Performance

Report

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| Name: | Estia Health Yarra Valley |
| Commission ID: | 4482 |
| Address: | 21 Hoddle St, YARRA JUNCTION, Victoria, 3797 |
| Activity type: | Site Audit |
| Activity date: | 28 May 2024 to 30 May 2024 |
| Performance report date: | 26 June 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 2999 Estia Health Yarra Valley |

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 Yarra Valley (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed their identity, culture and diversity was respected and staff treated them with dignity and respect. Staff explained they were trained in providing care which respected consumers’ cultural preferences, and described how they incorporated their training in care delivery. Respectful and dignified interactions were observed between staff and consumers, as staff provided care in line with consumers’ individual choices and preferences.

Consumers confirmed staff valued their cultural backgrounds and provided care tailored to their needs and cultures. Staff were aware of consumers’ cultural history and explained lifestyle assessments were conducted during the entry process which gathered information about their place of birth, history and days of cultural significance. Care documentation evidenced consumers’ cultural preferences and individual values.

Consumers and representatives said they had choice in how consumers’ care was delivered, who was involved in their care, how consumers wanted to maintain relationships with people of importance to them, with support provided to make connections with other consumers. Staff explained consumers’ choices and decision making was supported through care planning processes, which occurred at entry and were updated routinely. Consumers were observed socialising with each other in communal areas, whilst staff provided support which allowed participation in group activities.

Consumers and representatives gave practical examples of how consumers were supported to take risks and live life as they chose, such as leaving the service independently to attend activities. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to pursue activities which involved risk and the strategies in place to minimise possible harms.

Consumers and representatives confirmed they received timely information in ways which enabled them to make choices and said they were informed about scheduled activities and events. Staff explained information was provided to consumers in ways which met their differing sensory needs, with the activities calendar and menu promoted in communal areas. Care documentation evidenced consumers’ preferred communication methods, in particular their requests to receive a copy of minutes from the monthly consumer meeting.

Consumers confirmed their information was kept confidential and gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms, whilst confidentiality was maintained by keeping their personal information secure and sensitive discussions were held in private areas. Staff were guided by a privacy policy and attended training in how to maintain consumers’ privacy.

# 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 found Compliant, as:

Staff described how risks to consumers were identified, monitored and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, such as falls and pressure injuries, with care strategies planned to guide staff practice. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during the entry process and revisiting these discussions during scheduled care reviews and as consumers needs changed. Care documentation reflected consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals, such as geriatricians, participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment of consumers’ care, with an emphasis on planning processes being person centred. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as dementia specialists.

Consumers and representatives said staff explained outcomes of the assessment and planning of consumers’ care, and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the electronic care management system (ECMS) and shared with consumers and representatives. Care documentation evidenced outcomes of assessment were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, following which their changed needs were updated in their care plan. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, and reassessment occurred in response to incidents and when their circumstances changed.

# 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 found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer were managed. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were monitored, managed and prevented. Care documentation evidenced risks to consumers, such as pressure injuries and unplanned weight loss, were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort care, pain monitoring and emotional care, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences, with support available from palliative care specialists. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives confirmed staff recognised changes in consumers’ conditions and responses were timely. Staff explained a symptom assessment tool was used to monitor consumers’ overall health condition, as well as changes in their behaviour, mobility, pain levels, appetite and weight loss, with any changes documented and the consumer escalated to clinical staff for review, with support from medical officers and allied health professionals. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers confirmed their care needs were effectively communicated, known and understood by staff, particularly in relation to management of risks associated with their care. Staff explained changes in consumers’ care and services were documented and communicated during shift handovers and they accessed information in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as dieticians and speech pathologists, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in the event of a COVID-19 outbreak. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, particularly in the event of a COVID-19 outbreak.

# 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 found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest to them which optimised their well-being, such as participating in bingo and word games. Staff explained activities were tailored to consumers’ interests and they participated in designing the activities program, with the frequency of bingo games increased because of consumers’ feedback. Consumers were observed participating in a range of activities such as exercise classes and singalongs, and staff supported them as needed.

Consumers and representative confirmed staff supported consumers’ emotional, psychological and spiritual needs. Staff had knowledge of consumers’ emotional and psychological needs and advised they supported consumers by spending one-on-one time with them when their mood was low. Care documentation evidenced consumers’ emotional, psychological and spiritual needs, with guidance on how those needs could be met.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as visiting other consumers to share a meal, and leaving the service independently to attend the local library. Staff had knowledge of how to support consumers’ participation in activities, along with supports needed for those who preferred on-to-one engagement. Care documentation evidenced consumers’ activities of interest and people of importance to them.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated, particularly as staff understood their current preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

Consumers and representatives confirmed when additional support was needed, they were promptly referred to other organisations and service providers and gave positive feedback about the services consumers received. Staff explained volunteer programs were engaged to spend meaningful one-on-one time with consumers, with spiritual support provided by local church leaders. Care documentation evidenced timely referrals were made to other organisations to meet consumers’ support needs.

Consumers gave positive feedback about meals, which were varied, aligned with their preferences and dietary requirements and were developed based on feedback provided at food focus meetings and during meal services. Staff explained consumers had choice in their meals, which were served to ensure dietary needs and preferences were met. Meal service was observed, and consumers appeared to enjoy their meals which met their dietary requirements.

Consumers and representatives said equipment provided by the service, such as mobility aids, was safe and well maintained. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned, inspected and serviced. Staff were observed cleaning shared equipment between each use and personal mobility aids were clean and suitable for consumers’ use.

# 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 found Compliant, as:

Consumers said the service had a welcoming atmosphere, it was easy to find their way around and they were comfortable living there, particularly as rooms were personalised with their own belongings. Consumers’ understanding of the service environment was supported by directional signs, whilst communal areas encouraged a sense of belonging and interaction with others. Consumers were observed spending time indoors and outdoors, socialising with each other and their families.

Consumers gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms, which were attended to daily. Staff said, and observations confirmed, consumers had free movement both indoors and outdoors, and support was provided, if needed. Consumers were observed moving freely around the service and accessing the outdoors to exercise.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be clean, in good condition and suitable for consumers’ use.

# 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 found Compliant, as:

Consumers and representatives said they felt safe and supported to raise concerns and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Staff explained consumers and representatives could also make complaints and provide feedback by surveys, email and at food focus meetings. Complaints documentation and meeting minutes evidenced consumers were encouraged to provide feedback and raise issues of concern.

Consumers and representatives understood how to access external complaints and advocacy services, whose contact details were included in the consumer handbook. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Multilingual posters and brochures promoted access to the Commission, advocacy services and language services.

Consumers said action was taken in response to complaints and gave practical examples of changes made to meal delivery services for consumers who chose to eat in their rooms. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced an effective reporting processes and the use of open disclosure in complaints management.

Consumers and representatives gave practical examples of how their feedback and complaints, resulted in the concreting an outdoor area to improve accessibility following wet weather, for consumers who enjoyed spending time outdoors in sunshine. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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 found Compliant, as:

Consumers and representatives gave positive feedback about staffing levels and confirmed consumers’ needs were promptly met, and the delivery of care was not rushed. Management explained the roster was developed based on meeting legislative responsibilities, consumers’ feedback and their clinical needs, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers and representatives said staff were kind, caring, respectful, understood what was important to consumers and had appreciation for the time spent in conversation when care was delivered. Staff were familiar with consumers’ needs and preferences and explained how they spent time building rapport, which supported friendly interactions during care delivery. Staff were observed treating consumers with respect and addressing them by their preferred names during interactions.

Consumers confirmed staff were suitably skilled, knowledgeable and competent in meeting consumers’ care needs. Management explained, and staff confirmed, their competency was determined through pre-employment checks, an orientation program, regular training which reflected the Quality Standards, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers confirmed staff were well trained and gave positive feedback about their skills when providing personal and clinical care. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection control, open disclosure, with additional training arranged at the request of staff. Training records evidenced all staff had completed mandatory training as scheduled.

Management advised, and staff confirmed, staff performance was assessed and monitored through annual performance reviews, analysis of internal audit results and clinical data, with informal appraisals through competency assessments, observations and discussions with consumers and representatives. Staff confirmed they participated in performance reviews and described the process as an opportunity for self-reflection, training needs were discussed, and they were supported by management. Personnel records evidenced all staff performance reviews had been completed.

# 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 found Compliant, as:

Consumers and representatives gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through the consumer engagement advisory committee, which provided feedback to the board of directors (the board). Management advised consumers contributed to service evaluation through scheduled meetings, the feedback process, surveys and care plan reviews. Documentation evidenced consumers were actively engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to care and services. The board was accountable for service delivery and satisfied itself the Quality Standards were being met through committees focused on clinical governance and medication management, and it received regular reports on routine audits, consumer and representative feedback and complaints, reported hazards and risks, and clinical incident data. Meeting minutes evidenced operational management reports were submitted to the board and benchmarked with other services in the organisation to identify and address wider trends in service delivery.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)