Performance

Report

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| Name of service: | Estia Health Mudgeeraba |
| Service address: | 21-25 Old Coach Road MUDGEERABA QLD 4213 |
| Commission ID: | 5991 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 March 2023 to 21 March 2023 |
| Performance report date: | 11 April 2023 |

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 Mudgeeraba (**the service**) has been prepared by K. 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 - 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 team’s report received 04 April 2023
* the food and nutrition checklist completed 21 March 2023
* 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 have been assessed |
| **Standard 6** Feedback and complaints | **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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement 3(3)(a)

Consumers received the care and support they required, which was delivered in a safe and effective manner. The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. Where restrictive practices were used, assessments, authorisation, consent and monitoring were demonstrated. The service had policies and procedures, which guided clinical practice.

Behaviour support plans were in place for consumers who were subject to restrictive practices or changed behaviours. The psychotropic self-assessment was maintained by the service and identified diagnosis, medications prescribed, prescribing Medical officer, date first administered and last review date. Information including consumers who had their medications reduced or ceased was captured by the service and all psychotropic medications were trended and discussed in the monthly clinical data indicator analysis report.

Care documentation supported wounds were consistently attended to in accordance with consumers’ wound management plans and pressure area care was completed as prescribed and associated documents were completed following treatment and at every review.

Care documentation for consumers with chronic pain had regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff used assessment tools depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies were included in care plans and when pain relief medication was used, it was reviewed for effectiveness and noted in progress reports by registered staff.

The service actively collated incidents for falls, weight loss, behaviours, medication incidents, infections, and pressure injuries every month and provided information to staff and organisational management on individual consumers, with actions for implementation. The service had a range of validated assessment tools and charts available for use in the electronic care system, which guided staff to deliver best practice care and support for consumers.

The Approved provider responded to the Assessment contact report. The Approved provider agreed with the Assessment Team’s recommendations and provided further clarity and information for the individual consumers named in the Assessment contact report.

Based on the information contained above and in the Approved provider’s response, it is my decision this Requirement is Compliant.

**Requirement 3(3)(b)**

Consumers with high impact or high prevalence risks associated with their care were effectively managed. The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identified consumers at risk of falls, infections and weight loss. Clinical management monitored progress notes daily for risks associated with consumers’ care and communicated daily to all registered staff any changes in consumers’ care needs through handover and daily clinical leader meetings. Documentation reviewed by the Assessment Team identified the service was effectively managing high impact and high prevalence risks.

Care planning documentation for consumers at risk of falls included directives for care staff such as manual handling instructions, falls prevention and monitoring equipment, and referrals to Medical officer and Physiotherapist for review.

Behaviour management support plans were individualised and identified assessments and monitoring were completed, and referrals were made to specialist services, including Dementia Support Australia. Strategies were communicated to staff, implemented, and included non-pharmacological interventions including dolls music therapy. Observations by the Assessment Team evidenced consumers sitting at tables together handling cat dolls and having conversations with each other and staff in a relaxed and calm environment.

Care planning documentation for consumers at risk of weight loss related to swallowing impairments and decreased intake, included directives for care staff including assisting the consumer with their meal, allowing additional time for meal assistance and implementation of high energy high protein drinks. Reviews were completed by the Dietitian and Speech therapists as required.

Consumers who were assessed as high risk of impaired skin integrity were reviewed daily by care staff when providing pressure area care. Directives for staff to follow were documented in the skin care plan, following the completions of a skin risk assessment. Consumers identified as very high risk of impaired skin integrity were provided pressure care every two hours. Pressure area care included the application of creams and lotions.

Consumers were assessed and monitored daily for signs and symptoms of infections, including urinary tract infections and acute respiratory illness. Consumers were provided with additional fluids, personal care and pathology testing was completed, if unwell.

Registered and care staff demonstrated an understanding of what high impact and high prevalence risks were in relation to the care of consumers and the reporting, care delivery and monitoring of these risks.

The Approved provider responded to the Assessment contact report. The Approved provider agreed with the Assessment Team’s recommendations and provided further clarity and information for the individual consumers named in the Assessment contact report.

Based on the information contained above and in the Approved provider’s response, it is my decision this Requirement is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives described how the service had practiced open disclosure when things went wrong. Timely and appropriate action was taken in response to feedback and complaints. Management had processes in place to document, action, and finalise identified issues within the service. Management and staff demonstrated a shared knowledge and understanding of the complaints process and the use of open disclosure.

Staff described the service’s feedback and complaints process including what open disclosure meant and how this was included in the feedback and complaints process. Staff confirmed if a consumer wanted to raise a concern with the care staff they would listen to the consumer’s concerns, apologise and ensure the consumer was aware the issues would be raised directly with the Registered nurse.

Staff training records confirmed staff received training in complaints and incident management, open disclosure, and continuous improvement. The service’s complaints management system detailed actions taken in response to addressing or resolving complaints and included explanations and apologies. The service had a complaint handling policy outlining the requirement for open disclosure and best practice complaints handling.

Based on the information recorded above, it is my decision this Requirement is 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 were confident the staff were delivering safe and effective care and believed staff were well trained to perform their roles. There were systems in place for monitoring and overseeing the training and development of the workforce. Staff were appropriately trained, supported, and equipped to perform their roles. Consumers were satisfied staff were trained to provide their care.

Staff described education, training, and support they received during orientation and on an ongoing basis. All staff were given opportunities to expand their knowledge and skills within the service. Staff were supported in their education and training through ongoing learning and development. Registered and care staff had received training since December 2022, in wound management, skin care, pressure injury care, and identification of pain as well as pain management.

The service had a dedicated education team who monitored staff training and competency, including training needs identified through feedback and evaluations. Review of the service’s training records identified 93.6% of staff were up to date with their mandatory training in addition to wound management, skin care, pressure injury care, and identification and pain management. Staff were removed from the roster if mandatory training had not been completed.

Based on the information recorded above, it is my decision this Requirement is 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)