Performance

Report

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| Name of service: | Estia Health Tuncurry |
| Service address: | 4 Bonventi Close TUNCURRY NSW 2428 |
| Commission ID: | 2730 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 7 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 Tuncurry (**the service**) has been prepared by M Frost, 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 3 March 2023
* other information and intelligence held by the Commission in relation to this 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 confirmed they were treated with dignity and respect, and supported to maintain their identity to live the life of their choosing. Staff explained in practical terms how they delivered care and services in a dignified and respectful way. For example, staff said they would ensure consumers’ doors were closed and ask for consent before delivering personal care.

Consumers and their representatives said staff were kind and respectful of consumers’ culture. Staff described how they delivered culturally appropriate care and services, which aligned with information in consumers’ care plan documents. Culture and diversity policies and training supported staff in delivering care and services with respect to each consumers’ cultural, religious, spiritual and beliefs.

Consumers considered they were supported to make decisions about their care, how it should be delivered, and who should be involved. Care plan documents contained relevant information about consumer decisions, consistent with consumers’ feedback. Consumers were observed to be asked about their preferences and how care and services should be delivered, such as meal choices. Consumers reflected they were supported to make and maintain relationships, including intimate relationships.

Consumers reflected they were supported to take risks to live life on their terms, through consultation and risk assessment processes. Care plan documents demonstrated risks were assessed in consultation with other providers of care, consumers, and representatives to support consumers to live the best life they can.

Consumers said information was clearly communicated in a timely manner which helped them to make choices. Observations confirmed information was provided through various formats such as newsletters, noticeboards, calendars, and posters.

Consumers said, and observations confirmed, consumers’ personal privacy was respected. Staff described how they maintained the confidentiality of personal information, such as password protection on electronic records, and holding conversations about consumers 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

Consumers reflected they were involved in ongoing assessment and planning processes, which considered their needs and preferences. Care plan documents demonstrated medical officers and allied health professionals were involved in the assessment of risks and support required to help with consumers’ choices.

Care plan documents demonstrated consumers’ current needs, goals, and preferences, including advance care and of life wishes. Care plans demonstrated consumers’ needs and preferences were regularly assessed, and considered with input from other providers of care and services.

Consumers and their representatives said staff regularly involved them in any updates to care and services, and they were able to obtain a copy of the care plan. Care plan documentation, such as progress notes, evidenced consumers and representatives were involved in care planning discussions.

Consumers and their representatives said they were notified of any circumstances or incidents warranting an updated care plan assessment. Staff explained clinical and personal needs were assessed and reviewed to ensure safe and effective care and services, such as: communication and sensory needs, emotional well-being, nutrition and hydration, complex nursing care. Staff said they regularly reviewed consumers’ care and services to ensure consumers’ current needs, goals, and preferences were met, which aligned with consumer and representative feedback.

# Standard 3

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

Findings

Consumers and their representatives reflected consumers received personal and clinical care that was safe and effective, and tailored to their individual needs. Care plan documents contained relevant information to guide staff in the delivery of safe and effective clinical and personal care. Staff described ways they supported consumers to receive best practice care to optimise health and well-being, in line with the service’s policies, procedures, and guidelines. Consumers subject to restrictive practices or receiving psychotropic medication had appropriate consent and monitoring.

Staff explained, and documentation confirmed, risks were monitored and reviewed in accordance with policies and medical officer directives. Staff described in practical terms how they managed high impact, high prevalence risks such as stoma care through monitoring signs of infection and wound management, and were able to explain in what circumstances care needed to be escalated.

Staff advised assessment and planning processes, policies, and training helped with the delivery of comfortable and dignified end of life care for consumers. Staff explained how care needs changed under the end of life pathway and what staff would do to manage consumers’ comfort. Staff said they supported consumers to be with their loved ones in privacy, and provided pastoral care services. Consumers and their representatives confirmed they had discussed end of life planning.

Care plan documents confirmed deterioration or changes to consumers’ capacity or condition were identified and responded to in a timely manner, as evident from referrals and updated assessments. Staff were guided to recognise and respond to deterioration or changes in consumers through training and policies.

Information about consumers’ personal and clinical care was shared with others through documented and verbal handover processes, shift handovers, care plan documents, referrals, progress reports, and electronic notifications. Consumer, representative, and staff feedback indicated information was effectively shared within the service, and staff were familiar with consumers’ needs and preferences.

Care plans, progress notes, consumer and representative feedback evidenced referrals were completed in a timely and appropriate manner to medical officers, allied health professionals, and other providers of care as required.

The service minimised infection related risks through various strategies ,such as: infection prevention resources, training, policies and procedures, staff competency assessments, and staff vaccinations. Staff explained how they prevented and controlled infections in line with policies. Staff said they worked with medical officers determine if antibiotics were required, and described ways they minimised the use 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

Consumers considered they were supported to do the things they wanted to do, which met their needs, goals, and preferences. Care plan documents outlined relevant information and strategies to assist staff in meeting consumers’ needs, and to optimise consumers’ independence and well-being. For example, providing equipment such as walking aids to promote consumers’ mobility and independence. The lifestyle monthly activities calendar had various activities to meet the diverse needs and interests of consumers, such as: fishing, boat and bus trips, movies, lunch outings, and visits to the local market and museum.

Consumers said the service provided them services and supports that helped their well-being. Staff demonstrated how they would identify and respond to consumers’ emotional, spiritual, and psychological well-being needs. For example, staff said if they identified a consumer experiencing low mood, they would engage the consumer in conversation and provide emotional support, and if required, escalate matters to management.

Consumers considered they can participate in their community, have social and personal relationships, and do things of interest. Care plan documents identified people important to consumers, activities of interest, and ways staff could support them.

Staff explained how information was communicated and shared within and outside the organisation, through verbal handover processes, updating care plan documentation, progress notes, meetings and case conferences. Meeting minutes demonstrated changes to consumers’ care needs, and care plan outcomes were effectively communicated. Staff said, and consumers confirmed, referrals were completed which helped consumers in meeting their lifestyle and daily living needs.

Consumers said meals were of a good quality and quantity, and their dietary needs and preferences were met. Staff explained consumers were involved in the development of the menu through direct feedback to staff, surveys, and meetings to ensure consumers’ needs and preferences were catered to. Consumers were observed enjoying their meals, and were assisted by staff if needed.

Consumers and their representatives said equipment was safe, clean, and well maintained. Staff confirmed they had enough equipment to help with consumers daily living needs, and ensured equipment was safe through audits and reporting faults.

# 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 welcoming, clutter-free, and calm, optimising consumers’ independence and function. Observations confirmed the service environment was well lit, with handrails and clear signage around the service to help with consumers’ navigation and interaction. Consumer rooms were observed to be personalised, with photographs and consumers’ own furniture, providing a sense of belonging. Consumers were observed freely navigating between indoor and outdoor areas of the service environment.

Staff explained cleaning processes in place to minimise infection risks, ensuring the safety of the service environment, furniture, fittings, and equipment. Consumers said, and observations confirmed the service environment, furniture, and equipment was clean and well maintained.

Audits and reporting systems ensured the safety and cleanliness of the service environment, furniture, and equipment. Maintenance and audit records confirmed equipment and furniture, such as wheelchairs and slings, were regularly serviced and replaced as required.

# 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 confirmed they were supported to provide feedback and complaints, and could talk to staff or management if they had a concern. Consumers were supported to understand their feedback and complaints rights and options, including advocates and language services, through information available throughout the service environment, such as notices, posters, and brochures. Feedback and complaints from various sources, such as surveys and verbal feedback, were acknowledged and documented on the records management system.

Staff explained they assisted consumers as needed to provide feedback and complaints, such as using translation services. Consumers and their representatives confirmed they were aware of other ways to raise a complaint and of advocacy services, however they were comfortable approaching staff directly.

Consumers and their representatives confirmed when a complaint was reported, management and staff would demonstrate accountability and provide an apology. Staff explained what they would do when a complaint was received, including using open disclosure, reporting and escalation processes. Training records confirmed staff were educated on open disclosure processes, including implementing actions to prevent recurrence.

The service’s plan for continuous improvement demonstrated feedback and complaints were reviewed and used to improve care and services. Some of the improvements to care and services, as recorded on the plan, included varied meals and more lifestyle activities, such as going to the local cinema, visiting a motorcycle museum, and going to a bowling club.

# 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

Overall consumers and their representatives considered the service was appropriately staffed to meet the needs of consumers, and advised staff responded to requests for assistance in a timely manner. The service had processes in place to ensure consumers’ needs were being met in the event of staff shortages, through using agency staff or staff from another service within the organisation. Observations and call bell data demonstrated staff attended to consumers’ needs in a prompt manner.

Generally consumers reflected staff treated them in a kind and caring manner when providing care and services, and said management address any concerns. Observations demonstrated staff interacted with consumers in a friendly and respectful manner, such as using consumers’ preferred name and engaging in conversations. Staff demonstrated knowledge of consumers’ needs and preferences, consistent with consumer feedback and observations.

The services has policies and processes to ensure workforce was competent and had the right qualifications and knowledge to effectively perform their roles. This included position descriptions outlining key responsibilities, reviews of qualifications and registrations.

Staff were supported in their roles through orientation, training, policies and procedures, and code of conduct. Training records demonstrated a variety of topics were covered. Training completion is monitored and showed staff were up to date.

Staff performance is monitored and reviewed through direct feedback, annual appraisals, competency checks, surveys, observations, to ensure the delivery of safe, effective care and services. Performance appraisals were up to date.

# Standard 8

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

Findings

Consumers and their representatives were supported to provide input into the delivery of care and services in various ways, such as: meetings, surveys, care planning conversations and conversations, feedback and complaints. Consumers said, and meeting minutes demonstrated, consumers were involved in the development and evaluation of care and services.

Management feedback and documentation confirmed the organisation’s governing body was accountable for the delivery of safe, quality care and services, through mechanisms such as: clear reporting lines and areas of responsibility, internal audits, reports, tracking clinical indicators, reviewing incidents and consumer survey results, committees, and meetings.

Staff demonstrated awareness of the governance systems within the service, such as information management and feedback and complaints, indicative of organisation wide systems that are effective in daily practice. The organisation takes responsibility for regulatory compliance, financial and workforce governance, and continuous improvement, and governance areas are supported by policies and procedures.

The service demonstrated it had effective risk management systems and practices in place through clear reporting and escalation lines, training, policies, and procedures. Staff explained how they would identify and manage high impact risks, abuse and neglect, and incidents. The service’s incident management system confirmed incidents were escalated, reviewed, and referred in line with regulatory compliance requirements. Care plan documents and risk assessments demonstrated consumers were supported to live the best life they can.

Staff had a shared understanding of governance relevant to clinical care, and provided examples relevant to their work, including how they minimise infections, use restrictive practices as a last resort, and practice open disclosure. Care plans, policies and procedures, meeting minutes, and observations demonstrated the service had an effective clinical governance framework to ensure safe, quality clinical care.

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)