Performance

Report

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| Name: | Estia Health Gold Coast |
| Commission ID: | 5376 |
| Address: | 34 Scarborough Street, Southport, Queensland, 4215 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 October 2024 |
| Performance report date: | 31 October 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 7569 Estia Health Gold Coast |

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 Gold Coast (**the service**) has been prepared by Kimberley Reed, 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 16 October 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all Requirements were assessed |
| **Standard 7** Human resources | **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 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. | 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

Requirement 3(3)(b)

Consumers and representatives were satisfied the service was effectively managing high prevalence risks. Registered and care staff described individualised consumer care implemented to prevent consumers from falling, developing pressure injuries, and detection, monitoring, and management of diabetes and unplanned weight loss. Care documentation demonstrated consistent assessments and planning to address individual consumer’s high impact and high prevalence risks to identify and effectively manage falls, skin integrity, pressure injuries, pain, time sensitive medications and diabetes mellitus. Management demonstrated effective management of high impact and high prevalence risks through analysis and trending of clinical indicators.

For consumers with a diagnosis of diabetes clinical staff checked their blood glucose levels according to the care plan and administered their insulin safely. Progress notes evidenced consumers had blood glucose levels within the acceptable range set by the medical officer. Clinical staff documented their communication with the medical officer when blood glucose levels fell outside the specified blood glucose level thresholds. Clinical staff explained the consumers’ blood glucose level thresholds, and the medical risks associated with timely monitoring and administration of insulin.

Falls risk assessments were completed for all consumers, including for consumers who sustained a fall. Clinical staff confirmed and progress notes evidenced that clinical staff completed a head-to-toe assessment including neurological observations for a specified period, following a fall. Consumers were reviewed by a physiotherapist following a fall and mitigating strategies were considered including sensor mats and walking aids. Falls policies and procedures guided staff practice, documentation supported staff were following the service’s policies.

Clinical staff delivered wound care to consumers in accordance with treatment directives. Pressure relieving devices and repositioning of consumers was utilised to decrease the risk of consumers sustaining pressure injuries. Consumers were observed to have pressure relieving devices in place.

The service had a suite of policies to guide staff in the identification and management of high impact and high prevalence risks associated with the care of consumers, and staff were aware where to find this information. Monthly clinical risk meetings were held to discuss the management of high-risk consumers. Topics included behaviour management, falls, wounds, unplanned weight loss, polypharmacy, time sensitive medications and pain. Daily clinical monitoring and review of progress notes was undertaken by the clinical manager to identify changes in conditions or needs of consumers and referral requests for prescribed care by medical officers and allied health professionals. Care documentation evidenced changes in care and preferences were identified and referrals actioned accordingly. Daily meetings including the care manager and registered staff discussed any emerging issues, including clinical concerns.

Training records evidenced education and coaching for registered staff for topics including head to toe skin assessments, pain, wound charting, photography, and documentation, elimination and output charting, weight reviews and food and fluid charting and pressure injury prevention.

Requirement 3(3)(d)

Consumers and representatives confirmed the service identified changes in consumers’ health and well-being and responded in a timely way. Care documentation confirmed staff recognised, reported and responded to changes in consumers’ conditions. Registered staff confirmed actions taken included assessment of the consumer, discussion with the consumer and representative, referral to the medical officer or other allied health professional and transfer to hospital if necessary. Care staff notified registered staff if they had concerns about a consumer’s condition.

Registered and care confirmed changes to consumers’ mental, physical, or cognitive wellbeing were discussed at handover and in daily, weekly and monthly management meetings. Education was provided to registered staff regarding clinical deterioration, and training records indicated this occurred in April 2024. The service had policies and procedures to guide staff in relation to identifying and responding to consumer deterioration. File review of two consumers who recently experienced clinical decline evidenced staff followed the service’s policies and procedures and escalated the consumers’ decline appropriately.

It is my decision, based on the information recorded above, the management of high impact risk and clinical deterioration of consumers was effectively managed by the service. Therefore, these Requirements are 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 stated the service provided enough staff to enable staff to deliver the care and services consumers required. Staff confirmed there were enough staff allocated for them to complete their tasks. Management monitored staff to ensure numbers and skills of staff ensured delivery of care and services in line with consumers’ expectations.

Consumers confirmed staff responded to their needs in a timely manner and that they generally did not have to wait for staff to answer their call bell if they use it. Staff reported they had enough staff and skills to support consumers in their daily lives. Staff stated some areas of the service required more staff than others and they had float staff who could move between sections of the service if required to assist. Staff confirmed when unplanned leave or sick leave occurred the service replaced the staff member with existing staff ensuring continuity of care.

Management monitored staffing daily and prepared weekly and monthly reporting to the organisation, ensuring staffing was sufficient to support the consumers’ care and service requirements. The service met the Department of Health and Aged Care minimum care minutes and registered nurse responsibilities.

Based on the above information, it is my decision the service demonstrated sufficient staffing levels to provide safe care to consumers. Therefore, this Requirement is complaint.

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)