Performance

Report

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| Name of service: | Estia Health Kadina |
| Service address: | 8 Mine Street KADINA SA 5554 |
| Commission ID: | 6006 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 October 2022 |
| Performance report date: | 30 November 2022 |

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 Kadina (**the service**) has been prepared by A Kasyan, 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, the Assessment Contact report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the Approved Provider’s response to the Assessment Team’s report received on 8 November 2022.

# 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

The Assessment Team did not assess all Requirements in Standard 3, therefore, a compliance finding at Standard-level is not applicable.

The service was found Non-compliant with Requirement 3(3)(a) following a site audit conducted from 11 to 13 May 2021 where it was found the service did not provide safe and effective best practice care tailored to each consumer’s needs. This was specifically in relation to wound care not being managed in line with the wound care directives, new medication and as required oxygen not being monitored to demonstrate adherence to best practice and hospital discharge information not being followed up by the service when information was absent or unclear.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Development of a new Oxygen Therapy Tool for staff to guide care, including specifying if therapy is continuous or intermittent, the required flow rate, oxygenation saturation, frequency of checking, acceptable and reportable saturation ranges and instructions for the nurse when oxygen therapy is prescribed.
* Education for staff in recognising deterioration, serious incident response scheme and restrictive practices.

At the Assessment Contact, the Assessment Team found whilst the service addressed deficiencies identified following the site audit undertaken from 11 to 13 May 2021 and most consumers and representatives expressed satisfaction with the care and services provided, the Assessment Team recommended Requirement 3(3)(a) Not met due to two consumers not receiving clinical care that is tailored to their needs. The Assessment Team provided the following information and evidence relevant to my finding:

* The service had not appropriately implemented strategies to minimise the risk of falls for one consumer. The consumer sustained two unwitnessed falls in their bathroom with one resulting in a fracture. It was not clear whether one of the specified falls prevention strategies, a sensor mat, was in the consumer’s room in line with their assessed needs when both falls occurred. Whilst the consumer was known to staff to value their independence and privacy and not wanting to call staff for assistance when using the bathroom, the service has not informed the consumer of an increased risk of falls associated with their choices.
* The second consumer was not satisfied they were receiving assistance with toileting in a timely manner resulting in faecal incontinent episodes. The consumer expressed frustration about not being able to go to the toilet independently due to being immobile. In addition, the consumer expressed they felt as a burden to staff because they require a lifter for mobility and do not always open their bowels after they request assistance to use the bathroom. The consumer had a chronic sacral injury requiring frequent dressing change due to contamination with faeces. In addition, repositioning did not occur as per the consumer’s assessed needs.
* Whilst the consumer’s care plan states the consumer is not always able to recognise the urge to use their bowels and requires the use of a scheduled toileting program, staff advised they assist the consumer to the toilet on request.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s recommendation.

In relation to the first consumer:

* There are best practice falls preventative strategies in place to reduce incidents of falls and minimise impact. These include encouraging the consumer to use their four-wheel walker and a call bell. The consumer has been able to make an informed decision in relation to the risks of mobilising without staff assistance or using their mobility aid and this had been discussed with the consumer prior to the assessment contact. The consumer accepts these risks and chooses to mobilise unassisted.
* The Approved Provider clarified a sensor mat was suggested by an allied health staff to manage risks of falls associated with the consumer’s refusals to use call bell and not always using their mobility aid. Using the sensor mat is referenced in the consumer’s care plan and also that the consumer can push this under their bed. This is why there is also a chair sensor in place.

In relation to the second consumer:

* The Approved Provider states it is challenging to meet the consumer’s continence care because they regularly deny assistance, including in relation to toileting, wound care and repositioning, and this is documented in the consumer’s care plan and progress notes attached to the response.
* Bowel chart records in the month preceding the assessment contact evidence regular toileting with only three episodes of incontinence.
* The consumer has not been formally diagnosed with cognitive impairment and there is no substitute decision maker in place. The consumer understands and accepts the risks their decisions present to their overall health and well-being.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant with this Requirement. I have considered five of eight consumers and representatives interviewed reported the service provided quality care and services meeting consumer needs. I also considered review of consumers’ files and staff interviews showed safe and effective clinical care delivered to the sampled consumers in relation to wound, pain, post fall care and application of best practice where restrictive practices were used.

I have considered matters raised in the Assessment Team’s report in relation to the management of the first consumer’s risk of falls are more relevant to Requirement 3(3)(b) effective management of high-impact or high-prevalence risks associated with the care of each consumer, which was not assessed during this assessment contact. I consider, whilst the consumer’s care plan states the consumer requires one staff assistance with mobility, evidence and information shows it was not always happening because there were no staff available for assistance, but rather because the consumer was choosing not to use a call bell or their mobility aid. Evidence provided in the Assessment Team’s report and the Approved Provider’s response shows the consumer was assessed as being able to make informed choices about their care and services and were able to understand consequences of not using their call bell, not waiting for staff assistance or not using their mobility aid. Since the consumer denied an interview during the assessment contact, their views on the quality of personal and clinical care were not obtained.

In relation to the second consumer, I acknowledge the consumer’s feedback they were not satisfied they were receiving assistance with toileting in a timely manner. I also considered there was a significant number of call bell activations per day for this consumer, up to 40, with only some being responded to promptly within 10 minutes. However, I have no evidence to demonstrate how many, if any, of these call bells that were not responded to promptly have led to the consumer’s faecal incontinence.

In addition, I considered the consumer’s care plan states the consumer should be toileted six times a day and on request to prevent/minimise incidents of faecal incontinence caused by reduced ability to recognise the urge to use their bowels. The consumer confirmed during the interview they are not always able to recognise whether they need to use their bowels, providing examples of when staff assisted them to sit on the toilet on request, however, they did not use their bowels.

The Approved Provider asserts the consumer often denies assistance with toileting. However, I have not been provided with information and evidence which shows how many times per day the consumer is toileted and how frequently they deny assistance with toileting. Whilst the Approved Provider asserts bowel chart records in the month preceding the assessment contact evidence regular toileting with only three episodes of incontinence, a review of the bowel charts does not support this advice. The bowel charts show 45 episodes of bowels being opened, with 3 incontinent episodes, 20 continent and the remaining 22 entries not being completed to clearly identify whether it was a continent or incontinent episode. For the reasons described above, it is not possible to determine whether the consumer’s goal around minimising/preventing incontinent episodes is being achieved on a daily basis.

In relation to the consumer’s wound care and repositioning, I consider the consumer’s care plan and associated attachments in the Approved Provider’s response evidence the consumer’s regular refusals of care, non-compliance with the wound specialist recommendations and an ongoing effort of staff to explain to the consumer all actual and potential risks to their health and well-being associated with their choices.

Accordingly, I find Requirement 3(3)(a) 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 did not assess all Requirements in Standard 7, therefore, a compliance finding at Standard-level is not applicable.

The service was found Non-compliant with Requirement 7(3)(a) following a site audit conducted from 11 to 13 May 2021 where it was found the service did not have sufficient workforce numbers to meet consumer care needs, specifically in relation to covering short notice leave.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Workforce culture training sessions have been provided to staff.
* Monthly workforce monitoring until June 2022 which included call bell data, trending and tracking short notice leave and unfilled shifts.
* The addition of four carer shifts as a contingency plan to cover short notice leave.
* A dedicated recruitment staff member has been employed to engage with the community and provide support for ongoing care and clinical recruitment.
* A dedicated workforce agency has been sourced to assist with short notice leave coverage and a house next door to the service has been acquired to assist clinical staff or agency with accommodation for up to six months whilst they work at the service and source alternate accommodation.

At the assessment contact, the Assessment Team found the service has a system for planning and managing the workforce to ensure the skill mix of employees is considered, in addition to appropriate staffing numbers to meet changing consumer care needs. The number of consumers and consumer acuity determine the staffing model. Overall, consumers and representatives interviewed were satisfied with the number of staff.

Whilst 50% of staff interviewed reported sufficient staff are rostered and they have enough time to undertake all of their duties in a timely manner, others reported there were not always enough staff to tend to consumer care needs. This was attributed to when there is short notice leave and shifts cannot be filled. Whilst the roster has not been changed in response to the non-compliance, additional roster lines have been added for carer shifts to cover unplanned leave. Management acknowledged difficulties with filling short notice shifts. However, reported this mostly occurred in the first week of the school holidays and every effort was made to fill these shifts with management assisting on the floor.

Roster allocation sheets for two weeks prior the assessment contact show additional carer shifts implemented to cover short notice leave. Management advised, whilst not all vacant shifts are filled in the fortnight coming, these will be filled by either casual or agency staff or by two newly recruited staff commencing within the next week.

For the reasons detailed above, I find Requirement 7(3)(a) 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)