Estia Health Craigmore

Performance Report

150 Adams Road   
CRAIGMORE SA 5114  
Phone number: 08 8256 8800

**Commission ID:** 6948

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 19 January 2021

**Date of Performance Report:** 13 April 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-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 8 February 2021.

# STANDARD 1 COMPLIANT/NON-COMPLIANT

# STANDARD 3 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements have been assessed as Non-compliant.

Requirement (3)(b) in this Standard was found to be Non-compliant following a Site Audit conducted 2 to 5 March 2020. The Assessment Team found the service had implemented actions and improvements to rectify the deficiencies identified at the Site Audit. These actions include, (but are not limited to):

* Diabetes management policy reviewed and updated in March 2020.
* Each consumer with a diagnosis of diabetes has a diabetes management plan documented by their medical officer.
* Staff underwent training in diabetes management which was demonstrated as effective, as staff interviewed could explain diabetes management processes and actions taken if a consumer’s blood glucose level was outside of their acceptable range.

However, the Assessment Team have recommended Requirement (3)(b) in this Standard as not met. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirement (3)(b) in this Standard Non-compliant and have provided reasons for my finding in the respective Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found that the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, in relation to risks associated with falls prevention and management. The Assessment Team provided the following information and evidence relevant to my finding:

* The service did not adequately demonstrate effective falls management for two consumers. One consumer (Consumer A) experienced five falls at the service in a one month period without the service ensuring there were adequate falls management strategies in place to minimise risk of falling.
* Consumer A’s two Falls Risk Assessment Tools (FRAT) did not accurately reflect their actual risk of falling.
* The service uses a sensor alarm to minimise falls for Consumer A. However, records indicate this strategy is not effective, as for three of Consumer A’s five falls, there was no sensor alarm or call bell activation at the time of the falls. In addition, for another of Consumer A’s falls, the sensor alarm reports did not reflect timely staff response.
* The Assessment Team reviewed the falls prevention and injury minimisation strategies for another consumer (Consumer B). The assessments and care plan stated Consumer B required assistance with walking and sensor mats in place at all times. However, the Assessment Team observed Consumer B walking without assistance and staff were not observed responding to a sensor mat alarm which should have been triggered.
* Consumer and staff interviews indicated that the service did not always have sufficient staff to implement strategies to support the management of consumers who have been identified at risk of falling or to provide care:
* Two staff indicated they did not always have time to attend to consumers at the service before they fell.
* The majority of consumers interviewed commented that the service is understaffed, for example, one consumer stated that they sometimes had to wait for over an hour for assistance.
* Call bell and sensor alarm reports for two consumers did not reflect timely staff responses.

The Approved Provider submitted a response to the Assessment Team’s report which included actions taken and information to clarify some of the Assessment Team’s findings. Information provided relevant to my finding includes:

* The Approved Provider acknowledged that Consumer A’s two FRATs were inconsistent with their actual falls risk, and this was an administrative error by one staff member, as Consumer A’s care plan and falls prevention and injury minimisation strategies were appropriate for their actual falls risk (high).
* The Approved Provider have reviewed all consumers FRATs and no other inconsistencies/administrative errors were identified.
* The Approved Provider is undertaking re-education for clinical staff in falls risk assessment.
* The Approved Provider reviewed Consumer A’s information and sensor alarm/call bell reports and provided the following further information:
* For the three falls where no sensor alarm or call bell was activated at the time of the fall:
* One was activated, and staff responded
* One fall occurred from a chair where the sensor mat was not activated as a floor sensor mat was in place next to the chair and the consumer got up from the chair and fell to the opposite side.
* One fall was not activated as Consumer A may have walked around the sensor mat, as they were known to do.
* For one fall where the sensor alarm reports did not reflect timely staff response, staff responded promptly however forgot to cancel the call bell.
* The Approved Provider reviewed Consumer B’s information and responded that at times, the consumer moves the floor sensor mat, resulting in no activation, which is reflected in the consumer’s care plan and risk assessments.
* The Approved Provider responded that staff are expected to and will continue to prioritise consumer care when responding to call bells and alarm activation, however, all staff have been reminded to cancel call bells on entering rooms when possible to ensure call bell response times are reflective of staff response.
* The Approved Provider consider that the service has sufficient staff to provide care and staff do have their meal breaks.

Based on the Assessment Teams report and the Approved Provider’s response I find the service Non-complaint with this Requirement.

I acknowledge that the service has identified inconsistencies in regards the falls risk assessment for Consumer A accurately reflecting actual falls risk and have taken action and provided an updated FRAT for Consumer A. In coming to my finding I consider the following:

* The updated FRAT provided for Consumer A documents updated falls risk, however, did not identify all falls risk factors relevant to Consumer A. Accurate identification of risk factors is required to ensure risk factors are appropriately addressed to reduce the risk of falling.
* The Approved Provider’s response provided information that explained why there was no sensor alarm or call bell activation at the time of Consumer A’s falls, which included a sensor mat on the floor adjacent to Consumer A’s chair. The falls prevention care plan for Consumer A documented the use of chair sensors in addition to floor sensor mats. As such, falls occurred for Consumer A where their falls prevention strategies were not implemented according to their care plan.
* Falls occurred for Consumer A and B where their falls prevention strategies were not effective.
* Consumer and staff interviews indicate that the service did not always have sufficient staff to implement strategies to support the management of consumers who have been identified at risk of falling or respond to consumer needs in a timely manner.

I consider that the service that the service has not demonstrated effective management of high impact or high prevalence risks associated with consumers’ care, in relation to falls risk assessment and the planning and implementation of falls prevention and injury minimisation strategies for consumers.

For the reasons detailed above I find the service Non-compliant with this Requirement.

# 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.

* Consumer’s risk factors for falls are accurately identified and falls prevention strategies are planned and implemented for all consumers that address their risk factors.
* Fall prevention strategies for consumers are implemented in alignment with their care and services plan.
* The education provided to staff in falls risk assessment is demonstrated to improve practice and outcomes for consumers at the service.
* The service has a sufficient number of staff to meet the needs of consumers.