Estia Health Heidelberg West

Performance Report

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**Commission ID:** 3567

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 19 October 2020

**Date of Performance Report:** 29 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 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.
* the Assessment Team’s ICM checklist report informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others during the sire assessment.
* Relevant information about the approved provider and service held by the Commission, including the Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 21 July 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

An overall rating for the Quality Standard is not provided as not all requirements in this Standard were assessed.

The service was found to be Non-Complaint in this Standard in a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 21 July 2020. The notice was given following a significant COVID-19 outbreak at the service.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation, and conducted interviews with staff, representatives and management.

The Assessment Team provided evidence that the service complies with the requirements noted below.

## 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 staff training, and clinical oversight are such that consumers are receiving care which is respectful and dignified. Issues of non-delivery of essential care which placed some consumers in undignified situations during the COVID-19 outbreak are resolved.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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 choice and independence is being supported by service. Limitations on choices which arose during the COVID-19 outbreak such as choices in the way that care is delivered are resolved.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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 information is being provided in a way that suits the needs and wishes of consumers and representatives. Communication channels put in place following the COVID-19 outbreak are supporting the dissemination of information.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

# 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

An overall rating for the Quality Standard is not provided as not all requirements in this Standard were assessed.

The service was found to be Non-Complaint in this Standard in a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 21 July 2020. The notice was given following a significant COVID-19 outbreak at the service.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation, and conducted interviews with staff, consumers/representatives and management.

29 consumers contracted COVID-19 during the COIVD-19 outbreak, ten consumers died. The Assessment Team found all consumers transferred back to the service from hospital have had a reassessment of their needs and an update to their care plans.

The Assessment Team provided evidence that the service complies with the requirements noted below.

## 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 immediate risks to the consumer’s health and wellbeing are being considered in a timely manner. Clinical oversight of the assessment and planning process is in place. Deficits in the assessment and planning processes which exposed vulnerable consumers to risk have been addressed. All consumers returning to the service following hospitalisation for a clinical incident or a COVID positive result have gone through a re-assessment process. Documentation which informs assessment and planning such as clinical observations has improved.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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 consumers and their representatives are involved in the assessment and planning process to the extent that they wish to be involved. In circumstances where expert advice on care is required, this is being sought and provided, for example, through the use of wound care consultants and specialists in dementia care. The services’ outbreak management plan has been updated and includes plans for clinical handover and hospital transfer.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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 better clinical oversight has resulted in more timely reviews of care when a consumer’s health status or wellbeing has changed. The Assessment Team reviewed incidences of falls and weight loss which had triggered reassessment and review of the effectiveness of strategies.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

# 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

An overall rating for the Quality Standard is not provided as not all requirements in this Standard were assessed.

The service was found to be Non-Complaint in this Standard in a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 21 July 2020. The notice was given following a significant COVID-19 outbreak at the service.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation; observed staff practice and conducted interviews with staff, consumers/representatives and management.

The Assessment Team also tested the service’s outbreak preparedness against the Infection Control Monitoring Checklist.

The Assessment Team provided evidence that the service complies with the requirements noted below.

### 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 the care being delivered is safe and effective. Improvements have occurred following a range of actions taken by the service following the COVID-19 outbreak such as, a focus on staff skills, clinical leadership and reducing risks to the wellbeing of consumers being detrimentally impacted through poor quality care. The assessment team reviewed care provision in pain management, skin integrity, restraint and medication management with their review finding the service is meeting consumers’ clinical care needs. The Assessment Team noted previous deficits in care such as as non-delivery of strategies to relieve pain have been resolved.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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 the service has processes in place identify and manage risks impacting on consumers. A sample of clinical documentation for consumers experiencing weight loss, recovering from a fall and/or living with behavioural and psychological symptoms of dementia demonstrated these risks are being appropriately managed and expertise input sought and followed.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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 Assessment Team found the service has taken expert advice from the Victorian Aged Care Response Centre to improve its preparedness for the impact of the COVID-19 pandemic in the service. The Assessment Team observed the infection control practices and use of personal protective equipment by staff to align with good practice. Antibiotics are being used appropriately.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

# 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

An overall rating for the Quality Standard is not provided as not all requirements in this Standard were assessed.

The service was found to be Non-Complaint in this Standard in a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 21 July 2020. The notice was given following a significant COVID-19 outbreak at the service.

In the assessment of this Standard, the Assessment Team reviewed documentation relevant to the service’s risk management framework and clinical governance.

The Assessment Team provided evidence that the service complies with the requirements noted below.

## 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 the service has processes in place to manage the risk of further transmission of the COVID-19 virus. The management team are monitoring high risk events and monitoring trends in high prevalence risks. The risk management framework has been strengthened to enable different levels of the organisation to identify, and for the governing body to respond to, poor quality or inadequate care. The risk of significant failure in protecting the health and well being of care recipients as occurred during the COVID-19 outbreak has been minimised.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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 the service, supported by a clinical nurse advisor has strengthened its clinical governance framework. Assessment and care planning processes are being adhered to. Staffing practices in documentation, assessment and planning have improved. Ongoing and necessary clinical care is being delivered as planned. The service’s outbreak management plan now includes plans on how to avoid the situation where a lack of workforce leads to poor quality or missed episodes of clinical care as occurred during the COVID-19 outbreak.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

# 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.