

**Performance Report**

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| Name: | Estia Health Valley View |
| Commission ID: | 6967 |
| Address: | 66 Nelson Road, VALLEY VIEW, South Australia, 5093 |
| Activity type: | Site Audit |
| Activity date: | 18 November 2024 to 20 November 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4375 Estia Health Valley View |

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 Valley View (**the service**) has been prepared by Marek 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, older people/representatives and others; and
* the provider’s response to the assessment team’s report received on 4 December 2024.

# 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

Consumer and representative feedback, care and organisational documentation, staff interviews and observations confirmed consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff were observed to have positive and respectful interactions with consumers, such as knocking before entering consumer rooms and using consumers’ preferred names. The consumer welcome pack emphasises the service is listening and is going to take the time to get to know the consumer to support their well-being.

Consumers and representatives confirmed care and services are culturally safe. Care documentation contained key information relating to culture, identity and past lived experience to ensure care and services were culturally safe. Staff described how they ensure personal care is provided in a culturally safe way by understanding consumers’ backgrounds and preferences.

Consumers and representatives confirmed consumers are supported to exercise choice and independence, make decisions about their care and services, and choose who participates in decision-making processes. Care documentation demonstrated individual choices are supported and management described how they support relationships of choice including intimate relationships.

Consumers confirmed they are supported to engage in activities of their choosing to enable them to live the best life they can. Management described the identification of risks associated with consumers’ chosen activities, discussions with consumers regarding risks, and interventions to minimise risks. Staff demonstrated knowledge of risks taken by consumers, and said they support all consumers’ wishes to take risks to live the way they choose.

Consumers and representatives said they are provided with information that is current, accurate and timely and provided in a way that is easy to understand and promotes choice. Staff were knowledgeable of the communication challenges of individual consumers and strategies used to ensure effective communication consistent with care documentation.

Consumers and representatives said consumers’ privacy is respected by staff, and personal information regarding care and services is kept confidential. The service has a procedure to guide staff in their approach to privacy and confidentiality and staff demonstrated knowledge of privacy and confidentiality principles. Care documentation was secured to maintain consumers’ privacy and staff were observed maintaining consumers’ privacy.

Based on the information summarised above, I find the service, in relation to the provider 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 and representatives said they were involved in the assessment process including relating to risks. Consumers are assessed on entry and interim care plans are developed which include consumers’ needs, goals and individualised strategies to manage and reduce identified risks. Staff reported care plans provide sufficient guidance to deliver care and services.

Consumers and representatives said assessment and planning identifies, and addresses consumers’ current needs, goals, and preferences. Representatives confirmed advance care directives are discussed when consumers first enter the service. Consumers goals are captured in their care plans and staff interviewed were able to demonstrate knowledge in regard to consumers’ wishes and preferences.

Consumers confirmed assessment and planning occurs in partnership. Staff described how other organisations and individuals are involved in assessment and planning including Physiotherapists, Dietitians and Speech Pathologists.

Consumers and representatives interviewed confirmed staff talk to them about their care and services. Care plans are readily available to the consumer when requested. Consumers and representatives are informed of changes to assessments and care plans following a care plan review, incidents, or changes to consumers’ care needs. Consumers and representatives confirmed they are consulted and informed when changes are made to consumers’ care and services. Regular review process are undertaken which include reviewing assessments, incidents, nutritional changes, wound and skin integrity, medications and a range of monitoring charts.

Based on the information summarised above, I find the service, in relation to the provider 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 stated they get the care and services they need. Staff know consumers and their personal and clinical care needs, including strategies to manage diabetes, wounds, pain and behaviour management. Documentation confirmed effective wound, pain and diabetic management.

Consumers and representatives expressed satisfaction with the management of consumers’ high-impact, high-prevalence risks. Staff and management were knowledgeable of consumers’ risks and described personalised strategies to mitigate identified risks. Management described systems and processes to assess, monitor and evaluate risks impacting consumers’ health and well-being.

Consumers’ end of life needs and preferences are monitored and managed through effective management of pain, agitation, and discomfort. Representatives confirmed end of life planning and documentation viewed demonstrated effective delivery of end-of-life care.

Consumers and representatives confirmed processes undertaken following deterioration and changes. Clinical staff were able to provide examples of when a consumer had deteriorated and the actions undertaken, including increased monitoring, which was supported through documentation.

Information about the consumer’s condition, needs and preferences is documented and effectively communicated. Clinical staff described processes for sharing information, including following allied health reviews. Consumers and representatives said staff were familiar with consumers’ preferences and needs, and representatives said they received updates following reviews, changes or incidents.

Documentation showed staff undertake timely and appropriate referrals. Consumers and representatives said other organisations are involved in their care and had regular input from allied health services, medical officers and wound specialists.

Infection related risks are minimised through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and representatives advised staff keep them safe through the use of personal protective equipment (PPE) and effective cleaning. Staff and management described, and documentation confirmed, processes for minimising risks of infection including policies, procedures, education, and their infection management plan. Documentation viewed confirmed effective processes to minimise antibiotic use.

Based on the information summarised above, I find the service, in relation to the provider 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 and representatives confirmed they get safe and effective services and supports for daily living that meets their needs, goals, and preferences and optimises their independence, health, well-being, and quality of life. Staff described how they support consumers’ independence and documentation confirmed services and supports in place to guide staff practices.

Consumers confirmed services and supports for daily living promote consumers’ emotional, spiritual, and psychological well-being. Staff described how they provide emotional support for consumers feeling low and how they support consumers to attend religious worships. Care documentation viewed included consumers’ emotional and spiritual needs, goals, and preferences, including preferences to attend religious or cultural celebrations.

Consumers said they are able to participate in their community within and outside the organisation’s environment, have social and personal relationships, and do things of interest to them. Consumers were observed to participate in group activities, meet with other consumers and visitors and participate in individual activities of interest. Group activities during the site audit were observed to be varied and well attended.

Information is effectively communicated with consumers stating staff know them and their service needs well. Lifestyle and hospitality staff described processes for the sharing of information including dietary information, handover sheets, the lifestyle diary and meeting minutes.

Staff described undertaking referrals for pastoral care, volunteers, and library services and were aware of local associations for referrals, such as Italian or Greek clubs. Management said they have procedures in place in relation to referral processes.

Consumers and representatives said they have input into the menu, can provide feedback, and are provided with meal choices, including culturally appropriate meals. Mealtime observations included staff serving meals to consumers and providing support where required. Consumers have access to a 4-week rotational menu. The chef described how they are working with the dietitian on substituting some chicken dishes and pasta dishes to better accommodate consumer preferences.

Equipment provided for the care and services of consumers was observed to be safe, suitable, cleaned and well maintained. Consumers and representatives overall reported satisfaction with the equipment available, including for lifestyle activities, and staff could describe how equipment is cleaned and maintained. One consumer explained dissatisfaction with the cleanliness of their wheelchair and bed operation which was actioned during the site audit and a further response was provided of actions undertaken following the site audit to ensure all equipment is clean and well maintained.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 4 Services and supports for daily living.

# 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 is welcoming and enables consumers to move freely within the service and interact with each other. Entrance to the service includes a reception area which has adequate signage to direct visitors and various pamphlets and posters. Consumer rooms were observed to be spacious and personalised to support their sense of belonging.

The environment is clean, safe, well maintained and comfortable. Both indoor and outdoor areas were observed to be freely accessible to consumers and consumers stated they were happy with the cleanliness and felt safe in their environment. Outdoor areas were well maintained with various garden areas and outdoor furniture.

Consumers and representatives confirmed furniture, fittings and equipment were maintained and suitable. Clinical and care staff explained how equipment is cleaned, and various tasks are undertaken by cleaners, care and clinical staff.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 5 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 and representatives confirmed they are supported and encouraged to provide feedback and make complaints. Staff demonstrated knowledge of feedback processes and confirmed they are required to assist consumers to provide feedback when required. Observations of the service included posters and brochures to encourage and support consumers to provide feedback.

Whilst some consumers and representatives were not aware of advocacy services available to them, management issued a memo alerting all consumers and representatives of other methods to raise and resolve complaints. Interpreter and advocacy services are advertised on noticeboards and in consumer handbooks. Staff are guided in the complaints management process which outlines the use of advocacy and interpreter services when required.

Consumers said management apologise when things go wrong. Management described their process to manage complaints and are guided by the organisation’s feedback, complaints and open disclosure policy. Observations showed open disclosure posters on noticeboards informing consumers and others of the service’s complaints management practices and open disclosure.

Consumers and representatives said they have noticed changes to care, and services based on the feedback they have provided. Recent improvements include making changes to the dinning room setting. The organisation’s quality business partner section monitors complaints data at the service level for trending and analysis to identify opportunities for improvement.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 6 Feedback 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 and representatives interviewed were satisfied with staffing levels. Staff reported there are sufficient staff rostered to perform their roles. Management said they review rosters regularly taking into account the changing needs of consumers. Management described roster review processes which included reviewing meeting minutes, consumer acuity, and staff and consumer feedback.

Consumers and representatives said staff are competent and understand the needs of consumers. All staff felt they were supported by management and had sufficient training to undertake their roles. The organisation has policies and procedures in place to monitor and ensure all staff have the appropriate qualifications and registrations required for their role.

New staff are required to undergo a formal induction which includes mandatory training, followed by orientation, and then are partnered with experienced staff on commencement. Staff said they can raise suggestions about their training needs with management. The organisation has policies and processes in place to ensure staff are appropriately trained and equipped to undertake their roles.

Staff confirmed formal and informal performance review processes. Management said staff performance is monitored through peer and consumer feedback, complaint data and audits. Electronic reports demonstrated the service’s workforce is current and up to date with their performance reviews.

Based on the information summarised above, I find the service, in relation to the provider 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 confirmed they are engaged in how care and service are delivered. The organisation has a consumer advisory committee who meet every 6 months. Meeting minutes showed a range of topics are discussed including quality indicator results, workforce training and recruitment, care minutes, and food and nutrition.

The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of care and services provided. The organisation’s values are promoted and communicated throughout the service. The organisation has up to date policies, procedures and frameworks in place which describes the responsibilities and expectations of all individuals within the organisation.

Effective organisation wide governance systems support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation ensures staff have timely access to relevant information needed to perform their roles effectively while maintaining consumer confidentiality.

The organisation demonstrated an effective risk management framework which outlines the structure and processes to support safety and quality of services when providing care and identifying and managing risks. Consumers are encouraged to take risks, and consumers stated risks are discussed with them and strategies implemented to support them in taking risks which enable them to live the best life they can. Incidents of abuse and neglect are managed and documented through the service’s incident management system. The organisation’s Quality and Risk Committee monitors regulatory requirements through various channels, including aged care peak bodies, legal advisors, and regulatory body subscriptions. Continuous improvements are identified and undertaken including recent improvements in completed relating to the food and dining experience and outdoor courtyard.

Effective risk management systems and practices support the management of high-impact and high-prevalence risks, responding to abuse and neglect, managing incidents, and supporting consumers to live their best life. Information in relation to incidents, near misses, restrictive practices and clinical indicators are discussed by relevant sub-committees and reported to the Board. Incident data from the previous three months showed no current open items, with most incidents related to falls and skin integrity concerns which were being monitored and addressed.

The service has a clinical governance framework which identifies the roles and responsibilities of staff and management and involves a range of monthly reporting and clinical meetings. Staff demonstrated an understanding of open disclosure and antimicrobial stewardship and could describe where they would find policies and procedures to guide them in practice. The service maintains registers to identify consumers who have restrictive practices in place and policies and procedures to assist staff on the appropriate application for restrictions applied.

Based on the information summarised above, I find the service, in relation to the provider compliant with all requirements in Standard 8 Organisational governance.

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)