Estia Health Mudgeeraba

Performance Report

21-25 Old Coach Road   
MUDGEERABA QLD 4213  
Phone number: 07 5565 0900

**Commission ID:** 5991

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 22 June 2020

**Date of Performance Report:** 3 July 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 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 22 June 2020.

# 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

The Assessment Team did not assess all Requirements in Standard 3, therefore an overall summary or compliance rating is not provided.

### Assessment of Standard 3 Requirements

### 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.*

All consumers/representatives sampled by the Assessment Team provided feedback that the personal and clinical care being provided at the service is meeting the consumer’s individual needs and preferences. Review of sampled consumers’ care planning documentation by the Assessment Team, including assessments, progress notes, medication charts and monitoring records, identified individualised care delivery that is safe, effective and tailored to the specific needs and preferences of the consumer.

Registered and care staff interviewed by the Assessment Team could describe sampled consumers’ individual needs, preferences, the most significant clinical/personal care risks and how these were being managed or monitored, in line with their care plans. Staff interviewed said they would get help or assistance from other staff or the registered staff if they were worried about a consumer’s personal or clinical care. Care staff said they would ask the Registered nurse and check the care plan if they needed clarification regarding a consumer's care. Staff said they have access to policies and procedures; quick references flow charts and discuss clinical issues at handovers, shift meetings and staff meetings.

The service has a suite of evidence-based procedures reviewed by the Assessment Team to guide staff in the safe and effective care of consumers including minimising the use of restrictive practices; recognition and management of pain; pressure injury prevention and falls prevention and management. Staff training records for the period of March to June 2020, identify staff have completed training in falls and near misses; falls assessment; recognising and responding to consumer deterioration; infection control; assessment testing for delirium and cognitive impairment and clinical assessments and restraints and psychotropic medication.

# 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

The Assessment Team did not assess all Requirements in Standard 8, therefore an overall summary or compliance rating is not provided.

Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

#### Information management

Interviews with consumers/representatives, clinical and care staff and review of consumers’ care documentation By the Assessment Team including clinical charting, handover records, dietary records and mobility sheets identified current information for each consumer was available and documented to inform staff of the consumer’s care and service needs. Staff interviewed said they have access to electronic and written records to guide their practice. Staff indicated clinical staff are available to provide additional information and/or guidance via handover processes and meetings which occur each shift. The Assessment Team observed a handover occurring between registered and care staff and identified relevant information was discussed with the following shift. Consumer records identified when assessments or review had occurred, care plans were amended as required information was provided to relevant staff.

#### Continuous improvement

The organisation identifies improvement activities through a variety of mechanisms, including feedback, incident/hazards and monitoring activities. Review of the Plan for continuous improvement by the Assessment Team identified actions to address deficiencies are incorporated into the Plan for continuous improvement, with delegated personnel responsible to monitor and action improvement activities. Timeframes are identified to monitor the progress and conclusion of improvement activities.

#### Financial governance

Management stated to the Assessment Team processes to identify the purchasing of equipment and supplies occurs via feedback from staff and consumers/representatives and assessments undertaken by health professionals. Management reported there is a process to ensure suitable equipment and resources are available to staff to meet consumers’ needs and support infection control practices.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

Management outlined the processes to the Assessment Team to ensure there is sufficient, qualified and competent staff available to meet consumers’ needs. This includes the recruitment and retention of staff, provision and identification of training required and monitoring of staff practices.

#### Regulatory compliance

The Assessment Team identified a review of the policy and procedures regarding the minimising of the use of restraint have occurred. The psychotropic medication register identifies consumers receiving prescribed psychotropic medication and identifies the consumer diagnosis, the reason for restraint and ongoing monitoring. Informed consent occurs with the consumers and/or representatives to discuss the reason and risks associated with the use of restraint. Where a consumer and/or representative have requested the application of a physical restraint, for example a bed rail, the risks have been discussed with them and appropriate assessments and authorisation occurs, as well as monitoring of the safety of the consumer when bed rails are applied.

Consumers who require chemical restraint are reviewed and assessment processes occur to identify the ongoing need for the provision of restraint. Consumers who have an assessed need of requiring physical restraint have authorisation and regular review. Management provided examples to the Assessment Team of when the physical restraint has no longer been required and consumers were relocated to a less restrictive environment in accordance with their needs.

#### Feedback and complaints

The organisation seeks feedback from consumers, representatives, visitors and workforce to identify continuous improvement. Through interview with consumers/representatives, management and staff and review of documentation the service demonstrated feedback mechanisms available at the service includes feedback forms and meetings. Management indicated the service seeks feedback telephone calls, face to face meetings and correspondence. Review of feedback forms identified consumers and/or representatives are accessing these mechanisms and management document the investigation and consult with the complainant to problem solve.

# 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.