Estia Health Aldgate

Performance Report

4 Gibb Road
ALDGATE SA 5154
Phone number: 08 8370 9311

**Commission ID:** 6117

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 3 August 2020

**Date of Performance Report**: 8 October 2020

# Publication of report

This Performance Report **may 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)(b) | 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 13 August 2020.

# 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 assessed Requirement (3)(b) in Standard 3 and recommended the Requirement as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the response from the approved provider to come to a view that the service is Compliant with Requirement (3)(b) in Standard 3. The other Requirements of the Standard were not assessed.

Overall consumers sampled said they feel safe living at the service and staff are kind and caring. Staff treat them with respect and assist them with their activities of daily living, such as showering and assisting them with toileting. All consumers said that the service has a home-like atmosphere.

The Assessment Team viewed incident reports, progress notes and care plan documentation in relation to an alleged sexual assault of a consumer by a staff member in July 2020. The consumer reported the incident to their representative who reported it to the service several weeks after the alleged incident. Following the service becoming aware of the incident, appropriate steps were taken by management to ensure the safety and well-being of the consumer.

Documentation viewed by the Assessment Team showed the consumer displays verbal behaviours, including resistance to care during personal hygiene. The consumer was reviewed while in hospital in December 2019 and by the local Medical Officer for numerous medical conditions, including chronic constipation and delirium. Following the incident, the service has reviewed the consumer’s assessments and care plans, including bowel management and nutrition and hydration. The consumer was reviewed by the Medical Officer on five occasions during July 2020. This included a review of the consumer’s medications. Bowel charts for July and August 2020 indicate the service was monitoring the consumer’s bowel movements and administering aperient medication in accordance with the Medical Officer’s directions.

Following the incident, the service implemented strategies to manage the consumer’s behaviour. These included allocating two staff to attend to the consumer while personal care is being provided and medications are being administered. Clinical care meeting minutes viewed by the Assessment Team noted the strategies in place for staff when caring for the consumer.

Staff were able to describe high impact and high prevalence risks for consumers at the service. Staff said they were aware of where changes made to a consumer’s care plan are documented. Staff said they are provided with information regarding any changes to a consumer’s care regime during handover. All staff said they have received training in assessment and planning of high impact or high prevalence risks associated with the care of each consumer, as well as elder abuse and compulsory reporting training.

The Assessment Team viewed three consumer’s files which demonstrated high impact or high prevalence risks are identified by nursing staff on entry and on an ongoing basis. The assessments identified risks associated with adverse behaviours, falls, diabetes, nutrition and hydration, bowel and urinary tract infections. Care plan documentation is discussed with the consumer and/or their representative. Care and services are reviewed six-monthly or ‘as required’.

The service has policies and procedures to guide staff practice in relation to falls, deterioration of a consumer, the management of pain, diabetes and behaviours, and reportable assaults.

Based on the information detailed above, I find the approved provider, in relation to Estia Health Aldgate, does comply with Requirement (3)(b) of Standard 3.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

# 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

The Assessment Team assessed Requirement (3)(d) in Standard 8 and recommended the Requirement as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the response from the approved provider to come to a view that the service is Compliant with Requirement (3)(d) in Standard 8. The other Requirements of the Standard were not assessed.

The organisation has a governance system which is overseen by the organisation’s corporate structure. The organisation was able to demonstrate an effective Risk management system and documented Risk management framework, which includes policies and procedures to guide staff in all aspects of care. The organisation has systems to support legislative compliance and the identification of best practice which informs quality systems.

Staff and management were able to demonstrate that effective risk management systems and practices were in place. These included, but are not limited to, the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, and supporting consumers to live the best life they can.

The organisation has a system for identifying and responding to abuse and neglect of consumers. Management described the risk mitigation strategies in place to manage risks to staff where consumers’ behaviours may impact on the service or staff. This may include having two staff present during service delivery.

The Assessment Team viewed the service’s compulsory reporting log and noted that all compulsory reporting incidents had been reported in according with legislative requirements. In relation to the incident described in Standard 3(3)(b) above, the Assessment Team noted an incident report had been completed and interviews held with the consumer, their representative and the staff member. The Assessment Team noted that a second reportable incident had been recorded on the log involving another consumer. This had also been reported in accordance with legislative requirements.

The organisation has policies and procedures which direct management and staff to support consumers to live the best life they can, recognising the consumer’s right to choose, while managing the high prevalence risks associated with their care. Staff said policies and procedures are discussed with them and provided examples of their relevance to their work. This included strategies for falls management and the management of delirium.

Staff described their responsibilities on the reporting and escalating of compulsory reporting incidents. Staff said they have completed training on elder abuse and compulsory reporting. Staff said the organisation has systems and processes for reporting incidents and ‘near-miss’ incidents.

Based on the information detailed above, I find the approved provider, in relation to Estia Health Aldgate, does comply with Requirement (3)(d) of Standard 8.

## 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.*

# 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.