Performance

Report

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| Name: | Estia Health Kensington Gardens |
| Commission ID: | 6835 |
| Address: | 421 The Parade, KENSINGTON GARDENS, South Australia, 5068 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 15 November 2023 |
| Performance report date: | 7 December 2023 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4270 Estia Health Kensington Gardens |

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 Kensington Gardens (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the assessment team’s report received 4 December 2023; and
* a performance report dated 31 May 2023 for an assessment contact undertaken from 26 April 2023 to 27 April 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements 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)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following an assessment contact in April 2023 as consumers’ care and services were not reviewed for effectiveness or following incidents or change of circumstance relating to falls and behaviours. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Consumers who recorded falls in the last three months have undergone a review of prevention strategies, with care documentation updated to meet consumers’ needs.
* Consumers involved in behaviour related incidents in the last three months were reviewed and care plans updated to reflect current behaviour management strategies.
* Reviewed the care plan review guide to include clear guidance for staff on the review and analysis of incidents.
* Provided education to staff on reviewing consumer care needs following an incident using the care plan review template and conducting assessments in line with service policies and procedures.

At the assessment contact in November 2023, care and services were found to be regularly reviewed for effectiveness. Care files demonstrated consumers’ care and services are reviewed every three months. Where incidents or changes in consumers’ condition are identified, assessment processes are initiated and care plans reviewed and updated to reflect consumers’ current care and service needs. Consumers and representatives confirmed they are involved in care plan reviews and are notified when there are changes made by the medical officer and allied health professionals.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with review compliant.

# 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

Requirement (3)(b) was found non-compliant following an assessment contact undertaken in April 2023 as effective management of high impact or high prevalence risks was not demonstrated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed all behaviour related incidents to ensure strategies were effective, or additional interventions added, and completed referrals to other health professionals where appropriate.
* Restructured the clinical roster with a clinical nurse position implemented to improve monitoring and analysis of incidents.
* Provided training to staff on how to assess, monitor, mitigate and document risks to consumers with changed behaviours.

At the assessment contact in November 2023, care files sampled demonstrated appropriate management of risks related to falls, pressure injuries, changed behaviours and weight loss, and evidenced involvement of medical officers and allied health professionals in the management of identified risks. Care staff described strategies in place for managing high impact or high prevalence risks associated with the care of each consumer, and clinical staff described processes for managing behaviours, falls, weight loss and wounds, including where a referral to specialised care professionals may be required. Consumers and representatives expressed satisfaction with the management of risks related to consumers’ care, including falls and weight loss and the involvement of other health professionals.

The assessment team’s report indicated that care documentation did not always include individualised strategies prior to use of psychotropic medications, highlighting one consumer. The provider’s response included commentary providing further context relating to this consumer which I have considered when coming to my finding.

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

**Standard 4**

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

**Findings**

Most consumers expressed satisfaction with the quality and quantity of meals provided, stating they are offered different choices for their meals and that they felt encouraged to provide feedback. Care files included consumers' likes, dislikes, and individual preferences regarding food and nutrition. Meals are prepared on site in line with a four-week rotating seasonal menu which includes a range of options and variety. The menu is constantly refined to ensure consumers are getting a variety of choices to meet their dietary needs and preferences, and consumers are asked for their input and favourite choices to assist with menu development. Resident meeting minutes demonstrated consumers are provided with updates from the kitchen, advised of any national shortages of products and improvements that the kitchen is implementing. The dining experience included background music and was calm and ambient, and consumers were interacting with staff and enjoying their meals.

Based on the assessment team’s report, I find requirement (3)(f) in Standard 4 Services and supports for daily living 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

Requirement (3)(d) was found non-compliant following an assessment contact undertaken in April 2023 as effective risk management systems and practices relating to high impact or high prevalence risks associated with consumer care, and managing and prevent incidents, including use of an incident management system were not demonstrated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed all behaviour charts and progress notes for the previous three months to ensure all incidents and near misses were captured in the incident management system.
* Delivered an education program to staff in relation to criteria on near miss and physically aggressive incidents, the Serious Incident Response Scheme (SIRS), elder abuse, and hazard and incident reporting requirements.
* Updated the minimising use of restrictive practices policy to include guidelines on emergency restrictive practices.

At the assessment contact in November 2023, organisational systems and practices were found to support identification and management of risks. The organisational structure includes clinical, quality, safety and risk committees which monitor and review high impact or high prevalence risks, incidents and trends. Staff were knowledgeable about identifying elder abuse, high impact or high prevalence risks, risk mitigation strategies and incident management processes, and confirmed ongoing education and training. Records showed incidents and near misses are documented in accordance with organisational policies and SIRS incidents are reported in line with legislative requirements. Consumers are supported to take risks and live the best life they can as outlined in the person-centred framework.

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)