Performance

Report

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| Name of service: | Estia Health Camden |
| Service address: | 78-82 Old Hume Highway CAMDEN NSW 2570 |
| Commission ID: | 2079 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 February 2023 to 9 February 2023 |
| Performance report date: | 10 March 2023 |

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 E Woodley 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 - 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 team’s report received 2 March 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

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

# 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.

Requirement 3(3)(b) – The approved provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to clinical monitoring of risks associated with consumer’s care, wounds, continence care, and falls. Chemical restrictive practice processes are best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective.

# Standard 3

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

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

The Assessment Team found the high impact or high prevalence risks associated with consumer’s care were not always effectively managed. Some consumer representatives interviewed by the Assessment Team raised concern regarding the management of their consumer’s care. This included in relation to continence care, skin integrity and care, effective management and timely treatment of infections, nutrition, consent for the use of restrictive practices, and falls. The approved provider’s response to the Assessment Contact report included some additional information about these representative’s concerns, and identifies the service has discussed these with the representatives to improve their consumer’s care.

The Assessment Team found gaps in the management of wounds including effective monitoring and documentation to monitor for healing or deterioration, clear instructions for wound management, consideration of referrals to specialist services and pressure injuries not identified until a later stage despite staff stating that skin integrity was monitored on ongoing basis. In their response, the approved provider does not agree that wound monitoring and management was not effective, and includes some additional information about the impact of consumer choice on wound management. The approved provider also identifies a staff error in the classification of the pressure injury. In response, the service has conducted education for staff. However, I am not satisfied that wound management including assessment and monitoring was consistently effective for all consumers.

The Assessment Team found gaps in the management of restrictive practices, including for two consumers who were prescribed more than one chemical restrictive practice. For one of these consumers, the Assessment Team found documentation did not include clear instructions on the use of these restrictive practices. For both sampled consumers, documentation did not evidence that chemical restrictive practice was consistently used as a last resort after non-pharmacological interventions were trialled and evaluated as not effective. The approved provider’s response states that non-pharmacological interventions were trialled before the administration of restrictive practices for both consumers, and the omission of documentation was an error.

For two consumers, the Assessment Team identified gaps in the management of falls, including action taken post-fall to reduce risk of further injury. For one consumer who had several falls, their care plan had discrepancies in their mobility and transfer requirements. While the approved provider’s response included some additional information about reviews of these consumers post-fall, and action taken to prevent further falls or risk of injury, these were not demonstrated to be effective in minimising further fall incidents. The approved provider’s response identifies that the discrepancies in care planning documentation have been corrected following the Assessment Contact.

The Assessment Team identified several recent incidents involving consumers not receiving their medication due to no stock available. The approved provider’s response demonstrates these incidents were investigated and discussed with the pharmacy. However, no overall continuous improvement was identified in the Assessment Contact report or approved provider’s response to ensure the effective management and availability of consumer medications.

The Assessment Team found that there were some inconsistencies in pain monitoring for consumers. However, neither the Assessment Team, these consumers or their representatives identified a negative impact or dissatisfaction with pain management. In consideration of this, and the approved provider’s response, I find that overall pain was managed appropriately for these sampled consumers.

The Assessment Team identified gaps in clinical monitoring of risks associated with consumer’s care including consumers who require oxygen therapy and consumers who live with diabetes. For the consumer who requires oxygen therapy, the approved provider’s response acknowledges gaps in monitoring the consumer’s oxygen levels, however demonstrated most of the time these were monitored in accordance with care directives. For three consumers who live with diabetes, the Assessment Team identified gaps in the monitoring of their blood glucose levels. The approved provider’s response, while acknowledging some of the gaps, also included some additional information about the blood glucose monitoring and management for these consumers. The approved provider’s response outlines that discussions have occurred with staff to improve documentation and recording of blood glucose monitoring. I accept that the gaps in monitoring identified by the Assessment Team did not result in adverse impacts for these consumers. However, I consider that, in combination with other issues in documentation of clinical monitoring identified in the Assessment Contact report, this presents an overall risk to the effective management of the high impact and high prevalence risks associated with consumer’s care.

I acknowledge the approved provider’s response includes some additional information, not referenced in the Assessment Contact report, about the management of other risks for sampled consumers. However, for the high impact and high prevalence risks assessed for the sampled consumers, the service did not demonstrate these are consistently managed effectively. This includes regarding consistent clinical monitoring, wounds, restrictive practices, continence care, and falls.

I find Requirement 3(3)(b) is Non-compliant.

The Assessment Team found, for consumers sampled, deterioration or change in their condition was not responded to in a timely manner. For two consumers, the Assessment Team identified gaps in their post-fall management to prevent risk of further falls and further injury, and to identify changed needs. The approved provider’s response identifies for one of these consumers, following their deterioration changes to their needs were generally assessed and implemented.

For another consumer, their representative and documentation identified issues regarding timely identification and treatment of infections. However, the approved provider’s response provides additional information about the management of this consumer’s infection, and the service has met with the representative to discuss their concerns.

For one consumer, the Assessment Team identified a recent decline in their condition which led to hospitalisation was not identified or responded to in a timely manner. However, the approved provider’s response provides clarifying information about the consumer’s condition, the timeline, medical reviews, and clinical monitoring during this time.

While there were gaps in the management of consumer’s post-fall, I have considered this in my assessment of Requirement 3(3)(b). Overall, the service demonstrated deterioration or change in a consumer’s condition is recognised and responded to appropriately.

I find Requirement 3(3)(d) 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)