

**Performance Report**

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| Name: | Estia Health Bankstown |
| Commission ID: | 0538 |
| Address: | 74 Chiswick Road, GREENACRE, New South Wales, 2190 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 October 2024 |
| Performance report date: | 26 November 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd Service: 550 Estia Health Bankstown |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Estia Health Bankstown (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* Information received by the Commission relating to care provision.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Other relevant matters:

Estia Health Bankstown is in Greenacre, a Southwestern Sydney suburb of New South Wales. The service (150 bed aged care facility) consists of differing room configurations on 2 levels including a dedicated memory support unit, secured courtyards, onsite chapel, quiet areas/lounge rooms and communal dining rooms. Permanent care and respite care is provided in furnished single and shared rooms with 2 beds.

#  Standard 3

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| Personal care and clinical care |  |
| 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.
 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |

Findings

Requirement 3(3)(a) – The service demonstrates consumers receive safe and effective best practice personal/clinical care, tailored to needs, optimising health and well-being. Consumers and representatives expressed positive feedback staff provide care that is safe and suited to consumer’s needs. Effective practices result in monitoring/management of changed/unmet behaviours, restrictive practices, falls and pain management, wound/skin integrity, diabetes management, unplanned weight loss, nutrition/hydration and complex clinical care. Documents demonstrate care provision is planned/provided in an individualised manner and tailored to consumer’s specific needs. Registered nurses (RN) and care staff demonstrate knowledge of access to clinical policies/guidelines and receipt of appropriate support to provide safe/quality care, noting use of strategies via care plan directives and consumer choice.

Restrictive practices policy reflects best practice and includes risk assessments and consideration of alternatives to restrictive practices. Consumers receive medications deemed as chemical restraints, mechanical restraint (lo-lo bed/bedrails) and environmental restrictive practices, evidenced by current/valid authorisation documents. Use of dementia specialists guide directives for additional non-pharmacological strategies, incorporated into care plans and behaviour support plans, regularly reviewed/adjusted for effectiveness.

Documents detail staff appropriately assess, manage, and escalate incidents via falls policy/guidelines, including hospital transfer when required. Falls result in medical officer and physiotherapy review with strategies/interventions updated accordingly. Documents including pressure area and wound monitoring charts, demonstrate receipt of appropriate care aligned with care plan/wound consultant directives. Consumer’s pain is effectively managed via appropriate pain monitoring, assessment and provision of interventions as required. Consumers living with diabetes mellitus requiring medications receive frequent observation, recording of blood glucose (BGL) readings, and medical officer directives/interventions. Documents detail unplanned weight loss results in regular weight monitoring, food/fluid intake recording, receipt of high protein/energy drinks/snacks aligned with dietitian’s advice. Specialised nursing care includes stoma/catheter care and oxygen therapy. Documents demonstrate appropriate management and care delivery according to directives. Consumers personal care plans reflect choice and staff demonstrate knowledge of individualised needs/preferences.

Requirement 3(3)(b) – Effective management of consumer high impact and prevalence risk is evident. The service identified falls, pressure injuries and weight loss as most prevalent risks. Consumers/representatives gave positive feedback regarding clinical care, and staff knowledge of strategies to mitigate risk. Observation and documents demonstrate risk is managed appropriately. Documents detail consumers who experience falls have vital signs/neurological observations attended, risk assessments completed, physiotherapy review and environmental assessment to identify/minimise reoccurrence. Consumers were observed to have preventative measures in place and those living with pressure injuries have regular skin integrity assessments, preventative and management strategies documented to guide care delivery. Consumers/representatives expressed satisfaction in care resulting in improved outcomes. A process ensures regular weight monitoring and documents for consumers identified with significant or consecutive weight loss demonstrate medical officer, dietitian, and speech pathologist review. Staff handover documents contain information on high impact/prevalence risk to update on changes and guide care provision.

Requirement 3(3)(d) – An effective system ensures deterioration/change in consumer’s function, capacity or condition is recognised and responded to in a timely manner. Consumers and representatives consider staff are responsive when consumers are unwell, and representatives receive notification of incidents/changes. Staff described responsive actions include notifying medical officers, referral to health professionals and/or hospital transfer. Examples include RN assessment and action in response to a fall (including transfer to hospital) for 1 consumer. Another consumer received RN assessment, commencement of oxygen therapy and continued one-to-one monitoring until paramedics arrived when experiencing an episode of reduced consciousness, plus regular observation, increase in fluid intake, and antibiotic treatment resulting in improved outcome. Another consumer experiencing a chocking incident received immediate RN responsive action including ambulance contact for further assessment /treatment and subsequent review by a speech pathologist resulted in changed dietary directives. Interviewed staff demonstrate knowledge of escalation processes when consumers’ condition changes including RN reporting to care manager and referral to medical officer for review.

# Standard 4

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| Services and supports for daily living |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

An effective system ensures meals are varied and of suitable quality and quantity. Overall, consumers and representatives expressed satisfaction with meal delivery/catering. Consumers noting choice, variety/sufficiency and special dietary needs/preferences are catered. Staff demonstrate knowledge of processes for identifying/catering for consumers’ dietary needs/preferences. Management explained new consumers have a dietary assessment conducted by RN and ongoing, plus information recorded in the service’s electronic care management system (ECMS) and communicated to catering staff who ensure meals align with needs/preferences. Meals are prepared on site, and pureed/textured meals, specific diets meet directives/choice aligned with cultural requirements. The assessment team observed meal service to be conducted in a calm, relaxed/unrushed manner with sufficient staff numbers offering choice and assisting consumers.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)