Estia Health Kensington Gardens

Performance Report

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KENSINGTON GARDENS SA 5068  
Phone number: 08 8331 8098

**Commission ID:** 6835

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 24 May 2022

**Date of Performance Report:** 20 June 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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 Contact - Site report received on 7 June 2022; and
* the performance report dated 4 November 2021 for the Site Audit conducted on 3 August 2021 to 5 August 2021.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care. As no other Requirements were assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(a) was found non-compliant following a Site Audit conducted on 3 August 2021 to 5 August 2021, where it was found the service was unable to demonstrate best practice care was provided in relation to nutrition and hydration, pressure injuries, chemical restraint, wounds, falls prevention and behavioural symptoms of dementia. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit.

The Assessment Team has recommended the service meets Requirement (3)(a) in Standard 3 Personal care and clinical care. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

This Requirement was found non-compliant following a Site Audit conducted on 3 August 2021 to 5 August 2021, where it was found the service was unable to demonstrate best practice care was provided in relation to nutrition and hydration, pressure injuries, chemical restraint, wounds, falls prevention and behavioural symptoms of dementia.

The Assessment Team’s report for the Assessment Contact conducted on 24 May 2022 provided evidence of actions taken by the service in response to the non-compliance, including, but not limited to:

* implementing changes to the care plan review process to ensure consumers are regularly assessed and reviewed, with information to guide staff practice updated;
* increasing staff hours;
* engagement of an external provider to undertake free counselling to consumers;
* staff education and training;
* changing wound dressing products; and
* undertaking a falls prevention project to reduce fractures.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Most consumers and representatives were satisfied with the care consumers receive and provided examples of how staff know their needs and preferences and tailor care accordingly.
* One representative expressed concern regarding their family member’s falls management, however, documentation showed following each fall, the consumer was assessed, the Medical officer and representative were informed, and falls risk assessments and neurological observations were undertaken. Additionally, incident reports showed each fall was investigated, including analysis of call bell data and CCTV footage, and effectiveness of prevention strategies were reviewed.
* Staff provided examples of how they ensure care is tailored to consumers’ needs and optimises their health and well-being. Staff were knowledgeable about clinical risks, escalation processes, assessment and planning processes, and associated policies and procedures.
* Five consumer files sampled included a range of validated risk assessments, which were up-to-date and identified each consumer’s personal and clinical care needs and preferences. Care plans were developed based on information gathered from the risk assessments and included input from other external providers of care.
* Documentation showed risks associated with the care of consumers, such as pain, falls, wounds and weight loss, had been identified and assessed, with preventative measures implemented. Where wounds, weight loss or falls had occurred, the organisation’s policies and procedures were followed, and management strategies were implemented. The effectiveness of strategies was monitored to ensure the consumer’s health and well-being was maintained.
* In relation to restrictive practices, while information in relation to chemical restraint was not consistently recorded, documentation showed restraint was used in the least restrictive form, as a last resort and regularly reviewed.
* Behaviours for one sampled consumer were documented in a Behaviour support plan, which included sufficient information to guide staff as required under the *Quality of Care Principles 2014*.
* Documentation showed regular education sessions are held with staff in response to trends, incidents, identified learning needs and topical matters to ensure they are up to date with best practice guidelines.
* The service monitors compliance with this Requirement through scheduled care plan reviews, audits and monitoring of feedback and complaints.

The provider agrees with the Assessment Team’s findings; however, the provider’s response includes further information and evidence to clarify some of the Assessment Team’s assertions. This information and evidence in the provider’s response does not impact the outcome of my finding.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.