Performance

Report

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| 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 16 January 2024 |
| Performance report date: | 6 February 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 A. Kasyan, 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 staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 1 February 2024 in which they agree with the assessment team’s recommendation.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 7** Human resources | **Not applicable** |
| **Standard 8** Organisational governance | **Not applicable** |

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

The assessment team assessed requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers as part of the assessment contact and have recommended the requirement met. All other requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service has implemented effective systems and processes ensuring regular review of care and services. Consumer files, including care plans, assessments and progress notes evidenced the review of care and services for effectiveness regularly and post incidents. Consumers and representatives reported satisfaction with their level of involvement in the process of regular review of consumers’ care and services and with incident follow-up. Staff described their approach to reassessing consumers’ needs goals and preferences, both during ongoing care reviews and in response to incidents in line with the service’s policies and procedures.

Based on the evidence summarised above, I find requirement (3)(e) 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

The assessment team assessed requirement (3)(b) in Standard 3 Personal care and clinical care as part of the assessment contact and have recommended the requirement met. All other requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service has established, effective systems to manage of high impact or high prevalence risks associated with the care of each consumer. Consumer files evidenced implementation of individualised strategies for prevention, mitigation and response to risks including, but not limited to, pressure injuries, falls and restrictive practices. Consumers and representatives expressed satisfaction with care and services and how risks are managed in consultation with them. Staff provided examples of how they deliver safe and effective care, and demonstrated how care and services for each consumer are tailored to their needs and preferences. Staff were knowledgeable about consumers’ risks and individualised strategies for prevention and mitigation.

Based on the evidence summarised above, I find requirement (3)(b) compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The assessment team assessed requirement (3)(c) in Standard 7 Human resources as part of the assessment contact and have recommended the requirement met. All other requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

Consumers reported staff know what they are doing and provide care and services they need in safe and competent manner. Staff interviews showed, and documentation confirmed staff are offered ongoing training and development opportunities to enhance their knowledge and skills. Systems and processes have been implemented to ensure all staff have valid credentials, licenses and certifications required for their roles. The service has an appointed infection prevention control (IPC) lead who provides education and training to staff on infection prevention and control practices, including, but not limited to, hand hygiene and personal protective equipment. Management described how they use a range of processes to conduct regular competency assessments, identify any areas for improvement and provide necessary support or training.

Based on the evidence summarised above, I find requirement (3)(c) 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

The assessment team assessed requirement (3)(d) in Standard 8 Organisational governance as part of the assessment contact and have recommended the requirement met. All other requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service has implemented effective risk management systems and practices. Risk management is embedded as an integral part of governance and operations to ensure that appropriate strategies, plans and systems are in place to identify and manage risk. Risk management systems and practices include policies and procedures, risk assessments, and risk management plans tailored to managing high impact high prevalence risks associated with consumer care. Documentation related to incidents evidenced appropriate steps are taken following an incident, including investigations, corrective actions and preventative measures. Systems and processes effectively support the identification and response to abuse and neglect and supporting consumers to live the best life they can, including when it involves an element of risk.

Based on the evidence summarised above, I find requirement (3)(d) 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)