

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Estia Health Wattle Glen |
| Commission ID: | 4240 |
| Address: | 45 Silvan Road, WATTLE GLEN, Victoria, 3096 |
| Activity type: | Site Audit |
| Activity date: | 30 October 2024 to 1 November 2024 |
| Performance report date: | 29 November 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 2768 Estia Health Wattle Glen |

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 Wattle Glen (**the service**) has been prepared by V. Stephens, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the assessment team’s report received on 14 November 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 staff make them feel valued and respected. Staff understand consumer preferences and interact with them in a dignified manner, using their preferred names and respecting their individual choices. Information about consumer backgrounds and preferences is recorded within care planning documents. The service has a diversity and inclusion policy.

Culturally safe care is provided. Staff are familiar with consumers’ cultural backgrounds and support them to maintain connection to their culture and enjoy related activities. The service celebrates days of cultural significance.

Consumers and representatives confirmed consumers can make choices and decisions about their care, including the extent to which family are involved. Staff assist consumers to maintain relationships with friends, family and other consumers at the service. Examples included consumers being supported to dine with people of their choosing and making decisions regarding care and personal hygiene regimes. Consumer choices and decisions are recorded within care documentation.

Consumers are supported to take risks where this enables them to live lives of their choosing. Risks associated with chosen activities are documented and discussed with consumers and where relevant their representatives. The service has a dignity of risk policy in place to guide staff.

Consumers and representatives were satisfied they are kept well-informed and receive information in ways they understand. They confirmed the information received supports consumer choice. The service provides activity schedules and reminds consumers which activities are scheduled each day. Menus are provided and staff explain these at each meal. Consumers are also advised of events and upcoming meetings. The service recently completed a project aimed at improving communication with consumers with low literacy, cognitive or sensory impairment, or language barriers.

Consumers confirmed their privacy is respected, for example staff do not disturb them when they wish to spend time alone. Staff knock before entering consumers’ rooms and close doors when providing care. Information is not shared with other consumers or discussed in communal areas. The electronic care system is password protected.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 expressed confidence in the service’s assessment and care planning process. Staff are aware of consumers’ risks and the strategies in place to ensure safe and effective care. Risks including those relating to falls, skin integrity, specialised care needs, pain and nutrition and are identified through comprehensive assessment commenced upon entry to the service. Risks are monitored during 3-monthly reviews, handovers and clinical meetings. A range of validated assessment tools are used.

Consumers and representatives confirmed they were aware of assessment and planning information, and were confident the information was reflective of consumers’ current care needs. This was supported by the Assessment Team’s review of consumer care documentation. Consumers are supported to develop advance care directives, and these are reviewed during 3-monthly care plan reviews.

Consumers and representatives were satisfied with their involvement in care planning and there was evidence other care providers also contribute. Representative feedback demonstrated involvement in detailed discussion and review of care plans, and documentation review evidenced the involvement of other healthcare providers such as general practitioners, physiotherapists and dietitians.

The service informs consumers and representatives about consumer care and provides copies of care plans.

The Assessment Team report indicated consumers and representatives were satisfied with how the service reviews care and services. Reviews occur 3-monthly, in response to changes, and on request. Changes triggering review include hospital discharge, deterioration such as weight loss, and incidents.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 representatives were satisfied with the personal and clinical care received and indicated it meets consumer needs and preferences. Restrictive practice is implemented in accordance with legislative requirements, incorporating informed consent, behaviour support plans and ongoing review. Pain is closely monitored, and non-pharmacological pain management strategies are included in care planning. There was evidence that risks associated with medications are monitored. Wound care is provided by registered nurses and consumers are referred to wound consultants if required. The service has policies and procedures in place for key clinical areas including restrictive practices, management of changed behaviours, wound care, and pain management.

The Assessment Team report reflected high-impact and high-prevalence risks are effectively managed. Staff know which consumers are at high risk and are aware of the risk management strategies in place. Risk alerts are embedded within the service’s electronic care management system. There was evidence of effective management of risks related to diabetes, wounds, skin integrity and falls.

Consumers and representatives were satisfied with the service’s management of end-of-life care. Assessment occurs to determine whether an end-of-life pathway should be commenced, and symptoms such as pain are managed with the support of general practitioners and an external palliative care team which visits the service monthly. The service has palliative care kits and policies and procedures to guide the provision of care.

Staff recognise and report changes in consumer condition or function in a timely manner. An example was provided of staff noting and responding to new pressure injuries. Changes are discussed at handovers and staff meetings, and there was evidence registers and care plans are updated to reflect changed needs.

Consumers and representatives were satisfied consumer needs and preferences are effectively communicated. Information is recorded within care files and communicated verbally during handover meetings. Review of consumer files evidenced communication between general practitioners and allied health professionals.

Consumers are referred to external health professionals as needed. There are organisational policies and procedures in place governing referral processes. Consumers are referred to the onsite physiotherapist on entry to the service and there was also evidence of referrals to general practitioners, a community palliative care team, geriatricians, and other healthcare providers.

Consumers and representatives indicated they are satisfied with measures taken by the service to minimise the spread of infection. Staff understand infection control practices and employ standard precautions such as the use of personal protective equipment (PPE). Non-pharmacological measures are used to reduce the incidence of urinary tract infections and pathology specimens are collected prior to antibiotics being prescribed. There are policies in place in regard to infection control and staff receive related training.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Consumer feedback indicated the service provides a wide variety of activities which are enjoyed by consumers and align with their preferences. Lifestyle staff develop individualised lifestyle care plans and activities based on each consumer’s needs and preferences and are tailored to personal interests. Specific activities are planned for consumers with cognitive impairment, and participation in a local choir for people living with cognitive impairment is available to consumers in the service’s memory support unit (MSU). A group of consumers were supported at one point to develop a children’s book.

Consumers’ lifestyle care plans contain information regarding religious background and spiritual needs. Religious services are offered at the service, and volunteers and psychologists are available. Care staff are alert to changes in consumers’ emotional or psychological well-being and provide reassurance and support when needed.

Consumers confirmed the service supports them to be involved in the community, maintain relationships, and engage in activities they enjoy. They described continuing to attend clubs in the community. Consumer feedback demonstrated activities at the service assist with the development of friendships. There is space at the service designated for consumers and visitors to spend time together.

Representative feedback regarding the communication of consumer information was very positive, indicating representatives receive frequent updates. Within the service information is communicated via verbal handovers, printed handover sheets and a message board within the electronic care system. Information was observed by the Assessment Team to be current.

Consumers indicated they receive timely services and support from external service providers. There was evidence of referrals to volunteers, a growth and learning centre, psychologists, and a library. Children from a nearby kindergarten visit the service.

Consumers confirmed the meals provided are of good quality, and there are choices in relation to meals and portion sizes. The menu is reviewed by a dietitian and rotated monthly, and consumers can provide feedback at the time of meals, at monthly resident and relative meetings, and via twice yearly surveys. Consumer dietary requirements are recorded on entry to the service and are reviewed regularly.

The service maintains and cleans all equipment including that owned by consumers, as confirmed by consumer reports and the Assessment Team’s review of cleaning and maintenance records. The suitability of equipment is assessed by a physiotherapist, occupational therapist or other external contractor. Equipment such as slings and portable hoists are checked and maintained twice yearly.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

Consumers indicated the service is easy to navigate, makes them feel at home and promotes a sense of belonging. Staff described consumers feeding the birds outside and spending time on the service’s balcony. Consumers are assisted to personalise their rooms and the doors to consumer rooms have numbers, names and pictures to assist.

Consumers were satisfied with the cleanliness and maintenance of the service environment, including the outdoor areas. The service has a regular maintenance plan involving in-house staff as well as external contractors, and carpets and consumer rooms are regularly cleaned. Consumers have access to all inside areas of the service and outside areas. Consumers residing in the MSU have access to a courtyard throughout the day. Where internal or external doors are locked consumers are provided with a keypad code to facilitate free movement.

Equipment and fittings at the service are regularly cleaned and maintained. Staff report faulty equipment as needed and categorise the urgency of each maintenance request, enabling maintenance staff to prioritise. All clinical and non-clinical equipment has scheduled maintenance plans.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 feel comfortable providing feedback and making complaints. Information on how to make a complaint is contained within the consumer handbook and is available throughout the service.

Consumers were aware of advocacy and language services. Relevant information was observed to be contained within the consumer handbook, and posters and pamphlets with contact information for advocacy and language services were located throughout the service. The service’s complaints policy and process also include this information.

Consumers were satisfied with how complaints are managed at the service. Staff resolve concerns immediately if able, otherwise concerns are escalated to management. Management addresses complaints as they arise and implement principles of open disclosure. Review of the service’s feedback register confirmed complaints are actioned in a timely manner.

There was evidence improvements are made to care and services as a result of feedback and complaints. An example was provided involving consumer feedback regarding communication difficulties with some staff. Management responded by developing a plan to improve communication. This was captured on the service’s plan for continuous improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 were satisfied with staffing levels and call bell response times. Staff confirmed the workforce is sufficient to ensure quality care for consumers and staffing levels are adjusted in response to changing consumer needs. When unplanned leave occurs, regular, casual or agency staff are used to fill vacant shifts. The organisation has an ongoing recruitment process aimed at building a casual staff pool and had successfully onboarded 25 staff since May 2024. Review of the service’s master roster and staff allocations demonstrated that from 1 September 2024 to 10 October 2024 there were no unfilled shifts. Review of call bell analysis for September 2024 evidenced an average response time of less than 2 minutes.

Consumers and representatives confirmed staff are kind, respectful and attentive. Consumer feedback indicated staff and management work to ensure the input of all consumers is valued and appreciated. Staff are familiar with consumers’ individual needs, preferences and routines and use consumers’ preferred names. The organisation has a ‘one family code’ and a ‘person centred care framework’ which provide guidance to staff in relation to inclusion and diversity.

The Assessment Team report indicated consumers and representatives were satisfied staff perform their roles effectively and are sufficiently skilled to meet consumer needs. Positive representative feedback was provided in relation to staff skills in supporting consumers with declining function. Staff complete mandatory training during onboarding and annually, and registration with professional boards is required for relevant staff. New staff are partnered with more experienced staff for their first shifts. There are position descriptions for each role. Staff competence is monitored via incident reports, consumer feedback, quality indicator reports, competency assessments, and performance appraisals.

Clinical staff have access to specific clinical and professional development programs. Staff receive training in legislative and regulatory requirements such as the Serious Incident Response Scheme and restrictive practice, along with infection control training. Training is developed at an organisational level when learning gaps are identified. A ‘clinical practice foundation program’ for clinical graduate staff is completed by all graduate nurses employed. New training has recently been introduced for care and food services staff to enhance the food and dining experience for consumers. Documentation review demonstrated high levels of staff completion of mandatory training modules.

There are effective processes in place to monitor and review staff performance. Reviews occur 3 months after staff commence at the service and annually thereafter. Staff are supported to reflect and undertake self-assessment in relation to achievements and areas for improvement, based on feedback from consumers, complaints or incidents.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 representatives are supported to provide feedback regarding care and services through participation in consumer meetings and the service’s consumer advisory committee. Consumer ideas and suggestions are collected regarding menu development, activities, and the service environment. in response to consumer feedback, changes have been made by the service to increase opportunities for participation.

The organisation has a suite of policies, procedures and work instructions that guide management and staff in maintaining an inclusive culture. The Board provides overarching governance and strategic direction to the larger organisation based on review of quality indicators, clinical audits, feedback and complaints data, and reports from regulatory assessments. The organisation’s governance structure is based on ‘4 pillars’ of quality, risk management, person-centred culture and behaviour, and continuous improvement. A range of committees provide information to the Board to ensure effective support and accountability in relation to care and services. The organisation communicates changes to policy, procedures or legislation to consumers, representatives and staff via a website, newsletters, emails, memorandums and meetings.

The service has effective organisation wide governance systems in relation to information management, continuous improvement, financial matters, the workforce, regulatory compliance, and feedback and complaints. Security breaches are reported, and mitigation strategies monitored. Consumer documentation not maintained in the electronic care management system is securely stored. The service has a range of policies relating to information security and privacy of information. The service’s plan for continuous improvement is informed by consumer, representative, and staff feedback, audits, incidents, and observations. Improvement activities have included the introduction of monthly community of practice meetings, the introduction of new training modules to enhance the food, nutrition and dining experience, and enhancements to falls prevention strategies. The Board determines financial delegations and authorisations according to role. The service manager has a level of authority sufficient to undertake their responsibilities. Position descriptions outline key performance indicators along with necessary certifications. The organisation ensures regulatory compliance via consultancy with legal providers and legislative update services, sector engagement, and the organisation’s legal counsel team. Oversight of feedback and complaints occurs at a service and organisational level. Consumer satisfaction surveys are conducted quarterly, and feedback informs the service’s plan for continuous improvement.

There is a risk framework in place which ensures high-impact or high-prevalence risks are identified, reported, and managed. The service has an effective incident management system and reports serious incidents via the Serious Incident Response Scheme in accordance with legislation. Staff receive training in relation to abuse and incident reporting, and management reviews all progress notes and incident reports. The service has policies and guidelines to ensure risks are identified, reported and monitored, and incidents reported and investigated. The organisation’s commitment to supporting consumers to live their best lives is outlined in framework documents.

There are overarching monitoring systems in place in relation to clinical care, and policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Clinical performance is monitored by the quality and risk team and the organisation’s clinical governance committee, which includes expert members such as a geriatrician and clinical pharmacists. A medication advisory committee meets quarterly and a visiting clinical pharmacist conducts resident medication management reviews. Documentation review demonstrated the service promotes a restraint-free environment and restrictive practice is used as a last resort. Complaints and feedback are recorded and discussed with the relevant parties and open disclosure principles are used.

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)