Performance

Report

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| Name of service: | Estia Health South Morang |
| Service address: | 879 Plenty Rd SOUTH MORANG VIC 3752 |
| Commission ID: | 3824 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 14 October 2022 |
| Performance report date: | 29 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 South Morang (**the service**) has been prepared by S Byers, 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
* the provider’s response to the assessment team’s report received 7 November 2022.

# 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 were satisfied they are shown dignity and respect by staff in the delivery of their care. Care plans were individualised and detailed what was important to the consumer, including their values and goals. Staff understanding of consumers needs and preferences aligned with care plans.

Consumers and representatives were satisfied they receive care that is culturally safe. Staff demonstrated understanding of the individual consumer’s cultural needs and described practical examples when the consumer’s culture informs how they deliver care. For example, utilising cue cards, language services and volunteers to communicate with consumers in their preferred language. Care planning documents reflected consumers’ cultural needs, interests and preferences, including cultural or spiritual celebrations of importance for each consumer.

Consumers confirmed they are supported to exercise choice and independence to make decisions about how their care is delivered and who is involved. Staff described how they support consumers to make connections and maintain relationships. Care planning documents included consumers relationships of importance.

Consumers were satisfied they have freedom of choice to do the things they enjoy and the service supports them to engage in activities that involve risk. Care planning documents confirmed risks are discussed with consumers and included risks assessments.

Consumers and representatives expressed satisfaction that the information they receive is current, accurate, timely, communicated clearly, and is easy to understand. The service’s notice boards in the communal and dining areas were observed to communicate menu options, activities programs, and advocacy services information.

Consumers and representatives were satisfied their privacy is respected and information is kept confidential. Staff described how they maintain consumer privacy for individual consumers. The service has policies and procedures in place regarding the confidentiality of personal information and disclosure of information. Staff were observed knocking on consumer doors before entering and conducting handover in private.

# 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 Assessment Team recommended requirement 2(3)(e) was not met, however I have come to a different view:

The service was found non-compliant with Requirement 2(3)(e) following an assessment contact in July 2021. While the Assessment Team found the service had implemented improvements that addressed the previous deficits relating to the review of care and services following incidents, the service did not demonstrate that care and services were reviewed when circumstances changed for four consumers in relation to pain, palliation and oxygen use.

The response from the Approved Provider refuted the findings of the Assessment Team. The Approved Provider submitted a written response that included clarifying information and documentation including progress notes that demonstrated regular review of the consumers by their general practitioner and other health professionals, and that these reviews are documented. The Approved Provider acknowledged some documentation deficits as the consumer’s care plans were not updated in a timely manner, however I note these deficits have been rectified and did not negatively impact on the care delivered to the consumer.

I have also considered the site audit report includes positive feedback from consumers and representatives in relation to communication from the service regarding changes to consumer’s care or condition and the delivery of clinical and personal care.

I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response. I am satisfied the Approved Provider demonstrated it has systems in place to ensure 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. I find Requirement 2(3)(e) is Compliant.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are Compliant:

Consumers and representatives were satisfied assessment and care planning processes consider risks to the consumer’s health and well-being. Care planning documents detailed the assessment of risks in relation to falls, skin integrity, responsive behaviours, and specialised care needs, Care documentation demonstrated input in risk assessment by clinical staff, medical practitioners and other health professionals. Staff demonstrated knowledge of individual consumers’ risks and described strategies to minimise the risk and ensure the delivery of safe and effective care. Staff described the services admission process that involves completing risks assessments and initial care plans within 24 hours of admission.

Consumers and representatives said their care and services are planned around what is important to them. Care planning documents detailed consumers’ current goals, needs and preferences including documented advance care or end of life wishes. Staff described how they partner with consumers and their representatives to complete the consumer’s advance care plan.

Consumers and representatives described being actively involved in the assessment and planning of their care and identified who they wished to be involved. Care planning documents demonstrated ongoing partnership and consultations with consumers, representatives and input from a range of external providers and other health services such as medical practitioners, and allied health specialists.

Consumers and representatives described being regularly consulted and updated about any changes to the consumers care or condition. Consumers and representatives were confident they could access a copy of the consumers care plan, if requested. Staff described how they access the consumers’ care plans electronically and demonstrated in practice how they use the handover folder to inform care. Care documents detailed the communication of relevant information with consumers and representatives including when a copy of the care plan is offered.

# 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

The service was found non-compliant with Requirement 3(3)(a) following an assessment contact in July 2021. The Assessment Team found the service had implemented improvements to address the deficits at the last visit. Consumers and representatives were satisfied the consumer receives safe and effective personal and clinical care in accordance with their needs and preferences. Consumers and representatives specifically expressed satisfaction with the management of consumers pain, wounds and restrictive practices. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in consultation with specialist services. Staff demonstrated knowledge and understanding of individual consumer’s clinical and personal care needs and have completed education in pain, skin integrity and restrictive practices.

The service has processes in place to manage high impact or high prevalence risks effectively. Consumers and representatives said the service is effectively managing identified risks to consumers. Care documents demonstrated risks associated with the care of the consumer are identified, assessed, managed and monitored, risks and associated care strategies are documented to guide staff practice. Care planning documents included individualised strategies and care interventions with review and monitoring by a range of health specialists to minimise and manage the risks. Staff described specific high impact or high prevalence risks for consumers within the service which aligned with their care plans.

Consumers and representatives confirmed they had discussed end of life plans with staff. Staff described how they access external palliative services to provide further monitoring and support. Representative feedback and consumer documentation demonstrated palliative care is provided in accordance with consumer and representative wishes and advanced care directives reflect end of life wishes.

Care documentation demonstrated the timely identification of, and response to, deterioration or changes in the consumer’s condition. Consumers expressed satisfaction in how the service responded to a change or deterioration in their condition. Clinical staff described how deterioration or changes in a consumers health status are identified, actioned and communicated.

Consumers and representatives confirmed staff know them and their care needs well, and were satisfied the service shares information about their care with other individuals and organisations where the responsibility of care is shared. Staff described how they refer to handover sheets and care plans to ensure the delivery of personalised care. Staff were observed exchanging information about changes to individual consumer’s condition and care needs through shift handover discussions and documentation.

Consumers and representatives said they are satisfied they can access other providers of care including general practitioners, allied health professionals and other external specialist services when required. Care planning documents reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff described the service’s referral processes.

Consumers and representatives provided positive feedback on how the service manages infections and the prescribing of antimicrobials. Consumers and representatives said they are regularly informed about the service’s response to COVID-19. Staff described how they minimise the use of antibiotics in the service. The service has appointed an Infection Prevention Control Lead (IPC) who has completed relevant IPC lead training. The service has an Outbreak Management Plan and an antimicrobial stewardship policy in place to guide staff practice. The service was observed to undertake appropriate entry screening in line with transmission based precautions and staff adhered to infection control practices, including the use of Personal Protective Equipment (PPE).

# 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

Most consumers and representatives expressed satisfaction that consumers are provided with support to optimise their independence, health, well-being and quality of life. Lifestyle staff described how they develop a monthly group activity calendar that is based on the preferences of the consumers living at the service. Staff demonstrated a good understanding and practical application of their support of individual consumer’s interests and lifestyle preferences which aligned with consumers social and lifestyle care plans. The service provides individual and one on one support for consumers who chose not to participate in group activities. The service has plans to expand its individual support program by resuming its volunteer program.

Most consumers and representatives expressed satisfaction that consumers’ emotional, spiritual and psychological well-being is supported. Staff described how they support the emotional, psychological and spiritual well-being of consumers and provided examples where they have provided individual support in line with the consumers preferences. The service organises regular in house multi-denominational religious services streamed via electronic media, as well as a regular in-house Catholic Church service. The lifestyle activity program includes the celebration of significant religious, national and sporting events.

Consumers and representatives were satisfied the service supports consumers to maintain relationships, participate in the community and do things that interest them. Staff described the relationships and interests of consumers, both within and outside the service. Care planning documents contained information about the consumer’s significant relationships, and information about their participation in activities of interest at the service and within the local community.

Consumers and representatives were satisfied that information is shared effectively within the service and with others where responsibility for care is shared. Staff said they are informed about changes to consumer needs and this is communicated through written notes, handover sheets and discussions.

The service demonstrated it has effective referral processes in place. Consumers and representative feedback and documentation confirmed that referrals to other organisations and providers of care and services are appropriate and occur promptly.

All consumers and representatives were satisfied with the quality and quantity of the meals. Kitchen and care staff demonstrated understanding of consumers’ individual food preferences and dietary requirements. Care planning documents demonstrated consumers’ dietary requirements and meal preferences were current and consistent with dietary information sheets stored in the kitchen. The service demonstrated it has processes in place to regularly seek consumer feedback on the meals, and this is incorporated into the menu. The service offers a seasonal menu with the oversight of a dietitian. Consumers were observed sitting in the dining areas at mealtimes, being assisted by staff in a dignified manner. Staff were observed confirming consumers’ meal choices prior to serving their meals.

Consumers and staff were satisfied they have access to suitable and well-maintained equipment. Staff described the cleaning process for shared equipment, and reporting processes for maintenance and repairs. Equipment was observed to be clean, well maintained and suitable to meet the needs of consumers.

# 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 the service environment is welcoming and homely. The service is situated over two levels, with a separate memory support unit that is open to all consumers during the day for improved social inclusion. While consumers in memory support do not have immediate and independent access to the garden or outdoors, lifestyle staff operate regular walking groups within the service gardens and the local area to accommodate the needs of the consumers who choose to participate. Consumers in the main areas of the service were observed moving freely throughout the internal environment and external courtyards and gardens.

Consumers and representatives said that the service environment is safe, clean and well maintained. Maintenance documents demonstrated cyclical maintenance and cleaning schedules are in place. Staff demonstrated understanding of hazard identification and management, and maintenance processes.

Consumers and representatives expressed their satisfaction with the equipment in use at the service, and that it is clean and safe. The Assessment Team observed a range of suitable equipment available to meet the care and clinical needs of consumers. Maintenance staff described, and document review confirmed, the service has effective reactive maintenance processes in place and a comprehensive preventative maintenance schedule for all furniture, fittings and equipment, including the call bell system.

# 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

Most consumers and representatives were satisfied they are encouraged and supported to provide feedback and make complaints. The service schedules regular residents and representative meetings to encourage consumer feedback about the quality of care and services. Internal and external feedback mechanisms were observed throughout the service.

While the consumers sampled did not need language services, they were aware they could access them and external advocacy services, if required. Representatives said they were aware of the internal and external consumer feedback processes, and provided examples of how they advocate for their consumer. Staff described how they support consumers to access advocates and other methods for raising and resolving complaints. Advocacy and language services information was observed readily available on noticeboards throughout the service.

Consumers and representatives were satisfied appropriate and timely actions are taken in response to complaints. Staff and management demonstrated understanding and practical application of open disclosure principles managing feedback and complaints. The service’s complaints and feedback register included information about how and when a complaint occurred, feedback to the complainant, and the actions taken in response to resolve the matter. Documented complaints were actioned in a timely manner. The service has in place processes relating to complaints handling and open disclosure to guide staff practice.

Consumers and representatives were satisfied the service reviews their feedback and complaints to improve the quality of care and services. Several consumers provided examples how their feedback about the menu improved the food at the service. Kitchen staff explained how consumer feedback informs the menu and improved the dining experience for consumers. Management described how the complaints process is used to inform the service’s Plan for Continuous Improvement (PCI) at the service. Feedback and complaints documentation reviewed by the Assessment Team demonstrated that appropriate action was taken to resolve complaints, and that systemic improvements were being made to the service as a result.

# 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

All consumers and representatives sampled, were satisfied with staffing levels and confirmed call bells are answered promptly by staff. Staff said that unplanned leave is generally covered and described how they assist each other to ensure care delivery is not compromised. Managed described the workforce planning strategies in place to ensure shifts are filled. Roster documentation demonstrated a consistent skill mix of staff and that registered nurses are allocated across all shifts. Call bell reports demonstrated staff respond to call bells in a timely manner.

Consumers and representatives were satisfied that staff were kind, caring and respectful. Consumer feedback aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers.

Consumers and representatives were satisfied staff had a good understanding of their care needs and considered staff to be competent when providing care. Documentation demonstrated staff had attained required qualifications and registrations and competency is monitored.

Staff were satisfied with the training provided by the service and described having access to additional training where required. The workforce is assigned courses at the commencement of employment, annually and as required, to meet industry, organisational or service requirements. This includes mandatory training and competencies tailored to specific roles. The service demonstrated it identifies additional or supplementary staff training needs through consumer and representative feedback, performance appraisals, incident and audit results.

The service demonstrated it has formal and informal processes in place to monitor and review the performance of each member of the workforce. Processes include day to day monitoring and a formal documented performance appraisal. Most staff confirmed having completed their annual performance appraisal, with others confirming their appraisal was in the process of being scheduled.

# 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 they are supported to engage in the development, delivery and the evaluation of care and services. Consumers and representatives confirmed being informed of any changes occurring at the service and provided examples of engaging in care planning and participating in resident and relative meetings. Management provided examples where consumer feedback had been used to inform changes at the service.

Consumers and representatives confirmed feeling safe at the service and living in an inclusive environment. The governing body is supported to promote a culture of safe, inclusive and quality care and services through established committees and governance frameworks supported by systems, policies and procedures.

The organisation demonstrated it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated understanding of the policies and processes that supported each of the governance systems.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are identified, reported, escalated and monitored by management at both the service and organisation levels. Management described how incidents are used to identify knowledge gaps in staff training or procedures and to drive changes to policies and procedures. Staff demonstrated understanding of incident reporting processes and risk management practices.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policies and procedures. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.

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)