Performance

Report

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| Name of service: | Estia Health Southport |
| Service address: | 40 William Street SOUTHPORT QLD 4215 |
| Commission ID: | 5482 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 4 April 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 Southport (**the service**) has been prepared by A. Douglas, 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 Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with dignity, respect and valued their identities, cultures and diversity. Consumers’ cultural needs and preferences were recorded in their care plans. Staff understood and valued consumers’ cultural needs and described how these were supported during care delivery. Consumers were supported to make choices about their care, decide when family and friends were involved in their care and maintain meaningful relationships. Consumers chose who delivered their personal care and said their choices were respected by the service.

Consumers were supported to take risks, participate in activities which were important to them and live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included discussing the potential benefits and harms when a consumer wanted to undertake particular activities. Consumers’ care plans included dignity of risk documentation and staff were observed supporting consumers to take risks. Consumers received information in easy-to-understand formats which helped them to make informed choices. Information was regularly provided on noticeboards, in monthly resident meetings, a weekly activities calendar, menu choices and a newsletter. Consumers’ privacy was respected by staff who sought permission prior to entering peoples’ rooms. Consumers’ confidential information was stored in the service’s password-protected electronic care management system.

# 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process. A review of consumers’ care plans showed the service conducted a comprehensive assessment and planning process which identified their needs, goals and preferences. The service had clinical policies to guide staff in incident management, which included identifying, recording, investigating, mitigating and reviewing risks to consumers. Consumers confirmed their needs assessments included end of life planning where they wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. A review of care plans showed consumers partnered in a coordinated needs assessment which involved other organisations, individuals and service providers. Consumers’ care plans were readily available to them, though not all could recall sighting their care plan. Staff and visiting health professionals accessed consumers’ care plans to an extent relevant to their roles. Consumers and representatives confirmed they were notified when circumstances changed or incidents occurred, which led to a review of consumers’ care needs.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe, effective, consistent with their needs and supported their health and wellbeing. Staff understood consumers’ individual needs and preferences, which were recorded in their care plans. Staff were guided by policies and procedures which addressed high-impact risks to consumers such as falls management, pressure area care, skin integrity and infections. Clinical staff understood risks to consumers and described applicable management strategies, such as frequent repositioning to reduce pressure injuries. Consumers were satisfied with how the service managed risks associated with their care.

Consumers confirmed staff had discussed advanced care planning and end of life preferences with them, which were recorded in care plans. Clinical staff who provided palliative care described how care delivery changed during the end of life process and explained families were welcomed at all times. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated in progress notes and during shift handovers. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences, which were recorded in their care plans. The lifestyle coordinator explained the service’s activities calendar was informed by consumers’ daily living preferences, which were discussed during a monthly resident and representative meeting. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as spending one-on-one time with staff and attending the weekly church service. The Assessment Team observed staff providing consumers with emotional and spiritual support. Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Staff assisted consumers to maintain family contact through face-to-face visits, digital communication and by phone.

Consumers were generally happy with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food provided and consumers had input to the menu. Consumers were offered meal options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary needs and preferences. Where the service provided equipment, it was safe, suitable, clean and well maintained, which the Assessment Team confirmed through its own observations.

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to navigate and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms according to their preferences. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers were observed using many different areas of the service and socialising in groups or enjoying individual activities. Consumers were satisfied with the cleanliness and maintenance of the service. Staff described the cleaning and maintenance schedules and understood how to submit requests for either service. A review of service documents confirmed regular maintenance and cleaning procedures were in place.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for use by consumers. Furniture and equipment was maintained under a preventative and corrective maintenance plan, which was up to date. The Assessment Team observed shared equipment was clean and in good condition.

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available in brochures and on posters. Consumers could provide feedback via a formal feedback form and by raising issues at resident meetings. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. The Assessment Team viewed the service’s welcome pack which included information about external complaints processes, advocacy services, the Quality Standards and the Charter of Aged Rights.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. Staff understood the complaints process and explained feedback was actioned when it was given, including requests related to personal care. A review of the service’s compliments, complaints and comments register (the register) showed information is trended and shared with executive management and the board of directors. The register also showed how complaints were resolved and linked to the service’s continuous improvement plan.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service developed a roster with an appropriate number of staff with the skills to meet the needs of consumers. Registered and enrolled nurses were rostered on each shift. A review of the previous fortnight’s roster showed only two unfilled shifts and consumers said staff provided prompt care in accordance with their preferences. Management analysed consumer feedback, incident audits and call bell response times to ensure staffing levels were adequate to meet consumers’ needs. Consumers said staff were kind, caring and gentle when providing care. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

The service’s workforce was competent and had the qualifications, skills and knowledge to effectively perform their roles. Staff were guided by position descriptions which required key competencies and knowledge for their roles. Consumers were confident that staff had skills to meet their care needs. Staff were recruited through a formal process which included reference and qualification checks. The Assessment Team noted the service’s recruitment process was consistent, professional and focused on staff development. Staff were supported in their roles by training opportunities which included managing challenging behaviours, cultural sensitivity and how to use mobility aides during care delivery. The service regularly assessed, monitored and reviewed staff performance, which included annual performance reviews and opportunities for professional development.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers were engaged in the development, delivery and evaluation of care and services they received. Input was provided through consumer experience surveys, feedback mechanisms, consumer working groups, consumer meetings. The input of consumers’ representatives was sought through surveys and direct telephone contact.

The organisation’s board of directors (the board) promoted a culture of safe, inclusive and quality care, which consumers confirmed and the Assessment Team noted during documentation reviews. The board monitored the service’s performance through reports it received about clinical indicators, critical incidents, reports submitted to the Serious Incident Response Scheme, complaints and quality indicators. Further, the board regularly discussed and reviewed the service’s plan for continuous improvement. The organisation had effective governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. The risk management framework included consumer safety, person-centred care, clinical safety and the escalation of critical incidents. Staff received training to minimise risk in areas such as falls management, restrictive practices, pressure injuries, pain management and emergencies. Care staff said on commencement at the service they received training in recognising elder abuse and supporting consumer choice and decision making.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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