Performance

Report

**1800 951 822**

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| Name of service: | Estia Health Salisbury |
| Service address: | 7 Salisbury Highway SALISBURY SA 5108 |
| Commission ID: | 6231 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 December 2022 |
| Performance report date: | 11 January 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 Salisbury (**the service**) has been prepared by K Richards 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 - Site; the Assessment Contact - 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 has acknowledged receipt of Assessment Team’s report on 22 December 2022 but has not provided a response; and
* the Performance Report dated 18 August 2022 for a Site Audit undertaken from 20 June 2022 to 23 June 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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

Requirements (3)(a) and (3)(b) were found non-compliant following a Site Audit undertaken from 20 June 2022 to 23 June 2023 in relation to consumer pain, mobility decline, and wound care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Creation of a wound schedule to track wounds. Changes to wound care are highlighted within the spreadsheet for greater visibility.
* Development of a monthly wound subcommittee to monitor healing of wounds. Non-healing wounds are escalated to the medical practitioner for review.
* Provision of training to clinical staff on wound care, with subsequent education on dressing regimes and work instructions.
* Use of ‘Stop and watch’ communication huddles to enhance communication between care and nursing staff on staff observations of consumers, including pain and skin care.
* Use of audits to review wound classification, provision of care, and healing, with results reported at organisational level.
* Use of a register of all pressure relieving devices and equipment to inform clinical staff of available options.
* Priority review of consumers with diagnosis of chronic pain, recent incidents, changes in mobility or other deterioration, or experiencing pain during personal care. Pain charting is undertaken and evaluated after three days with a summary recorded in progress notes.
* Use of ‘as required’ pain relief is reviewed and used to identify need for referral or medical review.
* Care planning has partnership in care conversations regarding assessment and goals for pain management, and a prompt to refer to palliative care specialists in anticipation of needs for consumers transitioning to end of life care.
* Additional training on recognising and reporting pain, with clinical staff receiving additional training on effective non-pharmacological strategies, charting, evaluation, and escalation.

At the Assessment Contact undertaken on 14 December 2022, the Assessment Team found the service was able to demonstrate the provision of safe and effective personal and clinical care and effective management of high impact or high prevalence risks related to personal and clinical care.

Consumers and representatives said they felt involved in care planning and delivery, and were confident care is tailored to consumers’ needs to optimise their health and well-being. Policies and procedures are available to guide staff in best practice and specialist services are used to tailor services to individual needs when required. Pain is measured regularly, with assessment of pain documented for each change of wound dressing and pain charting undertaken for consumers who report pain. Care staff and management confirmed the ‘Stop and watch’ huddle initiative has enhanced feedback to clinical staff and improved early detection and intervention for identified changes.

The service monitors for high impact high prevalence risks through ‘Stop and watch’ processes, monthly clinical and incident data review and analysis, clinical care meetings, and care plan reviews, including risk care plans. Consumers and representatives were satisfied with care, representatives referred to management of specific risks, and staff were knowledgeable about consumers and strategies for risk prevention and management. Care plans captured risks in a risk care plan, including in relation to pressure injuries, weight loss, and falls. Management identified falls and pressure injuries as highest risk of impact and prevalence within the consumer cohort with ongoing strategies to manage these, and strategies in place for consumers with a history of multiple falls were confirmed by representatives as being successful at reducing frequency of falls.

For the reasons detailed above, I find Requirements (3)(a) and (3)(b) in Personal care and clinical care compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)