Estia Health Salisbury

Performance Report

7 Salisbury Highway
SALISBURY SA 5108
Phone number: 08 8182 6477

**Commission ID:** 6231

**Provider name:** Estia Investments Pty Ltd

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

**Date of Performance Report:** 24 June 2021

# Publication of report

This Performance Report **will 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 |
| Requirement 3(3)(b) | 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 consumers, representatives, staff and management
* the provider’s response to the Assessment Contact - Site report received 17 June 2021
* the Performance Report dated 2 April 2021 for the Assessment Contact – Site conducted 5 January 2021 to 6 January 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

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirements (3)(a) and (3)(b) following an Assessment Contact conducted 5 January 2021 to 6 January 2021. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(a) and (3)(b) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirements (3)(a) and (3)(b) and find the service Compliant with Requirements (3)(a) and (3)(b). The reasons for the finding are detailed in the specific Requirements below.

### 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.*

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 5 January 2021 to 6 January 2021 where it was found the service did not effectively demonstrate that care and services provided were tailored to consumers’ emotional needs and aligned to best practice wound management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* An independent Nurse advisor completed two wound management audits The audit completed in January 2021 achieved an overall compliance of 87% and the follow up audit completed in March 2021 achieved 91% compliance.
* Education has been provided to staff relating to skin integrity and wound management.
* All clinical staff have completed a Wound management competency assessment. Clinical staff were observed performing wound assessments, wound charts and dressings as part of the competency assessment process.
* Education provided to staff relating to Depression and ageing and Depression in older people.
* Staff have been encouraged to complete the scale following transfer from hospital, a significant change in consumers’ health affecting general well-being and significant injury or an incident affecting overall well-being.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and observations and documentation sampled demonstrated:

Care files sampled included examples of personal and clinical care that is best practice, tailored to consumers’ needs and optimised their health and well-being. Consumer files sampled demonstrated appropriate management of wounds, weight loss and falls. A Cornell depression scale was noted to have been completed for a consumer recently returned from hospital, in line with the service’s new process.

The Assessment Team were not satisfied information received relating to symptoms of depression for one consumer was acted on. Information in the Assessment Team’s report and additional information included as part of the provider’s response demonstrates additional monitoring, charting and referrals to the Medical officer and allied health specialists had occurred in response to changes in the consumer’s psychological well-being.

Clinical staff sampled discussed education that had been provided by the service in relation to wound management. Staff stated they appreciated the education and that it had developed their understanding in relation to wound healing.

Based on the information detailed above, I find Estia Investments Pty Ltd, in relation to Estia Health Salisbury, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(b) Compliant

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

### The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 5 January 2021 to 6 January 2021 where it was found the service did not effectively demonstrate effective management of risks associated with management of consumers’ wound and pain. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Skin integrity assessments have been completed for all consumers.
* Completed an audit to ensure all reviews and recommendations from the Podiatrist were correctly documented in care plans.
* An independent Nurse advisor completed three pain management audits. Results showed improved compliance each time with 76% compliance achieved in February 2021, 89% in March 2021 and 90% in April 2021.
* Education provided to clinical and care staff relating to assessment, clinical deterioration.
* Engaged a Nurse advisor for a three month period to develop a clinical risk profile. Profiles have been implemented for all consumers to allow for easier identification of consumers with high prevalence risks and to ensure they receive safe and effective clinical care. The profiles were used to develop a high-impact high-prevalence risk register to provide a snapshot of the consumers with specialised needs.
* A revised Skin and wound policy is currently under review to provide further clarification to staff regarding when a wound care plan should be commenced.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and observations and documentation sampled demonstrated:

Consumers and representatives sampled were satisfied with the care and services provided and felt they were reflective of consumers’ preferences and needs. Additionally, consumers and representatives stated staff identify changes to consumer’s health and initiate referrals to Medical officers. Staff sampled described risk management strategies for individual consumers.

Care files sampled for consumers highlighted in the Assessment Contact conducted 5 January 2021 to 6 January 2021 demonstrated actions initiated have improved health outcomes for both consumers. Additionally, care files sampled for eight consumers demonstrated appropriate management of high impact or high prevalence risks, including management of wounds and weight.

### Based on the information detailed above, I find Estia Investments Pty Ltd, in relation to Estia Health Salisbury, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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.