Performance

Report

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| Name: | Estia Health Camden |
| Commission ID: | 2079 |
| Address: | 78-82 Old Hume Highway, CAMDEN, New South Wales, 2570 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 July 2024 |
| Performance report date: | 20 August 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 641 Estia Health Camden |

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 Camden (**the service**) has been prepared by M.Wyborn, 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, and
* the provider’s response to the assessment team’s report received 1 August 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

The service demonstrated that care and services are delivered respectfully and consumers advised that they feel valued and supported in a dignified way and are consistently treated with respect. Staff demonstrated an appropriate knowledge of individual consumers' backgrounds and spoke about each consumer using respectful language. Staff knew the preferred names of each consumer and used their preferred name to address them during interactions with them. Observations by the Assessment Team evidenced staff assisting consumers with their meals both in the dining room and consumer rooms in a dignified manner. The service's plan for continuous improvement (PCI) provides relevant actions undertaken in response to previous non-compliance, including the service providing targeted education to staff around consumer dignity and respect. With these considerations, I find the service compliant in Requirement 1(3)(a).

# 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

The service demonstrated that consumers receive safe and effective personal and clinical care tailored to their needs and preferences, which is best practice. The service demonstrated that documentation highlights relevant consumer care aligned with individual consumer care plans and best practice. This was observed in relation to consumers with wounds, pressure injuries, restrictive practices, pain management, and complex care needs. Consumers and representatives provided positive feedback about their personal and clinical care, and staff demonstrated appropriate knowledge of individual consumer care needs. The organisation administers relevant policies and procedures for falls and pain management, and management demonstrated that all consumers are reviewed in response to pain and falls. Consumer documentation highlighted that consumers are regularly assessed and monitored for pain by registered nursing staff and medical officers when required. Registered nursing staff demonstrated that appropriate documentation in care notes is delivered when they have administered 'as required' (PRN) pain relief, including the effectiveness of the medication.

The service demonstrated that, in response to previous non-compliance, the service conducted education with clinical and care staff on preventing and detecting pressure injuries, and behaviour management with a focus to ensure that behaviour support plans are used to guide consumer care. The service also delivered education with staff regarding the serious incident response scheme (SIRS) and education on wound management and pain management. The service ensures regular discussions around effective personal and clinical care are arranged with registered nursing staff and general staff, the leadership team, person centred clinical consultation, quality and safety, work health and safety, and the medication advisory committee (MAC). With these considerations, I find the service compliant in Requirement 3(3)(a).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers and representatives consistently advised of their satisfaction with their experiences living at the service and this includes the support they receive for their cultural, spiritual and emotional needs. Consumer care planning documentation highlights relevant information about each consumer's needs in relation to their daily living requirements, and staff demonstrated an appropriate awareness of these individual consumer requirements. Consumers and representatives highlighted their satisfaction with the support they receive to enhance their health and wellbeing as it relates to their daily living. With these considerations, I find the service compliant in Requirement 4(3)(a).

The service demonstrated that meals are varied and of suitable quality and quantity. Consumer needs and preferences are identified through assessment upon commencement with the service and this information is regularly reviewed by clinical staff and updated when changes occur. Relevant information supporting individual consumer nutritional needs was observed to be available in the kitchen, serveries and on the drink's trolleys. The service provides a 4-week rotating menu which provides variety and a master menu is prepared by the organisation and adapted by the chef to meet the local needs of each consumer within the service. This consideration is undertaken in collaboration with consumers via the monthly food focus committee meetings and other feedback mechanisms. Catering staff demonstrated how they accommodate the individual needs and preferences of each consumer, including consumers who have swallowing difficulties and require texture modified meals, consumers who require supplements to minimise weight loss, and those with specialised preferences. Food is available to consumers outside of the regular meal times, and the kitchen liaises with the lifestyle team and caters for special events. With these considerations, I find the service compliant in Requirement 4(3)(f).

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised that the service encourages them to raise issues and highlighted that they are supported to provide feedback to both staff and management. Management demonstrated appropriate feedback channels available to consumers, including resident forums, food focus meetings, quality of life and quality of care experience surveys, the service’s feedback box, posters advertising internal and external referral options, the Resident Welcome Book, and annual and 3 monthly care plan review processes. Staff demonstrated an appropriate awareness of the complaints processes and routinely encourage and support consumers to provide feedback. Staff have undertaken education toolbox sessions on how to encourage and support consumers to raise complaints and provide feedback, and the Assessment Team observed posters relating to feedback, complaints, and compliments throughout the service. With these considerations, I find the service compliant in Requirement 6(3)(a).

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives advised that management consistently undertake suitable and timely action to resolve their concerns and management demonstrated effective processes to record and trend complaints to ensure data is used to improve the care and service for consumers. The services plan for continuous improvement (PCI) applies relevant success measures including that consumers and representatives are satisfied with how the service manages and resolves their feedback, that consumers are comfortable raising feedback with management, complaints are resolved within 30 days, feedback brings about positive change, and open disclosure is exercised when things go wrong. In addition, the service undertakes routine analysis of the care survey data, in particular, questions relating to complaints and actions, and utilises the data in the feedback register to capture, record, analyse, and trend consumer feedback. With these considerations, I find the service compliant in Requirement 6(3)(d).

# 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

The organisation demonstrated a workforce that is planned to enable delivery of safe and quality care. Management demonstrated a standard roster to meet staffing needs at the service. The workforce includes registered nursing staff and care staff and the roster ensures morning, afternoon and night coverage. The manager, care director and two clinical care coordinators provide relevant oversight of staff, including at weekends. The organisation demonstrated that shifts are well planned and any unplanned leave is normally replaced. Management routinely monitor consumer satisfaction through regular quality of life and quality of care experience surveys and staff confirmed that the organisation assigns them reasonable time to complete their duties during their shift. The Assessment Team observed sufficient staff to support delivery of quality care and services including during the lunchtime meal service there were sufficient staff in each of the dining rooms to serve the meals and assist consumers as required. Consumers advised they are well cared for, and staff routinely meet their care needs, highlighting that when they use the call bell, staff respond within a reasonable time. With these considerations, I find the service compliant in Requirement 7(3)(a).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

The organisation demonstrated an effective risk management framework, which underpins its risk management strategies, sets out responsibilities, and includes policies and procedures. The organisation’s risk management system is monitored by the leadership team through clinical assessment, daily review and ongoing monitoring, collection and analysis of clinical data, and audits. The organisation demonstrated that trends and areas for improvement are consistently identified and reported or escalated to the governing body, including all SIRS incidents which are reported to the governing body. High impact and high prevalence risks are identified through analysis of clinical data and the organisation plans strategies to minimise the risk. High impact and high prevalence consumer risk is also reviewed at the local level at weekly person-centred care conferences.

The organisation administers procedures related to SIRS that are integrated into its incident management policy. Training in relation to SIRS is mandatory for all staff and a daily review of consumer progress notes by the care director ensures reportable incidents are reported within the legislative timeframes. This process is overseen at an organisational level by the quality manager, who undertakes routine compliance audits and analyses the data to identify and follow up any related issues. Consumer choice, including dignity of risk and consumer risk taking, is integrated into relevant policies and where a consumer may choose to engage risk, the service uses a risk consultation process to assess the risk and discuss with the consumer how they can best be supported. The organisation’s incident management policy and procedures ensures that incidents are recorded by registered nursing staff in the electronic clinical documentation system and reviewed by the clinical care coordinator or care director. Incident management is also included as mandatory training for staff. With these considerations, I find the service compliant in Requirement 8(3)(d).

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)