Performance

Report

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| Name of service: | Estia Health Salisbury East |
| Service address: | 8 Oakmont Court SALISBURY EAST SA 5109 |
| Commission ID: | 6253 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 23 November 2022 |

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 Salisbury East (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said staff treat them with dignity and respect and value their culture and diversity. Staff were observed to demonstrate respect towards consumers and are supported by a diversity and inclusion policy which outlines the organisation’s commitment to providing consumers with an environment that fosters respect and dignity.

Consumers of diverse backgrounds reported their background and culture is respected, and their care planning documentation captured information relating to their cultural and linguistic backgrounds.

Consumers and representatives expressed they were supported to make decisions about their own care and felt supported to make connections and maintain relationships of choice. Management described how staff support consumers’ personal and social relationships in accordance with their preferences.

Care planning documentation demonstrated consumers were supported to take risks. Risk assessments evidenced consultation with consumers and/or their representatives, and allied health professionals and included a clear identification of potential risks.

The service provides consumers and representatives with accurate and timely information through monthly consumer meetings, periodic newsletters, and activities schedules.

Consumers and representatives stated that they feel their privacy is respected by the organisation and staff described practical ways they ensure consumer information is kept confidential, including password protected computers and conducting handovers in a private area.

# 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

The service demonstrated assessment and care planning included a consideration of risks to consumers’ health and well-being, which informed the delivery of safe and effective care and services. All consumers and representatives said risks were identified and managed to promote their independence and safe care.

Care planning documentation demonstrated assessment and planning identified and addressed consumers’ individual needs and preferences, including their end of life wishes and advance care planning.

Consumers and representatives stated they are satisfied with the quality of care and services they receive, and report being involved in the care planning and assessment process. Care planning documentation recorded consultation with consumers and their representatives and included input from medical officers and other allied health professionals.

Outcomes of assessment and care planning were recorded in consumers’ care planning documentation which was readily available to consumers and their representatives, and those involved in the delivery of care and services.

Consumers and representatives said that they are generally notified when a consumers’ condition changes or when an incident occurs. Care planning documentation evidenced reviews of consumers’ care and services following incidents.

# 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

Care planning documentation reflected care, which was safe, effective, and tailored to the specific needs of consumers. Consumers and representatives said they were provided care that is tailored to their needs and optimises their health and well-being.

The service demonstrated effective management of high impact and high prevalence risks. Risks associated with the care of consumers is reflected in their care planning documentation and effective risk mitigation strategies were identified.

Care planning documentation recorded consumers’ preferences for end-of-life cares and advance care planning information. Consumers and representatives confirmed they have been involved in discussions about end-of-life cares and are satisfied care was personalised to their needs, goals and preferences.

Consumers and representatives reported changes in consumers’ health or condition were identified and responded to in a timely manner. Care documentation demonstrated that deterioration in consumers’ health, capacity or function is recognised and responded to in a timely manner.

Information about consumers’ care was documented and effectively communicated within the organisation and with others who share responsibility for the care of consumers. Staff described how changes in consumers’ condition or needs are communicated through changes to the care plan, entries in the electronic case management system and verbal handover.

Consumers and representatives reported satisfaction with access to relevant allied health professionals, medical officers, and other specialists. Care planning documentation demonstrated referrals to and input from providers of other care and services.

The service had documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principals and the promotion of antimicrobial stewardship.

# 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 indicated they receive safe and effective supports and services to meet their individual needs, goals, and preferences, and maintain their well-being, independence, and quality of life.

Consumers described how the service promotes their spiritual, emotional, and psychological well-being and care planning documentation detailed individualised strategies to support consumers’ emotional and psychological well-being.

Consumers and representatives said they are supported to engage with their community within and outside the service environment, maintain social and personal relationships and do the things that interest them. Management described how they support consumers to participate in community events and maintain relationships, even through periods of COVID-19 outbreaks.

Care planning documentation and progress notes included adequate information to support effective and safe care with respect to services and supports for daily living. Consumers and representatives felt confident that staff and other persons delivering their cares are aware of consumers’ needs and preferences.

The service demonstrated a process for referrals of consumers to external providers of care and services to support the lifestyle needs and preferences of consumers. The service collaborates with various external providers, including entertainers, clubs, and religious communities.

Consumers and representatives expressed satisfaction with the quality and quantity of meals provided and confirmed the service accommodates their individual needs and preferences. Consumers are engaged to provide feedback in relation to the meal services through consumer meetings and food surveys.

The Assessment Team observed the equipment used to assist consumers with activities of daily living was safe, suitable, clean, and well-maintained. Consumers reported feeling safe when staff are using the equipment and know how to report any concerns they have.

# 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

The service environment was observed to be bright and welcoming and designed to optimise consumers’ sense of belonging. Consumers felt safe, comfortable, and at home at the service. The Assessment Team observed various communal areas available for consumers engagement, including a cinema, private media rooms, café and outdoor areas which were complemented by raised garden beds.

The Assessment Team observed the service environment to be clean, well-maintained, and free from obstructions or hazards. Cleaning staff were observed cleaning consumer rooms, communal areas, staff rooms and high touch areas according to a cleaning schedule.

Furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for the needs of consumers. The service’s preventative and reactive maintenance schedules demonstrated that regular maintenance of equipment and furniture is completed and reported maintenance issues are resolved promptly.

# 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 they are supported to provide feedback and make complaints. The service had a feedback and complaint management policy which guides staff in the management of feedback and complaints.

The service provides consumers with written information relating to external advocacy services. Staff described how they assist consumers who have cognitive or vision impairment to provide feedback or make complaints and reported having access to translation and interpreting services.

The service demonstrated that appropriate actions are taken in response to complaints and incidents and an open disclosure process is applied when things go wrong. Consumers and representatives said the service had responded to their feedback and complaints.

Consumers and representatives reported feedback and complaints were used to improve the quality of care and services delivered. Management provided examples of where feedback and complaints have been used to improve the provision of services, which were reflected in the service’s complaint and feedback register.

# 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 said the service employs sufficient staff to provide care and services in accordance with their needs and preferences. Management described various methods employed to ensure all shifts are filled, including access to a pool of casual staff.

Consumers and representatives described staff interactions with consumers as respectful, kind and caring. The Assessment Team observed staff interacting with consumers in a caring and respectful manner and staff displayed an in depth understanding of consumers’ needs and preferences.

Consumers and representatives said they feel confident that staff are suitably skilled and competent to meet their care needs. Management described how they monitor workforce competence through feedback from consumers and staff, and analysis of clinical data.

The service is supported by organisational policies and procedures to ensure staff are equipped and supported to deliver the outcomes required by the Quality Standards. The service orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to effectively perform their roles.

The service demonstrated that staff performance is regularly assessed, monitored, and reviewed through probationary periods, ongoing performance monitoring and an annual performance review process.

# 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 confident the organisation was well run and confirmed a level of engagement in the development, delivery, and evaluation of care and services.

The organisation demonstrated that the governing body has implemented systems to monitor the delivery of quality care and services and promotes a culture of safe, inclusive, and quality care and services.

The organisation had effective governance systems to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation had a risk management framework, which included systems to monitor, assess and report high impact or high prevalence risks associated with the care of consumers. Staff demonstrated that they are able to identify signs of abuse or neglect in consumers who are unable or unwilling to report such abuse.

The organisation’s clinical governance systems include policies relating to antimicrobial stewardship, the minimisation of restrictive practices and open disclosure. Staff demonstrated a shared understanding of antimicrobial stewardship and open disclosure.

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)