs between staff, with sufficient information provided to support effective transfer of information.

The service made timely and appropriate referrals to other services, professionals and organisations. Staff understood referral processes and care documentation confirmed timely referrals and review by external allied health professionals, for example. Consumers and representatives confirmed consumers were supported with referrals when needed. The service’s Allied Health Referral policy and form guided staff in the referrals process.

Consumers and representatives were satisfied the service demonstrated effective infection prevention and kept a clean service environment. Clinical staff had received training in management of antimicrobials and infection minimisation strategies. All staff and most consumers had up to date COVID-19 and flu vaccinations. The Assessment Team observed cleaning staff to hand on all days of the site audit, a sufficient stock of personal protective equipment (PPE) and staff using PPE and performing hand hygiene correctly.

# 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 confirmed consumers received emotional, spiritual, and psychological support and were supported to do things of interest, participate in group activities and independent activities of choice. Staff described how they assess and support consumers’ needs, goals, and preferences and provided one-to-one emotional support. Assessments carried out on admission and afterwards identified consumers’ social, emotional and wellbeing needs and preferences. Consumer care planning documentation detailed individual strategies to optimise consumers’ wellbeing, quality of life and independence. Spirituality, worries, coping strategies, dietary information and favoured activities were documented. The Assessment Team observed the lifestyle calendar which included a range of activities including performances, bus trips, bingo, pampering, high tea, cooking classes and garden socialising. Consumers with diverse religious requirements were catered to.

Consumers described how the service supported their relationships and ensured they could pursue activities of interest inside and outside the service. Lifestyle staff outlined how consumers accessed the community with family and friends and how staff sourced activities for consumers to do inside the service. Care documentation demonstrated information about important people in consumers’ lives, and their individual interests. Observations showed consumers were engaged in socialising and organised activities throughout the site audit, including music therapy, bingo, arts, crafts and exercises.

Consumers and representatives said information about consumers’ daily living preferences was well communicated across the care team and staff were up to date with their needs. Staff confirmed they had access to lifestyle and daily living information through the ECMS. Kitchen staff said they were verbally informed of changes to consumer dietary requirements by care staff. Sampled care plans contained current and accurate information about consumers’ lifestyle needs and preferences.

The service used various external services and organisations to enhance the lifestyles of people living at the service. Many consumers reported being supported by external organisations, including bilingual volunteers through the Community Visitor Scheme. Multiple activities in the lifestyle calendar were run by external organisations and professionals. For example, the service partnered with religious personnel, music therapist, physiotherapists for exercise classes and entertainers.

All consumers and representatives who spoke to the Assessment Team said they were happy with the quality and quantity of food provided to them at the service. While some said they did not always like what was on the menu, they could access alternatives to their liking. Staff were knowledgeable about sampled consumers’ dietary preference and requirements. The service provided a seasonal menu that rotated on a 4-weekly basis. Consumers’ dietary requirements were documented in the kitchen, and this information was updated daily when staff were advised of changes. Dining rooms were observed to be calm and pleasant.

Consumers said the equipment to support them in daily living was safe, kept clean and well-maintained. Staff reported they had enough equipment to deliver care and meet consumer needs. Lifters and mobility equipment had been recently serviced, and maintenance staff outlined the maintenance systems used at the service. Lifestyle equipment was observed to be clean, safe, suitable and appropriately stored.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they felt happy and safe living at the service and found it was easy to navigate. Observations showed a simple layout that was simple to navigate, with wide, handrailed corridors that were free of clutter and obstructions. Staff were observed supporting consumers to move about the service and rooms were personalised with consumers’ items and memorabilia. Outside areas supported consumer interaction, with multiple sitting areas.

Consumers were satisfied with cleaning services, reporting their rooms and common areas of the service were kept clean and well-maintained. Cleaning staff outlined cleaning schedules and maintenance staff described their processes for maintaining the service environment. The Assessment Team observed consumers to be moving freely through and between indoor and outdoor areas of the service. Document review showed cleaning requests were attended to in a timely manner.

Consumers reported equipment, furniture and fittings were safe, clean and suited to their needs, with call bells easily accessible and in working order. Staff were familiar with maintenance processes and said maintenance staff were fast and responsive to requests. Review of reactive and preventive maintenance logs demonstrated timely response to maintenance requests and scheduled maintenance tasks which were up to date. Equipment, including lifters, hoists and wheelchairs had been recently serviced. Furniture was observed to be clean, well maintained, and appropriate for consumers’ needs.

# 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 said staff encouraged them to raise concerns and feedback, and listed the methods open to them for doing so. They confirmed the service promptly addressed their concerns and used open disclosure, apologising when warranted. Staff explained how they handled feedback and complaints, by either addressing immediately where feasible or escalating to clinical staff in a timely manner. Staff explained how consumers and representatives were supported and encouraged to make complaints, including at meetings and via phone or email as well. The service promoted the service’s feedback and complaints process, displaying information, feedback forms and a feedback box in the service. The service maintained an anonymous ‘See Something, Say Something’ phone line to encourage reporting of concerns by staff, which the Assessment Team observed was promoted around the service.

Interviewed consumers and representatives were aware of how to make complaints internally and externally if necessary, citing the Commission and advocacy services as external avenues they could pursue. The service provided multi-lingual resources to support the high number of culturally and linguistically diverse (CALD) consumers. The Assessment Team observed multilingual information about external complaint options and advocacy services and management confirmed interpreting services were available and used to support to consumers. Information about internal and external complaints avenues was also displayed in the consumer handbook.

Consumers and representatives sampled felt that the service used information gathered from feedback and complaints to improve the care offered at the service. The service’s feedback and complaints fed into the Plan for Continuous Improvement (PCI) where required and staff confirmed they were kept informed of improvement actions at staff meetings, which was corroborated through review of staff meeting minutes. The service had a Feedback, Complaints and Open Disclosure Policy and a Continuous Improvement Framework, to guide staff in responding to complaints and using them to drive 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 confirmed the service has sufficient staff to meet their needs. Staff said they had the resources they needed to care for consumers, and staffing levels were adequate. Review of the roster showed an appropriate skill mix and sufficient numbers of personnel were deployed, with shifts being filled. Management used a structured process to plan work force numbers and rosters for the fortnight prior to the site audit showed a Registered Nurse (RN) was on site 24 hours a day, 7 days per week.

Consumers reported staff cared for consumers kindly, with respect for them as individuals and their diverse cultural backgrounds. Observations reflected this, with staff acting in a courteous and professional manner throughout the site audit. Care and clinical staff said they had no concerns about interactions between staff and consumers but would feel empowered to either intervene directly with a colleague or report any incident if necessary. The service had a ‘Diversity and Inclusion in Resident-Centred Care Policy’ to support culturally safe and competent care.

Consumers and representatives felt staff had necessary skills and abilities to meet their care needs. The service managed staff compliance including qualifications and probity checks; review of staff files showed these were up to date. Staff said they had received a position description to refer to, clear instructions on their role, and were kept informed of their responsibilities. The Assessment Team reviewed documentation indicating staff were appropriately qualified and had the knowledge to perform their roles. The organisation had policies to guide the service in appropriately recruiting, training, and supporting staff to deliver the outcomes expected by the Quality Standards, including the ‘Recruitment and Onboarding Policy’ and the ‘Learning and Development Policy’. 100% of staff had completed mandatory training at the time of site audit.

Performance appraisals were completed annually, and staff said they felt encouraged to request support or training. Sampled staff files showed appraisals were up to date.

# 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 engaged in the design, delivery and evaluation of care and services, and explained how the service gathered their insights through meetings, feedback forms and surveys. This was corroborated through staff and management interviews, with staff also outlining efforts the service would make to engage consumers with communication barriers. Documentation review confirmed consumers and representative meetings were used to engage consumer input to service delivery and evaluation.

The service’s governing body promoted a culture of safe, inclusive and quality care and was accountable for their delivery. The governing body maintained oversight of the service through monthly quality, risk and financial reporting. The service has a monthly Health, Safety and Wellbeing Meeting, monthly Clinical Care Committee, and quarterly Medication Advisory Committee Meetings, which discuss identified risks, incidents and hazards at the service and the service’s responses. Any identified trends, incidents or concerns are reported first at regional level, then up through executive level and included in reports to the Board, ensuring it is kept appraised of the service’s compliance with the Quality Standards and can be held accountable for its performance.

The service is part of the Estia Health group, governed by a Board of Directors. The Residential Services Manager is responsible for care and services, with support and direction from regional management and the organisation’s executive team. The Assessment Team reviewed documentation, policies, procedures and interviewed staff and management, which demonstrated that appropriate governance systems are in place, including a clear reporting structure, effective information management, workforce management, continuous improvement, financial governance, regulatory compliance, and an effective feedback and complaints system.

The service had risk management policies and procedures in place to guide staff in identifying and responding to current and potential risks, including high-impact and high-prevalence risks, or potential abuse or neglect. Staff and management understood how the service identified and managed risks, whilst respecting consumers’ rights to live the life they chose. Staff and management described their responsibilities in managing and responding to incidents, including their responsibilities under SIRS, and could identify their reporting lines.

The service had a clinical governance framework in place that contained policies and procedures on antimicrobial stewardship, minimising the use of restraints and open disclosure. Staff had mandatory annual training modules in these areas and demonstrated shared understanding of the principles of responsible antibiotic use. Consumers confirmed open disclosure was used in practice, and apologies provided when things went wrong. Use of restrictive practices at the service was in line with legal requirements and steps were actively taken to reduce use of restraints in the service. An effective Outbreak Management Plan was in place.

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