Performance

Report

**1800 951 822**

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| Name: | Estia Health Golden Grove |
| Commission ID: | 6876 |
| Address: | 27-31 Captain Robertson Avenue, Golden Grove, South Australia, 5125 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 4 July 2024 |
| Performance report date: | 15 July 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4296 Estia Health Golden Grove |

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 Golden Grove (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response received 12 July 2024 accepting the assessment team’s recommendation.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Fully Assessed |
| **Standard 7** Human resources | **Not Fully Assessed** |
| **Standard 8** Organisational governance | **Not Fully 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 |

Findings

There are processes to identify, assess, plan for, manage and review high impact or high prevalence risks associated with consumers’ care. Care files demonstrate effective management of risks associated with behaviours and falls, and evidence involvement of specialist services in the management of identified risks. Care and clinical staff are aware of consumers’ high impact or high prevalence risks, and described how they identify, assess, and manage risks. All consumers and representatives said consumers receive the care and services they need and are satisfied with how the service manages individual risks, such as falls, behaviours and pain.

Based on the assessment team’s report, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers and representatives are satisfied with the level of training provided to staff. There are procedures to guide management in selecting potential candidates for employment and an onboarding process which involves mandatory training specific to the job role. The service offers a range of training topics ongoing, including mandatory components which are monitored for compliance. Buzz training sessions are delivered in response to identified staff knowledge gaps, with a recent topic derived from the authority responsible for food safety. Care staff described their experience commencing employment at the service which included an induction, onboarding and a full training day, as well as buddy shifts prior to working independently.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 7 Human resources compliant.

# 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

There are effective risk management systems and practices, supported by policies and procedures to guide staff practice. Risk management is embedded as an integral part of governance and operations to ensure appropriate strategies and systems are in place to identify and manage risk. The board is responsible for overseeing the management of risk and ensuring risk management and accountability arrangements are in place throughout the organisation.

High impact or high prevalence risk data is identified through clinical assessment and incident review. Monthly and quarterly reports are developed and tabled at relevant service and organisational level meetings to further analyse the data, identify trends, and minimise or eliminate risks of a similar nature, with escalation to the board where required. Incident reporting policies and procedures guide staff practice and are supported by elder abuse and serious incident response scheme (SIRS) training. SIRS incident data is included as part of indicator data reports provided to the board and sub-committees for further analysis and action where required. Incident data for a six-month period shows incidents have been reported through SIRS and within legislative timeframes. There are processes to identify and assess risky activities, and staff are guided in relation to supporting consumers to take risks through individual risk assessments. Incidents are reported, recorded and monitored, with total figures trended against the prior month to monitor or evaluate risks associated with the care of consumers and ensure effectiveness of current interventions.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)