Performance

Report

**1800 951 822**

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| Name: | Estia Health Bentleigh |
| Commission ID: | 3245 |
| Address: | 34-36 Clairmont Avenue, BENTLEIGH, Victoria, 3204 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 25 September 2024 |
| Performance report date: | 1 November 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 2004 Estia Health Bentleigh |

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 Bentleigh (**the service**) has been prepared by Micheal Cooper, 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, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 24 October 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been 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.

# 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 |

Findings

Consumers and representatives provided positive feedback in relation to the clinical and personal care consumers receive. Staff demonstrated knowledge of consumers’ individual care needs. Service documentation evidenced policies and procedures to guide staff in the delivery of care and services.

The assessment contact report identified deficiencies in relation to the following:

* One consumer who receives chemical restrictive practice medication did not have informed consent recorded. Staff stated the service seeks informed consent prior to the implementation and administration of a chemical restrictive practice, however, informed consent is not recorded.
* One consumer who has an indwelling urinary catheter and has a history of fluid retention did not have a process in place to monitor fluid output.
* The assessment team identified the service does not have a process in place to monitor the administration of time sensitive medications.

While the service did not demonstrate informed consent was recorded for one named consumer who requires chemical restrictive practice medication, the named consumer’s representative confirmed they had participated in discussions in relation to the use of a chemical restrictive practice. While the service did not demonstrate informed consent had been recorded by an approved health practitioner, care documentation evidenced the consumer’s medical practitioner is reviewing psychotropic medications as required. The consumer’s representative was satisfied staff understand the needs of the named consumer and provided positive feedback in relation the care and services provided by the service.

While the service did not demonstrate an appropriate monitoring process in place for one consumer who has an indwelling urinary catheter and a history of fluid retention, care documentation demonstrated a catheter care plan in place to guide staff in managing their catheter care needs. The named consumer provided positive feedback in relation to the clinical care they receive and stated staff monitor their catheter closely.

While the service did not demonstrate a process in place to monitor time sensitive medications, the approved provider, in response, evidenced a time stamped medication chart and stated staff have access to each consumers’ medication charts to inform administration time.

In coming to my decision for Requirement 3(3)(a), I have considered the information in the assessment contact report and approved provider’s response. I have placed weight on the positive feedback provided by consumers and representatives, organisational policies and procedures to guide staff in the delivery of safe and effective care, and staff knowledge of consumer’s care needs.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to supports for daily living. Consumers and representatives explained they are supported to maintain personal relationships and participate in activities of interest to them. Service documentation demonstrates the service seeks feedback from consumers through consumer meetings and records individual lifestyle preferences in consumer care files. Consumers were observed participating in activities of interest to them throughout the assessment contact.

I have considered the information provided in the assessment contact report and I have placed weight on effective systems in place to support consumers to participate in their community, maintain relationships with individuals who are important to them, and to participate in activities of interest to them.

It is my decision Requirement 4(3)(c) is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services, and explained staff are consistently available to meet their needs. Service documentation evidenced the service has processes to replace shifts when unplanned or unexpected leave occurs. The service has an effective staff retention strategy plan in place including:

* activities to support a positive work environment which includes an employee of the month program
* additional education and support for staff who wish to increase their skills set for career development

In relation to the service’s workforce responsibilities (including the 24/7 RN requirement and care minutes target) service documentation evidenced the service has a RN rostered on site and on duty at the service 24 hours per day, across 7days per week and the service is meeting their mandatory care minutes target.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed and strategies the service evidenced to ensure care sufficiency.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | 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. | Compliant |

Findings

Staff provided positive feedback in relation to the service’s information management processes and confirmed they have access to relevant information including policies and procedures to guide the delivery of safe care and services. Service documentation evidenced systems in place to share information with those who share care responsibilities including meeting minutes, consumer care files and handover documentation. The service demonstrated systems in place to identify areas for continuous improvement and service documentation evidenced the implementation of strategies to support continuous improvement. Management demonstrated financial processes in place to budget the needs of consumers residing in the service, and processes to obtain additional funds to address consumer’s needs. Service documentation and interviews with staff and management confirmed the service is meeting legislative requirements and have systems in place to inform legislative changes as they occur. Service documentation demonstrated processes to capture complaints and seek feedback to inform areas for improvement based on feedback.

It is my decision Requirement 8(3)(c) is Compliant.

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