Estia Health Melton South

Performance Report

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**Commission ID:** 3598

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 1 February 2021

**Date of Performance Report:** 17 March 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)(b) | Non-compliant |
| Requirement 3(3)(d) | 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 19 February 2021

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall most sampled consumers/representatives did not consider that they receive personal care and clinical care that is safe and right for them.

The service did not demonstrate that all consumers receive safe and effective personal or clinical care.

The service did not demonstrate that risks related to consumers living with dementia and Behavioural and Psychological Symptoms of Dementia, (BPSD), are managed effectively.

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

### 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.*

Consumers who have sustained pressure injuries acquired at the service that were not identified until the pressure injuries were at stages three, four and unstageable in depth. The service provided evidence that the required wound care and referral to allied health professionals was provided once the pressure injury was identified. Management at the time of the visit were unable to adequately explain why the injuries were not identified earlier. Some consumers were not being repositioned according to the timeframes in their care plans.

Inadequate care was given to a consumer with mobility issues with a skin condition on her legs. The skin condition cause moisture to seep into her shoes and maggots grew in them. The maggots were detected four days after the consumer was being treated for a pressure injury on the same leg as the shoe.

The toileting care needs for one consumer was not met and this caused them distress. The provider responded that they attend to regular toileting care and are sorry that care was not met in this instance.

The provider responded that all staff were trained to identify changes in a resident’s condition, however this was not evident, based on the aforementioned cases. They stated they continue to work with residents who are resistant to care strategies to prevent injuries. Further training in wound management is being organised by the provider.

Based on all of the information I find them non-compliant in Standard 3 requirement (3)(a).

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

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

The service did not demonstrate that risks related to consumers living with dementia and Behavioural and Psychological Symptoms of Dementia (BPSD) are managed effectively. Although behaviours were identified in care plans, effective intervention strategies were not used and may have prevented aggressive episodes towards staff and other consumers.

One consumer’s aggression was caused by staff not using the strategies to prevent the triggers that caused physical agitation, such as identifying themselves when wearing face masks and face shields. Physical restraint was used on the consumer instead of intervention strategies as outlined in the care plans.

Behavioural incidents are not logged on all occasions of consumer aggression or behaviours of concern. Delirium screens were not always conducted in a timely manner and in one case was done almost a month after the incident, when the consumer’s care plan indicated it was a requirement after any episode of physical agitation.

One consumer who had an unwitnessed fall overnight and had pain and bruising to the thigh. Pain charting was not commenced until 5 hours after the incident. The consumer was not assessed by a medical practitioner and was only assessed by the RN at the time and a physiotherapist the next morning when the consumer was found in a distressed state. The consumer was later transferred to hospital where a fractured neck of femur was diagnosed.

The provider’s response noted that assessments of the consumer by the RN and physiotherapist were undertaken and no shortening of the leg was detected.

Staff felt they lacked training in managing consumers with BPSD. The provider responded they have been working with Dementia Training Australia and a behaviour management training program was formulated and commenced in January 2020. Staff have been encouraged to attend this training.

Based on all of the information I find them non-compliant in Standard 3 requirement (3)(b).

### Requirement 3(3)(d) Non-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 service did not demonstrate that deterioration on consumers physical function was recognised or responded to in a timely manner. In particular the needs of consumers nearing the end of life related to pain, and oral intake and hygiene are not recognised and addressed in accordance with contemporary or best practice protocols. End of life pathways were not always in place to best provide care for those consumers entering this phase.

There is no clear structure on how to deliver care consistently and with no palliative care pathway in place there is no clear guidance for staff on how to care for consumers entering this phase. There was little planning put in place for consumers entering the end of life pathway and this caused delays in organising and providing adequate pain management medication.

One consumer who was on the palliative pathway was not provided with regular clinical observations as directed by their GP. One consumer showed deterioration and wished to be kept pain free, however end of life medication was not ordered until the day of the consumer’s passing six days later.

Oral hygiene care was poorly managed and not performed regularly. When a consumer is resistant to having it performed, there do not appear to be strategies to ensure it is done, before it becomes a more severe problem.

The provider responded that care was not impacted by consumers not having an end of life pathway. Oral care was provided, but if a consumer refused care they had to respect the refusal and try later.

Based on all of the information I find them non-compliant in Standard 3 requirement (3)(d).

# 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.

### Requirement 3(3)(a)

*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.*
* Ensure staff have adequate training to recognise changes in a consumer’s condition especially as regards pressure injuries.
* Ensure pressure care is performed as directed by the consumer’s care plan.

### Requirement 3(3)(b)

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

* Ensure staff are made aware of intervention strategies in relation to behaviour management as per a consumer’s care plan.
* Ensure staff have adequate handover so they are fully aware of risk involved with the consumers under their care.
* Ensure all behaviour incidents are logged and charting and evaluations are performed.
* Delirium screens to be conducted in a timely manner and as directed by care plans.

### Requirement 3(3)(d)

*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.*

* Ensure end of life pathways are in place for all consumers to ensure there is clear guidance for staff on how to care for consumers entering this pathway.
* Ensure staff can recognise changes in consumer’s condition to ensure proper care is given.
* Ensure care directions given by medical practitioners are followed.