Estia Health Albany Creek

Performance Report

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**Commission ID:** 5786

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 22 July 2021

**Date of Performance Report:** 17 August 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 |

# 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 Approved provider’s response to the Assessment Contact - Site report received 5 August 2021
* the Assessment Team’s report for the Site Audit – Site conducted 10 November 2020 to 12 November 2020.
* the Performance report for the Site Audit conducted 10 November 2020 to 12 November 2020.
* the Accreditation decision for the Site Audit conducted 10 November 2020 to 12 November 2020.
* the service’s Plan for continuous improvement submitted to the Commission 06 January 2021.

# 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a Compliance rating or summary 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.*

The Assessment contact report identified deficiencies in monitoring processes for six consumer who were subject to restrictive practices in the form of environmental restraint. The Approved provider’s written submission to the Assessment contact report refutes this information and provided a table to demonstrate the six consumers noted in the Assessment contact report had their restrictive practice authorisations reviewed 12 November 2020 and 3 August 2021. The Approved provider also noted the consumers noted to require restrictive practices in the form of environmental restraint, were independently mobile and required the restraint to remain in place for their safety. Following the review of these consumers on 03 August 2021, there was no change for their need for restrictive practice, in the form of environmental restraint. While I acknowledge the Approved provider’s response in relation to the need for restrictive practices, in the form of environmental restraint, was to provide safety for the consumers. It would be reasonable to expect a review of the reasons why consumers were wandering and the implementation of actions to distract these actions would be implemented.

While I acknowledge the *Quality of Care Principles 2014* Section 15F (2) (e) (ii) which requires the regular monitor and review the necessity of the restraint, there is no stipulated time frame regarding the frequency of review. I do note however, in the Plan for continuous improvement submitted by the Approved provider received by the Commission as part of the Directions Notice, ‘ongoing monitoring of environmental restraint will be completed by the Care Director with all new admissions and on an ongoing 3 monthly reviews and including revisiting the above discussions at the 3 monthly review (sic) with the resident’s (sic) representative’. This action was listed as completed 21 December 2020, however this is not reflective in the Approved provider’s response which indicated restrictive practice reviews for the six consumers did not occur between 12 November 2020 and 3 August 2021. While I note the Approved provider has noted there had been no new consumers entering the service as of 20 December 2020, the intention of the Approved provider’s action included in the Plan for continuous improvement is not clear in relation to consumers who had previously been assessed as requiring restrictive practices, in relation to ongoing monitoring and review processes.

The Assessment contact report identified a further 10 consumers residing outside the Memory support unit did not have ongoing authorisations, monitoring or reviews documented to indicate their continued need to be environmentally restrained. The Approved provider in its written response provided a table including seven consumers’ initials indicating restrictive practice authorisation had been reviewed. Information included above regarding the intention of the Approved provider to regularly review restrictive practice authorisations on a three-monthly basis is not supported by this table also relates to these seven consumers. I do note however, one consumer had a restrictive practice authorisation completed 03 August 2021, and the Approved provider has noted this consumer is a new consumer to the service, yet entry dates for the consumer were not included in the Approved provider’s response.

The Assessment contact report identified care documentation for two consumers receiving psychotropic medications on a as required basis did not identify that alternatives had been trailed prior to the commencement of a psychotropic medication. The Approved provider refuted this information and recorded in its response for one consumer they had not been administered as required psychotropic medication and following a review by their Medical officer 21 July 2021, the psychotropic medication was ceased. For the remaining consumer, the Approved provider submitted evidence alternative strategies were trialled prior to the administration of as required psychotropic medication on four occasions between 12 May 2021 and 9 July 2021.

The Assessment contact report included information relating to a lack of evidence to support a review of chemical restraint had been undertaken with the Medical officer and the consumer or their representative. The Approved provider refuted this information and provided a table indicating dates of discussions with five consumers’ representatives who require restrictive practice in the form of chemical restraint had been undertaken. I note for one of these consumers, it does not appear they have been included in a table submitted by the Approved provider of consumers currently requiring restrictive practices.

The Assessment contact report included information indicating the service did not record in consumer’s care documentation any alternative strategies to the use of psychotropic medications used as a chemical restraint, to guide staff providing care services. The Approved provider refuted this information and stated alternate strategies were recorded in consumers’ care plans and diversional strategies were in place in behavioural care plans. The Approved provider documented in its response the alternative strategies for five consumers currently requiring restrictive practices in the form of chemical restraint. I note however, for four consumers the interventions are identical and include strategies including ‘diversional therapy, alternation to nursing care, triggers for behaviour avoided and activity’. This does not support a review of individual consumer requirements has been undertaken in relation to strategies to reduce the use of chemical restraint. Care planning for other consumers requiring restrictive practices in relation to chemical restraint were not submitted as part of the Approved provider’s response. It may be beneficial for the Approved provider to assess each individual consumer to provide meaningful and individual alternate strategies to be trialled before the use of chemical restraint is utilised.

I acknowledge the Approved provider had taking actions to reduce the number of consumers prescribed psychotropic medication and provided information in its written response which indicated 77 consumers were reviewed between November 2020 and June 2021, and 19 psychotropic medications were ceased during this process. I am unable to qualify from the data submitted by the Approved provider if consumers were reviewed on more than one occasion through this process.

In coming to my decision of Compliance in this Requirement I have considered further evidence included in the Assessment contact report including consumers were receiving safe and effective personal and clinical care. Consumers’ care documentation reflected the delivery of safe and effective care tailored to the needs of consumers. Consumers and representatives provided positive feedback in relation to the delivery of care and services. Staff were aware of the individual needs and preferences of consumers, which were in line with consumers’ preferences and care planning guidelines. The service had effective processes to address consumers’ skin and pain management needs. I also note there was no evidence that indicated consumers were subject to restrictive practices without an initial authorisation.

In conclusion, based on the information contained above, it is my decision this Requirement is now 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.