Performance

Report

**1800 951 822**

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| Name of service: | Estia Health Epping - The Poplars |
| Service address: | 64-66 Norfolk Rd Epping NSW 2121 |
| Commission ID: | 2401 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 2 February 2023 |
| Performance report date: | 3 April 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 Epping - The Poplars (**the service**) has been prepared by Tracey Clerke, 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 16 February 2023

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |

Findings

This requirement was found non-compliant following a site audit conducted between 20 July 2022 to 22 July 2022. The service did not demonstrate that assessment and planning was effectively communicated to the consumer. Consumers and representatives mostly said they have not been informed they have a care plan or that one is available to them. There was no evidence that outcomes of care planning were offered to consumers and representatives.

In response, to the findings of non-compliance identified at the site audit, the service has implemented a number of actions, including:

* Summarised care plan discussed monthly at the residents and relatives meeting advising residents they can access the care plan along with their relatives.
* When care director, clinical care coordinator, executive director attend family case conference it will be offered as part of the family case conference on all occasions.
* Registered nurses offer summary care plan at the 3 monthly review which is generally done in consultation with the resident and or family.
* The executive director sends monthly communication on summary care plans being available if requested through the lifestyle newsletter.

During the Assessment Contact conducted on the 2 February 2023 the Assessment Team found consumers and representatives said they are informed of the outcomes of assessment and planning. They are informed when new treatments such as antibiotics are prescribed and why. They said they are informed of outcomes of investigations and other results from the medical officer. Representatives said they receive phone calls from the service about consumers when there is a change in condition and subsequent clinical assessment, particularly when falls occur or when transfer to hospital is required. New consumers who have recently entered the service gave positive feedback about the clinical assessment communication received.

I find the service is compliant with this requirement.

# 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

This requirement was found non-compliant following a site audit from 20 July 2022 to 22 July 2022. The service did not demonstrate that each consumer gets safe and effective personal care, clinical care that is best practice, tailored to consumers’ needs or optimises their health and well-being. Consumers and their representatives provided mixed feedback about clinical and personal care provided to them, some consumers said the care provided does not meet their needs. Care documents for some consumers did not reflect individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumers.

In response, to the findings of non-compliance identified at the site audit, the service has implemented a number of actions, including:

* Reviewed all care and services for the consumers in the previous assessment report from the Aged Care Quality and Safety Commission.
* Offered case conferences to all consumers representatives and the consumer when commencing end of life care.
* Education provided to 28 staff on recognising deteriorating resident.
* Training on complex care, stoma care and palliative care organised through Sydney North Health Network.
* Training on diabetes management to ensure staff are following directives and charting correctly.
* The service has introduced ‘stop and watch’ meeting daily where staff report any concerns or changes to consumers condition.
* The service has incorporated wound management schedule into monthly clinical meetings as a prompt for timely attendance for all wounds and recording when they reschedule to ensure this is well documented.
* Toolbox session for RNs to ensure they are documenting skin integrity issues.
* Conducted an assessment of environmental restraints which resulted in a decrease in the number of consumers subject to environmental restraint.
* Oversight of restrictive practice consent will be the responsibility of the clinical care coordinator.
* Clinical care coordinator will review falls and monitor effectiveness of strategies put in place.
* Staff reminded to ensure sensor mats are in place where required.

During the Assessment Contact conducted on the 2 February 2023 the Assessment Team found consumers receive clinical and personal care that is safe, effective, best practise and tailored to their needs to optimise their health and wellbeing. The Assessment Teams report contained specific examples of care delivery to consumers which verified care is safe and effective.

I find the service is compliant with this requirement.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

This requirement was found non-compliant following a site audit from 20 July 2022 to 22 July 2022. The service did not demonstrate that effective cleaning and maintenance was carried out. Improvements

In response, to the findings of non-compliance identified at the site audit, the approved provider has implemented improvements to address the issues.

During the Assessment Contact conducted on the 2 February 2023 the Assessment Team found the service was able to demonstrate the service enables consumers to move freely and live in an environment that is safe and well maintained.

I find the service is compliant with this requirement.

# 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

This requirement was found non-compliant following a site audit from 20 July 2022 to 22 July 2022. The service did not demonstrate that there was sufficient staff to deliver the required care and services to consumers.

During the Assessment Contact conducted on the 2 February 2023 the Assessment Team found the service was able to demonstrate they are working towards maintaining a workforce that is planned and a mix of staff enabled the delivery of safe and quality care and services for consumers. While some consumers and representatives said the service could do with more staff, there was consistent feedback that consumers receive the care and services they require. Some staff reported they were rushed for time to do their work and additional staff for key times would assist in completing tasks. Management has recruitment strategies in place to increase and replace staff when required and rosters are reviewed as required to ensure staff allocations are adequately meeting changing consumer needs and preferences.

I find the service is compliant with this requirement.

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)