Estia Health Aberfoyle Park

Performance Report

39 Campus Drive
ABERFOYLE PARK SA 5159
Phone number: 08 8370 5766

**Commission ID:** 6168

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 28 July 2021

**Date of Performance Report:** 1 September 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 16 August 2021
* other information and intelligence held by the Aged Care Quality and Safety Commission.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

Consumers and representatives spoke positively about staff. Most consumers and representatives interviewed confirmed consumers get the care they need and were satisfied with the personal and clinical care provided. Consumers and representatives said that medical officers and allied health professionals are involved in the care of the consumers. All consumers reported staff know the care they need, and they receive the care that is safe and right for them.

Representatives provided examples of how staff support consumers including those with complex behaviours. They said that referrals to dementia support services had occurred and strategies that had been recommended had been implemented by the service.

The Assessment Team interviewed clinical and care staff at the service who described how they remain abreast of current information including through policies and procedures, memoranda, verbal handovers, care planning documentation and staff meetings.

Staff demonstrated knowledge of the consumers’ personal and clinical needs and could provide examples of individualised strategies for managing behaviours. Staff were aware of consumers who required additional emotional support and described how they would escalate a concern to clinical staff if there was a change to the consumer’s health and wellbeing.

The Assessment Team reviewed care planning documentation and identified that validated assessments had been completed on entry and on an ongoing basis to identify each consumer’s personal and/or clinical care needs and preferences. Information gathered through assessment processes and conversations with consumers and/or representatives had been used to develop individualised care plans which aimed to optimise health and well-being.

For consumers with complex care needs, including behaviours, the Assessment Team identified involvement of a medical officer and Older Persons Mental Health. Where appropriate, referrals are made to organisations such as Dementia Support Australia to explore nonpharmacological interventions to support consumers wellbeing.

For consumers involved in incidents, assessments had been completed where appropriate and care plans had been reviewed. Short focused staff meetings are held following incidents and the Assessment Team found evidence where these meetings included discussions about strategies to support consumers behaviour.

The organisation has policies and procedures to assist in guiding staff to ensure best practice is achieved and care and services provided optimise consumers health and well-being.

This requirement is Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team brought forward information demonstrating that the organisation has an established risk management framework that includes processes to identify and assess risks to consumers health, safety and wellbeing.

Policies and procedures provide guidance to staff and management in relation to elder abuse, diversity and inclusion, incident reporting and management processes, including reportable incidents under the Serious Incident Response Scheme.

Staff described how they are alerted to a new policy in circulation and said that when this occurs, teaching modules are delivered that support their knowledge and understanding. Staff were able to provide examples of how these policies applied to their work.

Organisational risks are monitored by the Risk Committee and communicated to the governing body.

Risks associated with the care of consumers are assessed on entry and reviewed three monthly or following an incident or change in the consumer’s condition.

Monitoring processes include incident reporting mechanisms, clinical review processes and analysis and trending of data relating to clinical incidents, reportable incidents, hospital transfers due to injury, infections, weight variances and complaints. Incident data is reported and discussed at an organisational level with organisational learning opportunities discussed at the Quality Improvement Committee and Clinical Development Steering Committee.

The approved provider’s response to the Assessment Team’s report included additional information about actions that have been taken following the assessment contact. These include revising the agendas for the Clinical Care Committee meeting and the Head of Department meeting to address incidents relating to the Serious Incident Response Scheme, in addition to other high risk incidents or consumers at the service. The incident Management Policy has been updated with additional references to open disclosure.

This requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.