Estia Health Aberfoyle Park

Performance Report

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Phone number: 08 8370 5766

**Commission ID:** 6168

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 29 March 2022

**Date of Performance Report:** 04 May 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# 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)(d) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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; and
* the provider’s response to the Assessment Contact - Site report received on 14 April 2022.

# 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)(d) in Standard 3 Personal care and clinical care as part of the Assessment Contact. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

The Assessment Team has recommended the service meets Requirements (3)(a) and (3)(d) in Standard 3, as the Assessment Team was satisfied the service demonstrated:

* each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, is tailored to their needs and optimises their health and well-being; and
* 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.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirements (3)(a) and (3)(d) in Standard 3 Personal care and clinical care. I have provided reasons for my findings under 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 Assessment Team was satisfied the service demonstrated each consumer gets safe and effective personal and clinical care that is best practice, is tailored to their needs and optimises their health and well-being. The Assessment Team provided the following evidence relevant to my finding:

* Overall, consumers said they get the care they need and provided examples of how they are supported to be as independent as possible. One consumer said staff are responsive to requests for pain relief and arranging medical reviews and were competently managing their wound.
* Staff demonstrated knowledge of consumers’ personal and clinical care needs and described how they ensure care is tailored to consumers’ needs and optimises their health and well-being.
* Eight care files sampled were reflective of each consumer’s personal and/or clinical care needs and preferences and showed external specialists and organisations had been involved in and contributed to the management of their care.
* Care planning documentation showed best practice and tailored care was provided to consumers in relation to pain, skin integrity and pressure area care, restrictive practices and weight loss.
* Monitoring processes, such as observations and reviews of progress notes, incidents, and clinical and audit reports are in place to ensure care provided to consumers is best practice and tailored to their needs and optimises their health and well-being.
* The organisation has policies and procedures to guide staff in best practice care delivery

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### 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 was satisfied the service demonstrated 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 provided the following evidence relevant to my finding:

* Consumers and representatives confirmed appropriate and prompt action had been taken in response to consumers’ deterioration in health, including assessments, observations, medical reviews and transfer to hospital when appropriate.
* Staff were knowledgeable about sampled consumers’ care needs and could describe actions taken in response to changes in consumers’ health and well-being.
* Documentation showed changes to and deterioration of five consumers’ capacity and condition, such as unplanned weight loss, behaviours caused by pain and infection, were recognised and responded to in a timely manner.
* The organisation has policies, procedures and flowcharts to guide staff in relation to recognition of deterioration.
* Monitoring processes are in place to ensure deterioration or change in status was appropriately identified and responded to.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement (3)(b) in Standard 5 Organisation’s service environment as part of the Assessment Contact. As all other Requirements in this Standard were not assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

The Assessment Team has recommended the service does not meet Requirement (3)(b) in Standard 5, as the Assessment Team was not satisfied the service demonstrated the service environment is safe, clean, well maintained and comfortable, and enables consumers to move freely, both indoors and outdoors.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team was not satisfied the service demonstrated the environment was clean and well maintained. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team observed stained carpeted areas, damaged and scuffed skirting boards and walls, dirty windows and bird droppings under some window ledges throughout the environment.
* Consumers and representatives said carpets in some areas are dirty, stained and smell of urine, and bird droppings build up quickly outside.
* Complaints data show three complaints lodged between February and March 2022 in relation to dirty toilets in consumers’ bathrooms and stained carpets.
* The service’s indoor environmental audit was undertaken in November 2021 and did not highlight any issues observed by the Assessment Team.
* In response to the Assessment Team’s observations and consumer feedback, management stated the following:
  + Carpets are cleaned regularly, however, the steam cleaner has been out for repairs since March 2022. A carpet cleaner was hired during mid-March 2022 whilst waiting for the steam cleaner to be repaired, however, it was only used for two hours as it was too loud. An external contractor has now been engaged to undertake steam cleaning of the carpet.
  + A new cleaning system is being launched to ensure all consumers’ rooms and bathrooms are cleaned daily.
  + Windows are cleaned by an external contractor in accordance with the cleaning schedule.
  + The service has a pigeon issue and while pigeon mitigation controls are in place, the problem still exists. An external pest control service has now been arranged to fix the issue and the outdoor courtyard areas are cleaned regularly by maintenance.

The provider did not agree with the Assessment Team’s findings and considers that the Assessment Team’s observations are largely circumstantial and not as a consequence of an environment that is not being cleaned or maintained. The provider’s response includes the following information and evidence to refute the Assessment Team’s assertions:

* Prior to the Assessment Contact, corrective actions had already commenced in response to issues identified by the Assessment Team. A Continuous improvement form was provided to support a new cleaning system was in the process of being rolled out prior to the Assessment Contact.
* The service experienced a COVID-19 outbreak, which ended late-January 2022. As steam carpet cleaners pose a risk of recirculating the virus, the machine was removed to maintain the safety and well-being of staff and consumers. Carpets in consumers’ rooms were stained, as meals were no longer served in communal areas.
* The damaged and scuffed walls occurred during the COVID-19 outbreak due to movement of furniture to accommodate additional staff, office areas, and donning and doffing stations. An in room dining service was exclusively provided during this time which resulted in additional trolley movement in and out of the kitchen.
* Feedback and complaints regarding dirty, stained and urine smelling carpet have not been received.
  + Feedback forms dated 22 March 2022 demonstrates feedback in relation to dirty carpet had been received and resolved.
* The complaints in relation to dirty toilets in consumers’ rooms had been resolved and complainants were satisfied with the resolution process. Increased checking of toilet cleanliness has been implemented. Feedback forms were provided to support this occurred.
* Acknowledgement that some skirtings were scuffed at the time of the Assessment Contact.
* The indoor environmental audit did not identify issues observed by the Assessment Team, as they were not apparent at the time the audit was undertaken.
* The weather in the days preceding the Assessment Contact included some rain and wind, which attributed to windows being dirty.
* Outdoor environmental audit undertaken in February 2022 to demonstrate the pigeon issue had been identified and strategies were being implemented to address the issue.

I acknowledge the provider’s response and associated information provided. In coming to my finding I have considered evidence presented in the Assessment Team’s report and the provider’s response, which demonstrates the service is compliant with this Requirement.

I have considered that most of the Assessment Team’s observations were self-identified by the service prior to the Assessment Contact and while they were not yet finalised, measures had been implemented to address the issues, such as engaging external parties to undertake carpet cleaning and pest control and rolling out a new cleaning system.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# 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.