Performance

Report

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| Name: | Estia Health Willoughby |
| Commission ID: | 0584 |
| Address: | 202 Mowbray Road, WILLOUGHBY, New South Wales, 2068 |
| Activity type: | Site Audit |
| Activity date: | 27 November 2023 to 29 November 2023 |
| Performance report date: | 11 January 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 5462 Estia Health Willoughby |

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 Willoughby (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The provider submitted an email dated 15 December 2023 stating they accepted the Assessment Team’s recommendations.

# 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

This Quality Standard is assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, and their identity and backgrounds were valued. Staff demonstrated knowledge of consumers’ life stories and specific choices and preferences, and described how they treated consumers respectfully. Staff were observed interacting with consumers respectfully.

Consumers reflected care and services were provided in a way which supported their cultural background, such as speaking to consumers in their preferred language and celebrating cultural and religious days of significance. Care planning documentation included information about consumers’ cultural background and ways to provide culturally safe care and services. Consumers were observed receiving care and services to support their cultural background, consistent with care planning documentation.

Consumers and representatives considered consumers were supported to be independent and exercise choice about care and services, including who they would like to involve in their care. In addition, consumers and representatives reflected consumers were able to maintain relationships of choice, and received information on a regular basis which helped them to make choices. Management and staff explained how they supported consumers to make decisions, such as through care planning processes.

Consumers advised they were supported to live life on their terms in accordance with their wishes through consultation and assessment processes, and discussion of risk mitigation strategies, as reflected in care planning documentation. Staff said they supported consumers decisions, and described strategies in place to support consumers in doing things with an element of risk.

Consumers and representatives said information was communicated in an easy to understand, and timely manner, which helped in making informed choices. Staff described how they shared information with consumers in a way that was tailored to their specific needs, for example, using language cue cards. Information was observed to be readily available for consumers.

Consumers reflected their privacy was respected by staff. Staff explained how they respected consumers’ personal space and privacy, and maintained the confidentiality of personal information. Staff were observed following privacy protocols, such as knocking on a consumer’s door before entering and securely storing information.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Management advised risks were considered to consumers through evidence-based assessment tools, which identified ways to provide safe and effective care and services for consumers. Care planning documentation evidenced risks to consumers were identified through assessments and risk mitigation strategies to inform the delivery of care and services. Policies were in place to guide staff in the assessment and planning process.

Consumers and representatives said, and care planning documentation reflected, consumer needs, goals, and preferences, including end of life wishes, were identified and addressed during assessment and planning. However, management explained if consumers and representatives wished to discuss advance care planning at a later time, staff would follow this up during subsequent care plan reviews and case conferences or following a change in circumstance.

Consumers and representatives advised they were actively involved in the assessment, planning, and review of consumers’ care and services. Staff explained how they collaborated with consumers, representatives, and other providers of care and services in the assessment, planning, and review processes, as evidenced in care planning documentation.

Consumers and representatives said staff communicated the outcomes of assessment and planning to them, and either had a copy of the care plan or knew how to access it. Staff said they documented any changes relating to consumers, and described how they communicated care planning outcomes, for example, through meetings. Care planning documentation demonstrated assessment and planning outcomes were documented and shared with the consumer and those responsible for their care.

Consumers and representatives reflected they were able to provide feedback about consumers’ care and services and changes were accordingly made to meet consumers’ current needs, goals, and preferences. In addition, consumers and representatives said staff consulted them when changes or incidents occurred, warranting an updated care plan review. Care planning documentation demonstrated consumers’ care and services were reviewed on a 3 monthly basis or when there was a change in circumstance, to account for consumers’ current needs.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives reflected consumers received care which was safe and right for them which supported their health and well-being, and aligned with their needs and preferences. Management and staff described how they provided personal and clinical care for consumers in a way that promoted consumers’ health and well-being, and was tailored to individual needs. Policies, procedures, and guidelines were up to date and in alignment with best practice, to support the management of clinical and personal care.

Staff described high impact, high prevalence risks associated with consumers’ care, such as falls, and described what they would to do minimise and manage risks. Care planning documentation reflected risks to consumers were identified through assessments, and monitoring and referrals were completed to inform the management of these risks. Policies and procedures guided staff in managing high impact, high prevalence risks.

Staff described how the delivery of care changed for consumers nearing end of life and ways they supported consumers’ comfort and dignity, such as attending to personal care and monitoring pain. Staff said they involved the medical officer and palliative care specialists, and in addition the service had policies, procedures, and clinical protocols to guide staff in the management of palliative care. Care planning documentation demonstrated consumers’ needs, goals, and preferences were recognised and addressed through implementation of strategies to support dignity and comfort during the end-of-life pathway.

Consumers and representatives said deterioration or changes were promptly responded to. Staff explained the processes in place to communicate, document and escalate concerns relating to clinical deterioration or changes in consumers. Care planning documentation demonstrated deterioration or changes were recognised and responded to in a timely manner by completing assessments, undertaking monitoring, and escalating concerns to other providers of care and services.

Staff said they had access to relevant information about consumers to guide the delivery of care and services, and described how they communicated information with others responsible for consumers’ care, for example, through shift handovers and referrals. Care planning documentation reflected information about consumers was shared within the organisation and with others, such as through progress notes and case conferences.

Consumers and representatives said referrals were completed in a timely and appropriate manner. Management and staff said they consulted consumers and representatives when completing referrals, and had access to a dedicated network of individuals, organisations, and service providers. Care planning documentation demonstrated referrals were completed in a timely manner, and reflected the input of other providers of care and services such as allied health professionals and specialists.

The service had an appointed infection prevention and control lead, an outbreak management plan, training, policies, and procedures to minimise infection related risks. Staff described how they prevented and controlled infections, and promoted appropriate antibiotic prescribing. Staff were observed following infection control and minimisation protocols.

# 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

This Quality Standard is assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives reflected how consumers were supported to be independent and do things of interests through activities and access to services and supports. In addition, consumers advised staff considered their daily living needs and helped them to participate in activities. Staff described how they considered consumers’ needs, goals, and preferences to provide safe, effective services and supports, including modifying equipment and activities to support consumers with mobility and sensory needs. Staff said, and care planning documentation demonstrated, assessments were completed to appropriately identify how to support consumers daily living needs, goals, and preferences.

Consumers said they had access to services and supports which helped their emotional, spiritual and psychological well-being, as evidenced in care planning documentation. Staff described the various spiritual and psychological services available, and provided emotional support by spending one on one time with consumers.

Consumers and representatives advised consumers received services and supports which helped them to participate in their communities, have social and personal relationships, and do things of interest. Management and staff described ways they supported consumers’ interests, social and personal relationships, and community connections, which aligned with information in care planning documentation.

Staff said they communicated information about consumers within the organisation, and with others responsible for care through meetings, shift handovers, updating documentation, email and telephone correspondence. For example, staff explained how they shared information about consumers’ dietary requirements with kitchen staff to provide appropriate meals for consumers. Documentation reflected information was shared within and outside the service to support the delivery of care and services.

Staff advised assessments identified appropriate services and supports to refer consumers to, and described other organisations, providers, and individuals available for consumers, such as volunteers and mobile library service. Care planning documentation evidenced referrals were completed in a timely manner.

Consumers reflected they were satisfied with meals at the service, and advised there were different options available and meals were catered to their needs. Staff said consumers feedback was sought into the development of the menu, and consumers’ dietary requirements including culturally specific foods were catered to. Care planning documentation reflected consumers’ dietary requirements, which aligned with consumer feedback.

Consumers said equipment was clean, safe, suitable, and well maintained, and were able to report any issues or concerns with staff. Staff said they cleaned equipment in between use, and maintenance checks were undertaken. Cleaning logs, preventative and reactive maintenance documentation were up to date.

# 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

This Quality Standard is assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment was easy to navigate and welcoming, and consumers were supported to personalise their room. Management said, and meeting minutes demonstrated consumers and representatives were informed of planned renovations to the service environment and their feedback was sought. Management described aspects of the service environment which supported consumers to be independent, and helped their sense of interaction and function. The service environment was observed to be easy to navigate.

Consumers said they were satisfied with the cleanliness and maintenance of the service environment. Management advised the service had approved contractors to attend to maintenance concerns, in addition to maintenance staff. Cleaning staff explained how they cleaned the service environment and staff were observed following this in practice. Cleaning schedules and logs, and maintenance documentation demonstrated cleaning and maintenance was up to date. The service environment was observed to be well maintained, and consumers were observed to be moving freely and using various indoor and outdoor areas.

Consumers considered furniture, fittings, and equipment were kept safe, clean, and well maintained, and advised maintenance requests were addressed in a timely manner. Staff explained that maintenance requests were reported in the maintenance logbook and checked throughout the day, with maintenance schedules and programs were in place. Management explained staff were provided training to assist with the appropriate use of maintenance equipment, to undertake cleaning and maintenance per the schedule. Furniture, fittings, and equipment were observed to be clean and in good condition.

# 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

This Quality Standard is assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they were encouraged and supported to provide feedback or raise any concerns to management and staff. Management and staff described the options available for consumers and others in providing feedback or lodging a complaint, such as through telephone and email correspondence. In addition, there was the option to submit feedback forms anonymously through secure boxes observed throughout the service environment.

Management and staff described other ways consumers were supported to raise and resolve complaints through advocates, language services, and other complaints resolution pathways. Consumers and representatives confirmed they were aware of external supports available for advocacy and complaints. Information was observed throughout the service environment to inform consumers of complaints resolution pathways available, such as through the Commission.

Consumers and representatives advised when things went wrong or complaints were raised, their concerns were acknowledged, an apology was provided, and they were consulted on improvements. Staff explained the processes to respond to complaints or when things went wrong in a timely manner, including use of open disclosure methodology. Documentation evidenced resolution in a timely and appropriate manner. The service’s feedback, complaints, and open disclosure policies and procedures were available to guide staff.

Consumers and representatives reflected feedback and complaints were resolved in a manner which saw improvements. Management described the processes in place to manage and resolve complaints, such as conducting an investigation, consulting relevant parties, and implementing change. Management advised complaints, feedback, and incidents were documented and incorporated in the service’s plan of continuous improvement (PCI). Improvements to the service and actions taken were evidenced in the PCI and meeting minutes.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and staff considered the service had an adequate number of staff available to support their care needs, and consumers advised their calls for assistance were answered in a timely manner. Workforce planning and management strategies were in place to enable the delivery of safe, quality care and services with ongoing monitoring for effectiveness, for example, call bell data was reviewed and discussed during daily leadership meetings. Management said there was a permanent workforce in place, however, contingencies were in place to account for emerging needs, such as using agency staff. Staff rosters evidenced all shifts were filled and reflected a mix of staff were deployed across the service, including registered nurses available 24 hours a day, 7 days a week.

Management outlined ways staff interacted with consumers in a kind and caring manner, with respect to their individuality, culture, and diversity. Care planning documentation included information about consumers identity, culture, and diversity, and staff interactions were observed to be kind, caring and respectful.

Management said staff competency, qualifications, and knowledge was checked prior to employment and monitored after commencement. Documentation evidenced these were up to date, with management explaining how these records were used to ensure staff compliance with expectations of employment. Management said staff were required to complete competency assessments, and in addition competency was monitored through observations, feedback from others, and annual performance appraisals. Staff said they were provided training to ensure they had the knowledge and skills to perform their role.

Management advised training was completed on an annual basis and throughout the year. Overall, documentation demonstrated training was up to date, with plans in place to address any outstanding training. Staff said in addition to training, they were provided professional development opportunities and ongoing feedback to help with their performance. Management explained the recruitment processes and strategies in place, which included checking the Commission’s banning orders register, partnering with recruitment agencies, engaging nursing students on a placement program with local universities.

Management explained staff were required to complete a 6 month probation period upon commencement of employment, and a performance review was completed on an annual basis thereafter. In addition, management advised staff were provided feedback throughout the year. Staff said they had annual performance reviews, consistent with management feedback. Overall, documentation evidenced staff appraisals were up to date, and a plan was in place to complete outstanding appraisals by 31 December 2023.

# 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

This Quality Standard is assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers reflected they were able to provide feedback about care and services and make suggestions about improvements. Management described how consumers were engaged in providing feedback, such as through meetings, and consumers involvement was evidenced in meeting minutes and surveys. The service collected consumer input and suggestions on planned refurbishments, with management explaining ongoing formal consultation on development plans being undertaken within consumer meetings.

Consumers said they lived in an inclusive environment with access to quality care and services. Management and staff described how the governing body maintained oversight and accountability for the delivery of safe, inclusive quality care and services. For example, the Board monitored and reviewed routine reports, and analysed data relating to the consumer experience and clinical indicators to identify wider trends and implement improvements. Management described the various ways information was communicated across different levels of the organisation, from the service delivery level to the governing body, and in addition to seeking consumer feedback, staff were encouraged to provide suggestions and input into the service.

Organisation wide governance systems were effectively supported by polices, procedures, training, reporting mechanisms, data analysis and trending and audits. The governance systems covered information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, in relation to continuous improvement governance; the organisation reviewed quality performance data, audits, clinical indicators, and feedback, complaints, and incident information to maintain oversight of performance against the Quality Standards. Improvements were added, monitored and implemented through actions recorded on the PCI.

The organisation identified, assessed, and managed high-impact, high-prevalence risks by providing up to date best practice policies, guidelines, and decision-making tools to guide the management of these risks. Management advised they analysed incidents to identify issues and trends, and these results were reported to the governing body to inform improvements. Management and staff demonstrated an understanding of what constituted elder abuse and neglect, and described what they would do in responding to this, including incident management. The service had an incident management system which captured risks for all consumers, and evidenced incidents were reported to the Commission within the reportable timeframe under the Serious Incident Response Scheme (SIRS). Consumers were supported to live their best life through risks assessment processes.

The Board maintained oversight of clinical governance arrangements by monitoring and reviewing audits and clinical data, and delegated responsibilities and actions across the organisation, such as the clinical governance subcommittee. In addition, the clinical governance framework was supported by policies, procedures, and training. Management and staff described the measures in place to support antimicrobial stewardship, minimising the use of restraint, and practising open disclosure.

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)