Performance

Report

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| Name: | Estia Health Craigmore |
| Commission ID: | 6948 |
| Address: | 150 Adams Road, CRAIGMORE, South Australia, 5114 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 24 October 2023 |
| Performance report date: | 16 November 2023 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4356 Estia Health Craigmore |

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 Craigmore (**the service**) has been prepared by R Beaman, 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 14 November 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **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 expressed satisfaction with the care they received confirming personal and clinical care is delivered in line with consumers needs, goals and preferences in a way that is individualised to them and optimises their health and well-being. Documentation confirmed consumer’s preferences for personal care delivery, by whom and when is recorded with strategies to guide staff to deliver care in a tailored way. Clinical care needs including the wounds, falls, diabetes and medication management are documented in care plans appropriately with strategies to guide staff delivering clinical care to consumers including non-pharmacological interventions to implement prior to medication administration for behaviour management.

Staff demonstrated understanding of the processes to deliver care to consumers in a way that met their needs and clinical staff described specific processes they follow to deliver clinical care that is tailored to consumers to ensure safety.

Based on the information in the assessment team’s report, I find this requirement in Standard 3 Personal care and clinical care 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

The assessment team recommended this requirement is not met as they were not satisfied the workforce was planned with enough staff to deliver care and services in line with consumer’s needs, specifically in relation to personal care. However, I have come to a different view to that of the assessment team and include my reasons further below.

The assessment team’s report included the following evidence and information gathered through interview, observation, and documentation relevant to their recommendation:

* Five consumers and three representatives provided feedback they felt there were not enough staff to deliver care and services in a manner that is safe and right for consumers. Feedback included:
  + Extended wait for call bells for four of the sampled consumers, including for three consumers not receiving assistance with personal hygiene in a timely manner and one consumer having a long wait time for assistance with toileting.
  + One representative advised their consumer has wait times longer than ten minutes for assistance frequently.
  + One consumer advised they have longer wait times which impacts their catheter care.
* Management were unaware of the feedback and would investigate the issues raised with extended wait times. Management confirmed an audit of call bell response times is undertaken monthly and the September 2023 audit showed only one response time above 10 minutes.
* Most staff confirmed they were not rushed with care delivery and had enough support to undertake their tasks.
* Documentation for staff planning confirmed all shifts are filled in the weeks prior to the Assessment Contact visit.
* The service has recruited and rostered an additional care staff on each of the morning and afternoon shifts from October 2023 and has a registered nurse on 24 hours 7 days a week.

The provider did not agree with the findings of the assessment team and provided additional commentary, information, and evidence to support their assertion. For the sampled consumers the provider asserts for one of the sampled consumers they confirmed staff had left the consumer to tend to another consumer who had fallen, and the wait time was not a complaint and the consumer understood and accepted staff’s actions. The provider asserts the consumer is provided individual care as per their needs and preferences and included documentation to show they receive 1:1 visits from staff to provide support at frequent intervals. For the four sampled consumers named in the assessment team’s report as having extended wait times once the call bell is activated, the provider asserts each of those consumers call bell records was analysed across a seven day period and there were no wait times identified of more than 10 minutes and that on almost all occasions call bells are responded to in under 6 minutes. For the consumer with a catheter in place the provider’s response included additional information which included progress notes showing catheter care is completed regularly and where required staff escalate any issues to the medical officer for review.

I acknowledge the information included in the assessment team’s report; however, I have come to a different view and find the service has planned the workforce with the number and mix of staff to enable the delivery of safe and quality services. In coming to my finding, I have considered the information included in the provider’s response that indicates calls for assistance are responded to in a timely manner and call bells are monitored through monthly audits, with the most recent showing only one call bell was more than 10 minutes in length. I have also considered the feedback provided by staff confirming they felt there were enough staff to deliver care and they were not rushed.

Furthermore, I have considered the information and commentary in the provider’s response that shows each of the sampled consumers care needs are met including catheter care and wound care effectively by staff. I have also considered and placed weight on the evidence included in Standard 3, requirement (3)(a) which confirms personal care is effective and consumers provided feedback to express their satisfaction with the way personal care is managed for them and there were no issues identified with either personal or clinical care. I have also considered information in the assessment team’s report that shows the service has effective workforce planning systems in place, with no unfilled shifts identified and additional staff allocated to provide care during the month prior to the Assessment Contact visit.

For the reasons detailed above, I find Requirement (3)(a) in Standard 7 Human resources compliant.

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)