Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Estia Health Valley View |
| Commission ID: | 6967 |
| Address: | 66 Nelson Road, VALLEY VIEW, South Australia, 5093 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 29 May 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 4375 Estia Health Valley View |

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 Valley View (**the service**) has been prepared by Gai-Maree Cain, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

|  |  |
| --- | --- |
| 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** |
| **Standard 8 Organisational governance** | **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

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated high impact and high prevalence risks to consumers are effectively managed and strategies on how risks are minimised were consistently implemented. The service identified high impact and high prevalent risks at the service as weight loss, chemical restrictive practices, falls and pressure injuries.

Consumers spoke of being happy with the care provided to consumers, and well informed of strategies implemented to minimise risks associated with the care of consumers. Care planning documentation demonstrated high-impact, high-prevalence risks were assessed and monitored, and risk mitigation strategies implemented. For consumers subject to restrictive practice, documentation reflected appropriate authorisations, behaviour support plans, monitoring and review.

Staff demonstrated knowledge of consumers' risks and how they are identified, monitored and managed. For example, staff described strategies for minimising falls including ensuring trip hazards are removed, encouraging consumers to use their mobility aids, ensuring mobility aids are within reach, keeping call bells within reach, regular toilet assistance and regular visual checks.

Interviews with management, staff and a review of service documentation identified, the service demonstrated an effective incident management system in place. Care and service documentation evidenced the reporting of clinical incidents for individual consumers and actions taken including reassessment and implementation of minimisation strategies. Clinical indicator data is reported and analysed with trends identified and the service ensured improvement actions to reduce the risk of recurrence and support safer care.

It is my decision, Requirement 3(3)(b) is Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 service demonstrated 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 services. Consumers advised they received quality care and services delivered by regular and competent staff who understand the individual consumer’s needs. Consumers spoke of staff being responsive a prompt to their requests for assistance.

Staff advised the service to ensured there is a sufficient number of staff, and described the support they received through training, competency assessment, supervision and support. Management interviewed and review of service documentation demonstrated the service had systems and processes in place to fill vacant shifts to ensure sufficient staffing to enable safe and quality consumer care. A registered nurse is rostered on-site and on-duty at the service 24 hours each day, across 7 days of the week, in addition, the service utilises enrolled nursing staff and personal care workers.

In relation to meeting the mandatory care minutes requirements, interviews with management and review of service documentation identified the service is currently not meeting its mandatory care minutes targets. However, the service demonstrated a range of strategies to ensure the delivery of safe and effective care, and a commitment to meeting the mandatory care minutes, including workforce planning for ongoing recruitment and retention of the workforce:

* Ongoing recruitment with 3 registered nurses and 6 personal care workers due to commence at the service.
* Utilising of aged care traineeship positions and placements for students undertaking studies such as Certificate 3 in Aged Care.
* The utilisation of block bookings of labour hire staff, to ensure consistency of staff and continuity of consumer care.
* Utilisation of workforce from other services within the organisation as required.
* Regular review of the roster in alignment with consumer needs, for example, in October 2023 an additional 12 staff were added to the master roster to meet mandatory care minutes targets.
* Retention bonuses offered to staff, employee of the month awards and recognition of years of service celebrated.

In coming to my decision in relation to this Requirement, I have considered the information within the assessment contact report including the positive feedback from consumers and representatives, staff knowledge of the consumers’ care needs and strategies evidenced by the service in working towards meeting its mandatory care minutes targets. It is my decision Requirement 7(3)(a) is Compliant

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The organisation demonstrated a clinical governance system in place which provides guidance to staff and the service to ensure the delivery of quality care and services to consumers. The organisation demonstrated systems and processes to support identifying and oversight to risks associated with clinical care including monthly service reporting of clinical indicators to a clinical governance committee and reporting and escalation through to the Board.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff described understanding of the organisation’s policies and procedures and were able to provide examples of relevance to their work. In relation to workforce responsibilities, the service had a suite of policies and procedures to guide staff including about early recognition of consumers deterioration, escalation and consumer clinical care; communication process to support safe consumer care including shift handover, message boards in the electronic care documentation systems and weekly person-centred care meetings.

In coming to my decision, I have considered the information within the assessment contact report under this and other Requirements including the evidence of effective implementation of the clinical governance framework at the service through the monitoring and management of high impact and high prevalence consumer risks, a competent and qualified workforce, and ongoing and continuous improvement actions. It is my decision Requirement 8(3)(e) is 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)