Estia Health Keilor

Performance Report

2-6 Copernicus Way   
KEILOR DOWNS VIC 3038  
Phone number: 03 9367 1011

**Commission ID:** 4323

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 18 November 2020

**Date of Performance Report:** 10 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(g) | 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.

# 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 under this Quality Standard therefore overall rating 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 an admission assessment and interim care plan is completed for all consumers who enter the service, to guide initial care. The care planning documents identify each consumer’s current condition and care needs, as well as identifying their risk of experiencing falls, risk of smoking, malnutrition and developing pressure injuries. Consumers are also assessed for complex clinical needs and management plans are created to guide staff practice, in addition to the initial care plan. Care plans reviewed by the Assessment Team included needs and preferences in relation to personal care, mobility needs, falls and skin integrity risks and identified specialised care requirements. Staff demonstrated an understanding of the assessment and care planning process and the specific needs of consumers reviewed by the Assessment Team.

The service is Compliant 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 that care planning documents reviewed indicate consumers’ preferences are considered and that the assessment planning and review of care is undertaken in partnership with consumers and or their representatives. Three out of four consumers/representatives interviewed stated they are engaged and involved in the assessment and care planning process and that they believe care planning is coordinated.

The service is Compliant with this requirement.

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

The Assessment Team found that consumers’ care and service plans are documented and communicated to consumers and representatives. Care and services plans are readily available to consumers and representatives. Three out of four consumers/representatives said that they were informed of and provided with documentation in relation to care and services planning and that they were happy with the communication provided. Nursing staff said that consumers and their representatives are provided with opportunities to discuss their care plans and are actively involved in their reviews and assessments.

The service is Compliant 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

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

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

### 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.*

The Assessment Team reviewed five consumers’ care files. They indicated assessment and care planning identifies consumers with high prevalence and high impact care needs which include skin care and wound management, pain management, behaviour management, falls risk and prevention strategies. The Assessment Team also reviewed consumer files in relation to psychotropic medication and found the service is monitoring the use of psychotropic medications and consulting with medical practitioners. Documentation reviewed included consumers’ behaviour care plans, behaviour charting summaries and consultation with the consumer and or representative. Representatives interviewed commented positively on the clinical care and particularly the way in which staff manage consumers with challenging behavours. Staff demonstrated an understanding of risk prevention strategies for individual consumers and described how they manage and report incidents such as falls and wounds.

The service is Compliant with this requirement.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found files demonstrated that changes to consumers’ health status, cognitive or physical function, capacity and condition are recognised and responded to in a timely manner. Files reviewed outlined that a medical practitioner visits consumers regularly. Consumers and representatives interviewed said they were satisfied with the timely interventions of staff and follow up by medical officers and other health professionals. Nursing staff described processes for monitoring deterioration or change in consumers and said they talk to the consumer or their representatives about their wishes, report to the medical practitioner as required and continue monitoring processes.

The service is Compliant 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 that the service has reviewed the outbreak management plan since the recent COVID-19 outbreak was cleared on 10 November 2020. At the time of the visit two consumers were in isolation following return from hospital. The Assessment Team observed isolation points with a separate donning/doffing stations and PPE readily available. The Assessment Team also observed appropriate staff PPE practice and other infection prevention strategies in place. Management advised education on infection control is included in staff orientation and forms part of their ongoing mandatory education. This was evident in the education calendar and staff confirmed attendance at infection control education. The service had policies regarding infection control and antimicrobial stewardship. Nursing staff described strategies to promote appropriate antibiotic prescribing.

The service is Compliant 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

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

The Assessment Team did not assess all requirements under this Quality Standard therefore overall rating 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 has a documented risk management framework which includes policies describing how high impact or high prevalence risks associated with the care of consumers are managed, how the abuse and neglect of consumers is identified and responded to, and how consumers are supported to live the best life they can. Staff have been educated about the policies and were able to provide examples of their relevance to their work. Clinical monitoring and indicator reporting provide trends and analysis related to high impact or high prevalence risks such as, restraint, skin integrity and falls. Clinical staff could demonstrate an understanding of elder abuse and what they would do if they saw anyone treating a consumer inappropriately. Staff said they have not seen this occurring. Management demonstrated the organisation provides mandatory education to staff on elder abuse which is monitored.

The service is Compliant 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.