Estia Health South Morang

Performance Report

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**Commission ID:** 3824

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 8 July 2021

**Date of Performance Report:** 20 August 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) |  Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(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 provider’s response to the Assessment Contact - Site report received 4 August 2021.

# STANDARD 2 NON-COMPLIANTOngoing 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

The Assessment Team assessed one Requirement under this Quality Standard and found it Non-compliant.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-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 that whilst documentation for sampled consumers evidenced review of falls risk assessment tool (FRAT) post falls, it was not always evident other changes were reviewed and recorded through re-assessment and care plan updates. Examples of two consumers, one who had a fall and another who had a wound, not having a reassessment of pain and skin integrity were provided. The Assessment Team provided a third example of a consumer’s skin care plan not reflecting an injury following a fall.

The Approved provider response demonstrates that the first consumer was monitored for pain following the fall through progress note entries and was provided additional pain relief at times. The response demonstrates that the consumer’s care plan has pain management strategies recorded. The Approved provider response also provides evidence the second consumer with the wound had pain reviewed with each dressing and no pain was recorded. Evidence was provided of monitoring and observations recorded through the consumer’s progress notes that did not identify any pain. In relation to the third consumer, the response states that the consumer’s skin was assessed at the time of the fall and a wound chart commenced.

The response acknowledges that there were some gaps in immediate documentation following consumer changes or incidents, and has commenced additional coaching for the clinical team. The response also notes that the organisation has released an updated skin integrity policy which will be accompanied by staff education.

I have considered all of the information provided, including information recorded under Requirement 3 (3) (a) in relation to lack of consistent identification and recording of changes in relation to consumers’ catheter care, pain and use of pyschotric medication and find this requirement is Non-compliant. Whilst acknowledging that the Approved provider has commenced improvements in the management of consumers’ changes and deterioration, the service was unable to demonstrate that changes to consumers’ condition are consistently recorded, reviewed and assessed and care plans updated in in response to these changes.

# STANDARD 3 NON-COMPLIANTPersonal 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 three Requirements under this Quality Standard and found one Non-compliant. The other two Requirements assessed were found Compliant.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### 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.*

The Assessment Team found that clinical care is not always provided as planned in relation to catheter mangement.

* A consumer’s complex catheter care plan directs the management of their indwelling catheter. The consumer’s clinical documentation showed inconsistent recording of the weekly catheter bag change and regular emptying of the catheter bag. The consumer became unwell with a temperature. A hospital inreach team review was undertaken the same day. Uncertainty about the date of the last catherter change and dark urine output were noted. The consumer experienced pain and loss of appetite for several days.

The Assessment Team found that the service did not adequately demonstrate reports of consumers’ pain were responded to in a timely manner.

* Analysis of pain charting undertaken indicated a consumer was experiencing breakthrough pain over a period of three days. As required pain relief was provided on the third day an hour after pain was identified. On the same day the consumer’s medical practitioner noted significant pain levels, sleeplessness and recommended hospital inreach and geriatitcian reviews. These reviews were undertaken.
* A second consumer has chronic pain. While pain charting was completed for three days to inform an increase in pain relieving medication, this was not continued post increase in medication to determine effectiveness. The concurrent wound chart notes no pain during wound dressing. Medical practitioner review following completion of a course of antibiotics noted that chronic pain was improving with increase in pain relieving medication as reported by staff. The following day the consumer’s representative noted concerns about the consumer’s pain and that the consumer’s heels and toes were red and swollen. Pain charting was not commenced at this time. The consumer indicated to the Assessment Team at the time of the visit that their feet were sore and repeatedly took their feet out of their slide on sandals.

The service did not always demonstrate consumers subject to chemical restrictive practices had been identified and the restrictive practice process applied.

* The service has a psychotropic medications register which reflects when consumers were last reviewed by their medical practitioner and shows 11 consumers three monthly medical reviews are overdue. Management were aware of these overdue reviews and said they were in the process of arranging same.
* The Assessment Team identified two consumers were prescribed antipsychotic medications without a relevant diagnosis or condition recorded and requested further information form the service to understand if there was a relevant diagnosis or if restrictive practice process had been applied.

The Approved provider response provided the following information in relation to catheter management. It acknowledges that it was unclear when the catheter had last been changed by the medical practitioner. A process of prompts for staff to escalate to the general practitioner when catheters are due to be changed has been implemented. The response also acknowledged that staff do not consistently record urine output. Service management is now monitoring the completion of this documentation.

In relation to the consumer whose reports of pain were not responded to in a timely manner the response provides evidence that at a case conference held at this time, the consumer and their key representative were satisfied with the pain management provided and that pain relieving medication was provided according to the medical pratictioner’s orders. The response acknowledges that staff have not consistently recorded application and effectiveness of heatpacks and other pain relieving strategies. Staff education in this area has commenced.

In relation to the consumer with the wound on their toe, the response refutes that the consumer indicated to the Assessment Team that they had foot pain. The response suggests that the consumer was undertaking physiotherapy exercise by moving their feet. The response acknowledges that a pain chart was not commenced for the consumer when pain was identified, but states that pain was monitored through the wound chart which did not identify any pain during dressings. The response states that regular monitoring of the consumer through progress notes did not identify any signs of distress. The response reports that the service has implemented improvements to enhance pain management documentation.

The response states that all cosnumers now have had a review of their psychotropic medications undertakne by their general practitioner in the last three months. The response provides information that one of the two consumers have been medically assessed as requiring antipsychotic medication to manage their condition associated with demntia, the other has been referred for a geriatitian review. There is no information as to how the approved provider is ensuring these medications are monitored by staff at the service.

I have reviewed all the available information and find thisrequirement is Non-compliant. The Approved provider was unable to demonstrate that consumers’ catheters are managed in a manner that optimises their health and well being, consumers’ pain is not consistently monitored and use of pychotropic medication is not conisistently monitored as required.

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

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

### 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.*

Not withstanding deficits identified in Standard 2 Requirement (3) (e) and Standard 3 Requirement (3) (a) the Assessment Team found that the service has a range of procceses and practices to support staff to recognise and respond to consumers’ deterioration. Staff were able to describe specific examples of identifying and responding to changes in consumers’ condition and and staff practice is supported through a ‘change in health status of a resident’ document. The organisation also has a draft policy ‘change in health status -recognition of deterioration’. Once this document is approved staff will be provided toolbox training on its implementation into their practice. While the Asessment Team identified deficits in relation to the recording of monitoring and review of changes in consumers’ condition and the provision of specific areas of clinical care, overall I am satisfied that the approved provider demonstrated that deterioration in consumers’ condition are recognised and responded to.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives feel staff are recruited and trained to deliver safe and quality care and services. Clinical staff were satisfied with the training they receive and explained how management seek to promote individual professional development. Newer staff identified the ways in which they seek additional training and feedback from more senior and experience clinical staff. Staff training records and other documentation indicated staff have completed required training and competency assessments.

Management undertakes ongoing assessment of staff performance, including a performance appraisal process to identify training needs and professional development opportunities for staff. Staff provided positive feedback about the support they receive from clinical leaders and senior management during the performance appraisals. Other processe to monitor staff performance include close monitoring and mentoring of staff as they care for consumers who experience deteriorating health or require the use of new equipment, review of consumer complaints and audits of staff performance,

The Assessment Team assessed two Requirements under this Quality Standard and found them Compliant.

As not all of the Requirements under this Quality Standard were assessed, an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# 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.

* Ensure accuarate recording of review of consumers following changes in condition or incidents. Ensure monitoring records are maintained as required and ensure reassessment and care plan review is undertaken when necessary.
* Ensure conumers’ catheters are managed as directed. Ensure reports of consumers’ pain are responded to appropriately and in a timely manner. Ensure consumers’ requiring pyschotrophic, medications are reviewed regularly and managed as required under current legislation.