Estia Health Burton

Performance Report

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**Commission ID:** 6213

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 10 December 2020

**Date of Performance Report:** 3 February 2021

# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(f) | 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 consumers, a representative, staff and others
* the provider’s response to the Assessment Contact - Site report received 6 January 2021.

# STANDARD 3 NON-COMPLIANTPersonal 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 Quality Standard is assessed as Non-compliant as two of the seven specific Requirements have been assessed as Non-compliant. The Assessment Team assessed Requirements (3)(a) and (3)(g) in this Standard. All other Requirements were not assessed.

### The Assessment Team have recommended Requirements (3)(a) and 3(g) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a) and (3)(g). I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 were not satisfied the service ensured each consumer received safe and effective clinical care which optimised their health and well-being. The Assessment Team’s report highlighted three consumers and provided the following evidence:

Consumer A:

* A care plan notes a ‘malnutrition risk score – 0 no risk’. However, a weight loss of eight kilograms has been recorded over a nine month period.
* Progress notes indicate weight ‘remains consistent over three months’, however, does not identify a weight loss which has been recorded over a one month period.
* Charting conducted over a seven day period shows the consumer did not consume all food and fluid offered and/or refused food and fluids on 25 of 50 occasions. Over a two day period, charting shows the consumer did not consume and/or refused food and fluids offered on 10 of 17 occasions.
* No charting has occurred since November 2020 despite the consumer being ill.
* Staff stated since a recent illness, the consumer is “not really eating, having just Sustagen and custard” and the consumer “has lost weight” and is “just not eating like (they) used to”.
* Despite weight loss, the consumer has not been referred to a Dietitian. On the day of the Assessment Contact, the consumer informed a clinical staff member they would like to see a Dietitian as they had lost weight.

Pressure area care is not consistently being provided to the consumer. The consumer has previously had multiple pressure areas recorded and is at high risk of developing pressure areas.

* A directive indicates strict second hourly pressure area care. Over a three month period, all entries noted on the directive record the consumer’s sacrum as being ‘reddened’ and charting entries over a five day period were not in line with the directive for ‘strict second hourly pressure area care’.
* The Assessment Team also observed the consumer’s positioning was not consistent with staff documentation or directives.

Consumer B:

* The consumer stated they are satisfied with pain management but have been experiencing significant pain in the lower back since a fall.
* The Assessment Team overhead the consumer ask care staff when they were going to get pain relieving medication as they had been waiting for an hour. Interviews with staff and the medication chart viewed demonstrated the consumer waited a further half-an-hour for pain relieving medication.

Progress notes following the fall indicate:

* Staff noted ‘pain is uncomfortable’, ‘provided pain medications’, ‘provided massage and distraction’.
* An allied health review indicated severe pain. The Medical officer reviewed the consumer on the same day and commenced as required pain relieving medication in conjunction with regularly prescribed pain relieving medication.
* The new medication was unable to be supplied until two days after it was prescribed.
* Progress notes the day following the Medical officer visit indicate the consumer was ‘still complaining of pain’ and ‘requested for x-ray to be done’.
* Progress notes indicate the service was still awaiting supply of the medication and ‘pain was managed with regular pain meds but still wanting new pain medication’.
* The new pain relief was administered three days after it was prescribed on two occasions in one day. The consumer was still complaining of pain and was transferred to hospital for assessment. The consumer was found to have a fracture which had not been identified through the initial x-ray four days prior.

Consumer C

* The consumer’s representative indicated the consumer had lost weight and does not eat ‘real’ food. Staff were having trouble putting in the consumer’s dentures and subsequently have not been assisting the consumer to wear dentures. As a result, the consumer only eats soups and soft food.
* Weight monitoring records indicate a slow, incremental weight loss of 6.5kg over 12 months. The consumer is currently on comfort measures only.
* Charting over a 17 day period indicates the consumer either refused to drink or did not finish nutritional supplements on 17 of 34 occasions.
* The care file and care plan did not identify issues with inserting dentures, only that the consumer does not always allow staff to remove dentures for cleaning.
* The care plan notes the consumer requires full assistance with mealtime activities. The consumer was observed at lunch time with a meal in front of them with the consumer attempting to eat unassisted after approximately three to four minutes.

The provider’s response directly addressed information in the Assessment Team’s report and included further clarifying information and documentation. The provider’s response demonstrated the organisation has been proactive in addressing the issues identified. Information provided included:

In relation to Consumer A:

* The response confirms the consumer had not been reviewed by a Dietitian prior to the Assessment Contact. A Dietitian review occurred on the day of the Assessment Contact.
* Weight was being monitored on a month to month basis with variance reviewed over a three month period. Incremental weight loss over a nine month period was not identified through this process. The Medical officer was aware and did not raise any concerns.
* A process enabling weight to be monitored over a 12 month period has been introduced.
* Education relating to weight management has been provided to staff.
* Review of all consumers’ weight records over the last 12 months has been undertaken to identify incremental weight loss with issues identified addressed.
* A malnutrition risk score has been attended and care plan updated.
* The consumer’s intake was being monitored.
* The variance in repositioning for the consumer is noted, however, the consumer does not currently have any pressure injuries.
* Acknowledge there are some gaps in pressure area care documentation, however, do not believe this has had a negative impact on the consumer with the last pressure injury recorded in 2016.
* Information has been provided to staff in relation to pressure area care.

In relation to Consumer B:

* The consumer had not raised any concerns relating to having to regularly wait for extended periods for pain relief.
* Acknowledge the consumer experienced pain, however, the service was assessing, treating and monitoring pain in line with Medical officer directives. Pain continued to be monitored through charting.
* When staff recognised pain was not resolving, the consumer was transferred to hospital.
* The delay in delivery of medication related to requirement of an authority script. This delay did not mean the consumer was without pain relief.
* A referral for an x-ray had been initiated prior to the consumer’s request.

In relation to Consumer C:

* Acknowledge the consumer experienced weight loss over a period of several months. Do not agree this was related to the consumer not wearing their dentures.
* The consumer has a progressive disease and is now immobile which can contribute to weight loss.
* The consumer has been reviewed on a number of occasions over the past 12 months by allied health specialists and recommendations have been actioned. The consumer continued to lose weight despite strategies implemented. The Medical officer requested weight monitoring be ceased.
* There is no evidence to suggest the consumer’s dentures are not consistently applied. Behaviour charting over a 12 month period only identified one occasion where the consumer refused removal of dentures.

I acknowledge the provider’s response, the supporting documentation provided, and the proactive actions initiated in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service had not ensured each consumer received safe and effective clinical care which optimised their health and well-being, specifically in relation to Consumer A and Consumer B.

In relation to Consumer A, the service’s weight monitoring processes had not identified the consumer’s weight loss over an extended time-frame. As a result, risk assessments were not reflective of the consumer’s current health status and a referral to an allied health specialist for further advice and support had not been initiated. In relation to the consumer’s skin integrity, the provider’s response indicates there has been no negative impact on the consumer. However, I have placed weight on evidence documented in the Assessment Team’s report which indicates the consumer is at high risk of developing pressure areas and all entries documented on a directive for a three month period indicate the consumer’s sacrum is reddened. Additionally, observations made by the Assessment Team demonstrated the consumer was not being repositioned in line with directives or staff documentation.

In relation to Consumer B, I have placed weight on information documented in the Assessment Team’s report indicating the consumer’s pain was not effectively managed in the period following prescription of a new pain medication and the medication being available to the consumer. The new medication was not available for three days after it was prescribed. I find it reasonable that measures, such as ensuring prescribed ‘as required’ medication was administered regularly in the interim could have been initiated to ensure the consumer’s comfort.

In relation to Consumer C, I find interventions initiated by the service ensured the consumer was receiving safe and effective personal and clinical care in line with their current health status.

For the reasons detailed above, I find the provider, in relation to Estia Health Burton, Non-compliant with Requirement (3)(a) in Standard 3.

### Requirement 3(3)(g) Non-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 Assessment Team were not satisfied the service demonstrated it practices minimisation of infection related risks through standard and transmission based precautions to prevent infections. This was evidenced by the following:

* Six consumers had respiratory illness symptoms. Medical officers requested the consumers be tested for both COVID-19 and other respiratory viral pathogens, however, this did not occur with the consumers only being tested for COVID-19. All COVID-19 tests were negative. No other respiratory pathogen testing has occurred for any of these six consumers. At the time of the Assessment Contact, two consumers remained in isolation due to ongoing respiratory symtoms.
* Management stated they contacted the pathology service and were informed due to the increased need for COVID-19 testing, they were not currently testing for other respiratory viral pathogens. Management said they were not aware test results had not been received and had not followed this up until the Assessment Team requested the pathology results.
* Observations of staff practice, including external staff visiting the service indicated poor application and removal of personal protective equipment and isolation protocols not being followed.
* Observations of a kitchenette area highlighted two dining tables were sticky and visibly soiled with ants present on the table and cupboards and floors were visibly soiled and sticky.

The provider’s response directly addressed information in the Assessment Team’s report and included further clarifying information and documentation. The provider’s response demonstrated the organisation has been proactive in addressing the issues identified. Information provided included:

* Management contacted the pathology service relating to concerns highlighted by the Assessment Team of staff infection control practices and additional training is being provided for staff.
* The service will continue to monitor contractor and visitor infection control practices.
* The service acknowledges the Assessment Team’s observations in relation to staff practices with incorrect application and donning of personal protective equipment.
* In response, a comprehensive staff donning, and doffing skills competency has been implemented and at the time of the response, the competency had been completed by 79 of 96 staff.
* Email confirmation of the direction to cease respiratory testing by the pathology service was received by the service on 22 December 2020. An apology from the pathology service that they had not informed the service of the temporary cessation of viral respiratory testing was provided.
* The provider acknowledges there is no evidence of follow up with pathology relating to other respiratory viral pathogens. The usual process is for nursing staff to follow up pathology results. However, the provider indicates some of the onus is on Medical officers to follow-up pathology results.
* In response, further education has been undertaken with clinical and care staff to increase awareness relating to infection control and collection of swabs. This includes evidence of what swab has been taken to be clearly documented in consumer progress notes.

I acknowledge the provider’s response, the supporting documentation provided, and the proactive actions initiated in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, infection control processes were not effective to minimise infection related risks. The service had not identified that all pathology testing for consumers requested by Medical officers had not occurred. I acknowledge Medical officers have some responsibility in relation to ensuring pathology testing occurs as requested. However, the outstanding pathology tests were not followed up by the service until it was identified by the Assessment Team.

Observations made by the Assessment Team demonstrated the service’s infection control processes are not effectively implemented to minimise the spread of infection. Specifically, the Assessment Team observed poor staff practices, including external staff visiting the service, in relation to application and removal of personal protective equipment and isolation protocols not being followed. Additionally, observations of a kitchenette area indicated the environment was not sufficiently maintained.

For the reasons detailed above, I find the provider, in relation to Estia Health Burton, Non-compliant with Requirement (3)(g) in Standard 3.

# STANDARD 4 Services and support for daily living

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed Requirements (3)(a) and 3(f) of this Standard. All other Requirements were not assessed and, therefore, an overall rating of the Standard is not provided.

## The Assessment Team have recommended Requirement 3(a) not met and (3)(f) met. In relation to Requirement (3)(a), the Assessment Team were not satisfied one consumer, who was in isolation, received sufficient support to optimise their well-being and quality of life or another consumer’s privacy was consistently respected and their preferences supported. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirements (3)(a) and 3(f). I have provided reasons for my finding in the specific Requirement, (3)(a), below.

In relation to Requirement 3(f), the Assessment Team found the service provides meals that are varied and of suitable quality and quantity. Consumers interviewed were satisfied with the meals and said they have enough to eat.

Care planning documents viewed included dietary information outlining dietary preferences and requirements. Meals served were observed to be in line with consumers’ dietary preferences. Kitchen staff stated they are provided with information relating to consumers’ dietary preferences. Kitchen, nursing and care staff described how they are notified of any changes to consumers’ dietary needs.

There is a varied menu in place which includes choices for each meal. Seasonal menus are updated with input provided by consumers and meals are ‘revamped’ based on consumers’ preferences.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

The Assessment Team were not satisfied the service demonstrated understanding and application of the Requirement, specifically in relation to two consumers. This was evidenced by the following:

Consumer A

* The consumer had been in isolation due to an illness. The consumer indicated they had been bored but staff check in on them every day and they have been trying to keep themselves busy with activities and they also catch up with family through Facetime.
* The consumer stated they did not understand why they were in isolation whilst other consumers had been allowed to leave their room.
* Staff indicated the consumer is a very socially active and due being isolated they have observed the consumer to be bored.
* Progress note entries over a three day period demonstrate staff have described the consumer as being distressed and/or upset in relation to the isolation.
* A care plan notes the consumer enjoys a diverse range of group and individual activities. Activities attendance records over a 16 day period note the consumer had participated in seven activities, including five entries of ‘1:1 support’ and one entry for ‘talked about her fall’.

Consumer B:

* Feedback from the consumer indicates staff do not consistently ensure the consumer’s privacy is respected or their preferences supported when they are in their room.
* The consumer said they had raised issues with management regarding poor staff practice, however, when these issues are addressed with staff, they will occur again.

The provider’s response directly addressed information in the Assessment Team’s report and included further clarifying information and supporting documentation. The provider’s response demonstrated the organisation has been proactive in addressing the issues identified. Information provided included:

In relation to Consumer A

* Staff ensured the consumer was provided with sufficient support to optimise their health and well-being during the period of illness.
* Activity attendance records record 10 activities charted for the consumer between the time period identified by the Assessment Team. Precautionary measures of isolation commenced three days post this period.
* Examples of progress note entries included in the provider’s response demonstrated emotional support was provided to the consumer by staff over a 17 day period.
* The service has discussed the importance of increased interaction with consumers in isolation with staff.

In relation to Consumer B

* The consumer raised issues relating to staff practice in October 2020 and actions were implemented. The complaint was closed in November 2020 where the consumer stated they were satisfied with actions taken. Documentation demonstrating this was included in the provider’s response.
* The consumer had not raised any further concerns with the service. In response to the Assessment Team’s report, the issue was discussed with the consumer and further actions have been implemented.

I acknowledge the provider’s response, the supporting documentation provided, and the proactive actions initiated in response to the Assessment Team’s findings. Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement.

In relation to Consumer A, I have placed weight on information provided to the Assessment Team by the consumer indicating staff are checking in on them every day and they have been keeping themselves busy with activities. Additionally, the provider’s response included examples of progress note entries which demonstrated staff have been providing emotional support to the consumer whilst they have been isolating. In relation to consumer B, I have placed weight on information included in the provider’s response which demonstrates the service had been proactive in addressing the consumer’s concerns when they were first raised. No further complaints had been raised by the consumer with the service in relation to the issues discussed with the Assessment Team.

For the reasons detailed above, I find the provider, in relation to Estia Health Burton, Compliant with Requirement (3)(a) in Standard 4.

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

The provider’s response included actions and improvements the service has implemented which directly address the issues identified by the Assessment Team in the relevant Requirements.

**In relation to Standard 3 Requirements (3)(a) and (3)(g):**

* Ensure staff have the skills and knowledge to:
* recognise changes to consumers’ health and well-being, including pain and weight loss, implement appropriate management strategies and initiate referrals to Medical officers and/or allied health specialists.
* initiate assessments, develop appropriate management strategies and monitor effectiveness of strategies, including in relation to pain management, weight loss and skin integrity.
* Ensure policies, procedures and guidelines in relation to infection control and management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to infection control and management, including donning and doffing of personal protective equipment and attending and providing care to consumers who are isolating.