Estia Health Ardeer

Performance Report

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**Commission ID:** 4314

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 6 November 2020

**Date of Performance Report:** 1 December 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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.
* A response submitted by the approved provider on 30 November 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Three of the six specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team found that representatives commented on the fact that staff supported consumers in a respectful and caring manner during and after the recent COVID-19 outbreak. Staff and consumers come from multiple cultural and linguistic backgrounds and the culture of the service supports respect for diversity. To enhance ongoing communication with each consumer in relation to the maintenance of their identity, dignity and respect strategies are documented in their care plan.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate that consumers are treated with dignity and respect and that their identity is valued.

### Requirement 1(3)(c) Compliant

*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.*

The Assessment Team found that management was able to demonstrate ongoing relationships between consumers in the service and maintenance of relationships outside the service. The majority of the nine representatives contacted stated that the consumer and the consumer’s family members are involved in making decisions about the care of the consumer and that consumers are able to maintain relationships.

#### Care plans document the individual’s preferences across the range of domains; for example, nutrition and hydration, sleeping routines, communication strategies, preferred activities, those whom the consumer wishes to be involved in their care, independence and general activities of daily living. Consumers were supported to make decisions during and after the outbreak, through staff actively engaging them in each interaction and episode of care provision. Staff respect the consumer’s wish for quiet or personal time and the celebration of their faith.

The approved provider did not submit a response to this requirement.

#### Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate that consumers are supported to exercise choice and independence.

### Requirement 1(3)(e) Compliant

*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.*

The Assessment Team found that representatives reported information is provided to them in a variety of formats and that they were regularly updated by management and staff during the COVID-19 outbreak.

Management stated and documentation confirmed that representatives were contacted regularly during the COVID-19 outbreak to provide consumers and representatives with specific and timely information. The Assessment Team reviewed the service’s outbreak communication book which confirmed representatives were contacted daily using a variety of mediums including telephone, email and short message service. These communication strategies are being maintained.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate that current, accurate and timely information is communicated to each consumer.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Three of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The Assessment Team found that care planning documents provide evidence of initial and ongoing comprehensive assessments, risk assessments and planning that meets the changing needs and individual preferences of the nine consumers sampled. Care plan documentation reflects the outcome of risk assessments undertaken in relation to skin integrity, falls and specialised care needs. The service has established policies and procedures that guide staff in the assessment and care planning process. All consumers, including those who recently returned from hospital, have current assessments and care plans.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate assessment for each consumer considers risk and this information is used to inform the care plan.

### Requirement 2(3)(c) Compliant

*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.*

The Assessment Team found that assessment and care planning documents record input from consumers and/or their representatives and from specialists involved in the care of the consumer including geriatricians, general practitioners, members of the allied health team. These include the dietitian, podiatrist and physiotherapist and the lifestyle team. Representatives and consumers are generally satisfied with process of consultation about consumers’ care and services which occurred prior to, during and following the service’s COVID-19 outbreak.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate assessment and care planning is based on ongoing partnership.

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team found assessment and care planning documentation reviewed, management feedback and feedback from representatives confirmed care and services are reviewed regularly and when circumstances change. All consumers have been reviewed following their return from hospital in September 2020.

Consumers’ care plans sampled documented evidence of review of care on both a regular basis and when circumstances change, or incidents occur. Documentation of each incident includes details of the follow-up investigation and management overview. The general practitioner and appropriate other allied health staff are informed and undertake re-assessments that inform the development of strategies that are documented in the care plan and handover documentation.

During the COVID-19 outbreak, representatives stated the service’s liaison officers, ensured daily feedback on each consumer’s evolving condition was communicated to them. A variety of electronic communication processes were utilised, most commonly the telephone. This complemented the information they usually received in relation to any changes to care, medications and of any incidents. In addition, they continued to receive a call monthly to review the consumer’s progress

Regular care review processes have been re-established since the service was cleared of the COVID-19 outbreak.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate effective processes to review consumers’ care and services.

# 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

Three of the seven specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this 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.*

The Assessment Team found that individualised personal and clinical care is provided that is safe, effective and tailored to the specific needs of the consumer in relation to pain management and management of skin integrity. Staff have access to policies and procedures which are reviewed and updated to reflect best practice guidelines. Representatives interviewed are satisfied with the clinical and personal care that consumers receive.

While the Assessment Team noted some gaps in the singing of a consumer’s psychotropic medication review prior to and during the recent COVID-19 outbreak, the response submitted by the approved provided demonstrated regular monitoring by staff, review by the general practitioner and recording of verbal consent for the use of the medication by the consumer’s representative through progress note entries.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate that personal and clinical care is based on best practice and tailored to the needs of each consumer.

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

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

The Assessment Team found that consumers who may experience high impact and high prevalence risks such as weight loss and falls have risks identified, assessed and responded to, to reduce and mitigate risks to the consumer and others.

A falls risk assessment tool is used to assess the level of risk and the physiotherapist undertakes a full mobility assessment on entry, on an ongoing basis as indicated, and following any fall. Falls mitigation strategies are documented in consumer care plans and are updated as changes occur. All consumers who experienced weight loss during the recent COVID-19 outbreak were reviewed by their medical officer, commenced on nutritional supplements and a High Energy High Protein diet if indicated, and food and fluid charting. Dietitian input was accessed as required. Policies and procedures are available to staff which support staff to recognise and respond to high impact or high prevalence risks.

Representatives who the Assessment Team interviewed, were satisfied with the care provided by staff. This included the management of high prevalence risks and staff communication of any related incidents and/or changes to related care and support service.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate effective management of high impact and high prevalence risks to consumers.

### Requirement 3(3)(g) Compliant

*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.*

The service has strengthened infection control practices to reduce the risk of transmission of infections, increased infection control education for staff and have policies on infection control, outbreak management and antimicrobial stewardship. Consumer and representative contacts are supported through a variety of methods and regular updates are provided in relation to the status of COVID-19 related requirements at the service. Staff demonstrated an understanding of the processes to minimise the use of antibiotics.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate learnings from the recent COVID-19 outbreak have initiated changes to infection control practices and outbreak prevention strategies have been maintained.

# 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

Two of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this 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.*

The Assessment Team found that the service was able demonstrate implementation of risk management systems and practices including regular data collection, analysis, reporting and escalation related to the management of consumers’ high impact and high prevalence risks. Risk auditing was continued during the COVID -19 outbreak including consumers’ well-being, entry of progress notes, vital signs of consumers, stock and equipment and waste management removal. Processes and practices are also in place to identify and respond to allegation of abuse of consumers.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate effective risk management systems.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team found that the service was able demonstrate a clinical governance framework incorporating antimicrobial stewardship, minimising the use of restraint, and open disclosure. Examples were provided to the Assessment Team showing the implementation of these processes.

The approved provider did not submit a response to this requirement.

Having considered the information provided I find this requirement is Compliant as the service was able to demonstrate a clinical governance framework in place.

# 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.