Performance

Report

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| Name: | Estia Health St Ives |
| Commission ID: | 8250 |
| Address: | 1 Yarrabung Road, ST IVES, New South Wales, 2075 |
| Activity type: | Site Audit |
| Activity date: | 16 July 2024 to 18 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 27592 Estia Health St Ives |

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 St Ives (**the service**) has been prepared by M Dubovinsky, 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.

# Material relied on

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

* the assessment team’s report for 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; and
* the provider’s response to the assessment team’s report received on 2 August 2024 accepting the assessment team’s recommendations and findings.

# 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 make them feel valued as an individual. Staff were observed treating consumers with dignity and respect and care planning documentation reflected the diversity, background, and personal preferences of consumers. Staff described how consumers’ cultural needs influence the delivery of day-to-day care and described how they supported consumers with culturally appropriate meals and lifestyle activities.

Consumers said they were supported to exercise choice and independence. Care planning documentation identified consumers are supported to exercise choice, independence and are involved in decision making. Consumers were observed maintaining relationships and exercising choice.

Management and staff demonstrated an awareness of the risks taken by consumers and outlined how they support consumers who choose to take risks. Consumers provided examples of how they are supported to undertake activities involving elements of risk.

Consumers said they receive information which is accurate and timely to support choice and decision making. Staff interviewed described the different ways information is provided to consumers. Information was observed being provided to consumers which was clear and easy to understand and included noticeboards, newsletters, meeting minutes and care planning documentation.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 1 Consumer dignity and choice.

# 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 outlined how they are involved in the initial assessment process including considerations related to risks. A range of assessments are undertaken on entry to support an interim care plan and over a 28-day period a full suite of assessments are undertaken. Representatives confirmed end of life (EOL) planning addresses the consumer’s EOL wishes. Clinical staff could describe how they conduct EOL assessments with new consumers entering the service and how these are regularly reviewed. Care planning documentation contained information to support consumers’ current needs including information on needs goals and preferences.

Assessment and planning occurs in partnership with the consumer and others the consumer wishes. Documentation showed a range of health professionals and other service providers involved in assessment and planning.

Consumers said outcomes of assessment and planning are effectively communicated to them in a care and services plan that is readily available. Summary care plans are available to consumers if they wish. Care planning documentation demonstrated care plans are regularly discussed including following case conferences.

Consumers confirmed care and services are reviewed regularly and when changes occur. Management and staff were able to explain the process for the regular review of care and services. Care planning documentation showed regular reviews being undertaken including for consumers who experience falls.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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 confirmed they receive safe and effective personal care and clinical care that meets their needs and optimises their well-being including in relation to restrictive practices, skin integrity management and pain management. Consumers were satisfied with the management of their high impact and high prevalence risks. Observations and documentation viewed demonstrated risks associated with falls were effectively managed.

Consumer nearing EOL have their needs, goals and preferences recognised and addressed. Clinical staff described how they deliver care and services for consumers nearing EOL including providing regular pain-relieving medication, repositioning and facilitating spiritual services.

Consumers were satisfied with the responsiveness of staff to consumer deterioration. Staff described how deterioration and changes were recognised, responded to, and managed in partnership with clinical personnel including for consumers experiencing weight loss.

Consumers were satisfied staff knew their personal and clinical care needs. Clinical staff sampled explained how information is shared within the service including through staff huddles, handover and through the service’s electronic documentation system. Care planning documentation viewed demonstrated progress notes and care and services plans were readily accessible, comprehensive and tailored to each consumer.

Consumers were satisfied with referral processes. Documentation viewed demonstrated referrals being undertaken to a range of service providers such as medical officers and allied health professionals.

Consumers were satisfied with the minimisation of infection-related risks and said staff were observed to be using appropriate personal protective equipment and washing their hands. Management and clinical staff interviewed were able to describe antimicrobial stewardship principles and how it applies in their roles. Documentation viewed confirmed staff undertake antimicrobial stewardship principles including undertaking the relevant pathology where required.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 3 Personal care and clinical care.

# 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 described how the service supported them to engage in activities that meets their needs, goals, and preferences and further expressed satisfaction at how their quality of life was maximised. Lifestyle staff and management explained how they partner with consumers to identify consumer needs, goals and preferences and provided specific examples how lifestyle activities promote consumer independence and well-being.

Consumers said they are supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Consumers were observed being supported to engage in their chosen spiritual practices. Staff described how they support consumers’ emotional, spiritual and psychological wellbeing through individual one-to-one support, chaplaincy services and through group-based activities.

Consumers confirmed they were supported to keep in touch with people who are important to them and do things of interest. Staff were able to describe how they support consumers to participate in communities inside and outside of the service, maintain relationships and do things of interest. Consumers were observed in the outside courtyard areas socialising. The activities calendar contained a range of activities including bus outings to support consumer access into the community.

Information about consumers’ conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared using the electronic documentation system and through handover processes. Consumers gave examples of staff being aware of their dietary care needs. Consumers are referred to a range of service providers where required including volunteer groups and spiritual service providers. Care and hospitality staff said they are made aware of any changes to a consumer's needs through verbal and documented handover processes.

Equipment provided to consumers is safe, suitable, clean and well maintained. Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. The assessment team observed a range of equipment, including wheelchairs, walkers and lifestyle equipment, to be kept in suitable, clean and well-maintained condition.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 4 Services and supports.

# 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 environment was observed to be welcoming and easy to understand with sufficient lighting, handrails, and clear signage. Consumers reside in a 3-storey building featuring 3 wings with private ensuites and a combination of shared and single rooms. Management and staff described how they support consumers to feel welcomed and at home by orientating them to the service and encouraging them to personalise their rooms.

Consumers said the environment is safe, clean, and well-maintained and allows them to move freely. Cleaning staff described their routine cleaning schedule and maintenance staff described the preventative and reactive maintenance schedule. Furniture in communal areas was observed to be clean and in good condition. Consumers said that furniture, fittings, and equipment are safe, clean, and well-maintained. Documentation viewed demonstrated staff monitor and action preventative maintenance tasks.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in 5 Standard Organisation’s service environment.

# 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 were able to describe the various avenues they use to provide feedback on care and services, such as providing direct verbal feedback to staff, speaking at consumer meetings and using feedback forms provided. Information was observed to be displayed throughout the service on how to make complaints internally.

Consumers were aware of other methods for raising and resolving complaints including language services, advocacy services and other external mechanisms. Management described how an external advocacy body attended recently and provided information on external complaints mechanisms. Information on advocacy and external complaint mechanisms was observed to be on display.

Consumers said the service responds and resolves their complaints or concerns when they are raised. Management and staff were able to describe open disclosure principles. Documentation viewed demonstrated feedback is identified and addressed.

Feedback and complaints are reviewed and used to improve the quality of care and services. A trend was recognised in relation to missing laundry with a range of improvements initiated. The service has a continuous improvement plan with a range of improvements initiated from feedback and complaints to improve the quality of care and services.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 6 Feeback and complaints.

# 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 expressed satisfaction with staffing levels and call bell response times. Staff said that there are enough staff to meet the personal and clinical care for consumers. Staff were observed attending to consumers in a timely manner. Management described how unplanned absences were filled by extending the shift times of staff already on the roster, offering permanent staff additional shifts or contacting casual pool staff.

Consumers said staff are kind, caring, respectful and gentle. Staff were observed interacting with consumers respectfully. Management said staff are provided with training to support positive consumer interactions.

Staff confirmed their position descriptions align with the required qualifications and competencies for their roles. A register is maintained to ensure staff have current police checks and relevant registration as required.

Consumers said staff were competent and performed their roles effectively. Management described the mandatory training staff must complete during their orientation and annually thereafter, including manual handling, fire and emergency and reporting on serious incidents.

Management described how the performance of staff is monitored through formal performance appraisals and through informal monitoring and discussions. Documentation viewed demonstrated regular and as required review of staff performance. The service has a suite of policies, documents and training that informs expected performance and behaviour for staff.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers said they are able to provide feedback on the development and delivery of the service and provided practical examples of how this occurs. Management described how they involve consumers and representatives through consumer and representative meetings, food focus meetings, surveys and newsletters. Consumer and representative meeting minutes demonstrated consumers are encouraged to be engaged. A recent improvement following feedback involved opening the café on the weekend.

The organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. The Board is informed and held accountable for the outcomes of care and services being delivered through compliance reporting, internal and external audits, and consumer feedback. Management provided an overview of the organisational structure and hierarchy, including communications and reporting between different levels of management on a regular basis and the Board.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. All staff interviewed confirmed they can easily access the information they need to perform their roles. A range of continuous improvement initiatives were identified through various mechanisms such as feedback and complaints, consumer meetings, staff feedback, incident information, informal conversations, and day-to-day observations. The service has an annual budget, and can request additional funds at any time by developing a business case and discussing this with the governing body. Staff have position descriptions and duty statements which are available to guide them in their work performance. Responsibilities relating to regulatory compliance are discussed at relevant committee meetings and the organisation is informed of legislative changes through a range of mechanisms. Systems support the recording, addressing and monitoring of feedback and complaints

Risk management systems and practices support the management of high impact and high prevalence risks impacting consumers with monthly clinical indicators monitored. Processes support the identification and management of potential abuse and neglect of consumers with staff being trained in incident management and on the Serious Incident Response Scheme. The incident management system supports the identification of trends, and policies and procedures support consumers to live the best life they can.

A clinical governance framework supports the provision of clinical care. The organisation has policies and procedures relating to antimicrobial stewardship, restrictive practices and open disclosure. Staff described having access to relevant policies and procedures to support the delivery of clinical care. Clinical data is monitored, and safe use of medicines is discussed through the medication advisory committee.

Based on the evidence documented above, I find the provider, in relation to the service, compliant with all requirements in Standard 8 Organisation’s service environment.

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)