Performance

Report

**1800 951 822**

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| Name of service: | Estia Health Twin Waters |
| Service address: | 190 Ocean Drive Twin Waters QLD 4564 |
| Commission ID: | 5814 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 March 2023 |
| Performance report date: | 27 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 Twin Waters (**the service**) has been prepared by Stewart Brumm, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 18 April 2023

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

This Requirement was previously found non-compliant at the site audit conducted 8-10 June 2022. The Approved Provider had submitted a plan for continuous improvement that addressed this Requirement.

In relation to the Assessment Contact conducted 30 March 2023:

The Assessment Team provided information that consumers are consistently receiving effective personal and clinical care that is best practice and right for consumers. Consumers confirmed they receive safe and effective personal and clinical care. Clinical files reviewed confirmed consumers are receiving safe and effective personal and/or clinical care.

The Approved Provider has introduced additional monitoring processes to ensure the ongoing delivery on safe and effective personal and/or clinical care, these processes are overseen by the senior clinical staff. Overall staff said there were enough staff to complete consumer care needs. Agency care staff said they work with the regular staff and read consumer care plans to ensure they know consumer care needs.

The Assessment Team confirmed actions from the plan for continuous improvement have occurred and are sustainable.

The Approved Provider provided a response to the Assessment Team report. The response clarified some information within the report as well as demonstrated the Approved Providers ongoing commitment to ensure the improvement actions completed remain sustainable.

I have considered the information provided by the Assessment Team and the Approved Provider response and I am persuaded by this information and the positive consumer feedback in my findings for this Requirement.

I find this Requirement is compliant.

# 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)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

These Requirements were previously found non-compliant at the site audit conducted 8-10 June 2022. The Approved Provider had submitted a plan for continuous improvement that addressed these Requirements.

In relation to the Assessment Contact conducted 30 March 2023:

The Assessment Team provided information that the Approved Provider was able to demonstrate consumers/representatives, staff and visitors to the service are encouraged and supported to provide feedback and make complaints and that the Approved Provider is acting in response to complaints and using an open disclosure process when required.

Consumers/ representatives said they are aware of how to give feedback or make a complaint and said they feel comfortable doing so. Management and staff were able to describe processes in place to encourage and support feedback and complaints. Resources for complaints and feedback have been relocated to prominent areas of the service.

Consumers/representatives said management will attempt to address and resolve any concerns which are raised. Consumers provided examples of open disclosure and open disclosure figured prominently in documentation.

Staff have been trained in the complaints and feedback processes and complaints and feedback has been added as a standing agenda item to consumer meetings.

The Assessment Team confirmed actions from the plan for continuous improvement have occurred and are sustainable.

The Approved Provider provided a response to the Assessment Team report. The response demonstrated the Approved Providers ongoing commitment to ensure the improvement actions completed remain sustainable.

I have considered the information provided by the Assessment Team and the Approved Provider response and I am persuaded by this information and the positive consumer feedback in my findings for these Requirements.

I find these Requirements are compliant.

# 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 |

Findings

This Requirement was previously found non-compliant at the site audit conducted 8-10 June 2022. The Approved Provider had submitted a plan for continuous improvement that addressed this Requirement.

In relation to the Assessment Contact conducted 30 March 2023:

The Assessment Team provided information that 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.

Consumers/representatives considered there are enough staff at the service to meet consumer needs, and the service was able to demonstrate the workforce is planned to enable the delivery of safe and quality care and services. A new reporting tool has been introduced to provided management with accurate data on staffing levels. A new care director was appointed in March 2023. Improved process has been implemented for the recruitment and use of temporary staff.

Overall, staff across various roles and areas of the service said there is currently adequate staff to provide care and services in accordance with consumers’ needs and preferences.

The Assessment Team confirmed actions from the plan for continuous improvement have occurred and are sustainable.

The Approved Provider provided a response to the Assessment Team report. The response demonstrated the Approved Providers ongoing commitment to ensure the improvement actions completed remain sustainable.

I have considered the information provided by the Assessment Team and the Approved Provider response and I am persuaded by this information and the positive consumer feedback in my findings for this Requirement.

I find this Requirement is compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

This Requirement was previously found non-compliant at the site audit conducted 8-10 June 2022. The Approved Provider had submitted a plan for continuous improvement that addressed this Requirement.

In relation to the Assessment Contact conducted 30 March 2023:

The Assessment Team provided information that management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems relating to workforce governance, regulatory compliance and feedback and complaints.

In relation to workforce governance the Approved Provider has reviewed the existing processes and implemented changes to reporting to management on staffing requirements, as well as implemented improvements in the management of temporary staff.

In relation to regulatory compliance the Approved Provider has reviewed the processes for the management of restrictive practice. All consumers subject to restrictive practice have been reviewed and appropriate supporting documentation is in place. Staff have been provided additional training on the use and management of restrictive practice.

The Approved Provider has an infection control and prevention lead, this staff member has completed the required training.

In relation to feedback and complaints the Approved Provider has reviewed the governance systems for feedback and complaints. Monthly audits are occurring to review complaints and feedback with escalation processes established. Education on the complaints and feedback processes have been provided to staff and the organisation is engaging an external survey and audit provider to provide additional consumer focussed feedback, provide benchmarking and promote best practice.

The Assessment Team confirmed actions from the plan for continuous improvement have occurred and are sustainable.

The Approved Provider provided a response to the Assessment Team report. The response demonstrated the Approved Providers ongoing commitment to ensure the improvement actions completed remain sustainable.

I have considered the information provided by the Assessment Team and the Approved Provider response and I am persuaded by this information and the positive consumer feedback in my findings for this Requirement.

I find this Requirement is compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)