Performance

Report

**1800 951 822**

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| Name: | Estia Health Victoria Heights |
| Commission ID: | 4061 |
| Address: | 41-47 Victoria Street, IRONBARK, Victoria, 3550 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 July 2024 |
| Performance report date: | 26 August 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 2644 Estia Health Victoria Heights |

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 Victoria Heights (**the service**) has been prepared by Micheal Cooper, 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.
* the provider’s response to the assessment team’s report received 9 August 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable as not all requirements were assessed |
| **Standard 7** Human resources | Not Applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | Not Applicable as not all requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Staff demonstrated an understanding of organisational processes to minimise risk to consumers’, including daily discussions regarding consumers with complex clinical care needs and scheduled care alerts to guide staff in the delivery of care.

Care documentation demonstrated staff are effectively assessing and managing consumers’ care needs including falls management, changed behaviours, weight loss, risks related to swallowing difficulties, medication management, and wound care management. The assessment contact report includes gaps in sight charting for one consumer. In response the provider outlines immediate actions to remediate this deficiency, including the development of a quality activity to prevent reoccurrence.

I have considered the information within the assessment contact report, and I have placed weight on the information including effective processes in place and staff knowledge of consumers’ care needs and organisational processes.

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

# Standard 7

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| 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

Consumers and representatives provided positive feedback in relation to consumer care and services, and said staff are consistently available to meet their needs. Staff explained some time pressures, however described how they can meet the needs of each consumer assigned under their provision of care. Service documentation, and interviews with staff and management confirmed staff have access to regular ongoing training and they are supported from senior management to support their duties in the delivery of care.

In relation to the workforce responsibilities (including the 24/7 registered nurse) requirement and mandatory care minutes), the service’s roster and interviews with management evidenced there is a RN rostered on site and on duty at the service 24 hours per day, across 7days of the week. The assessment contact report outlines unfilled shifts for 3 weeks between the period of 10 June 2024 to 8 July 2024. Interviews with management and review of service documentation identified the service is currently not meeting its mandatory care minute targets. However, the service evidenced a range of strategies to ensure care sufficiency including:

* Ongoing recruitment for registered and care staff.
* The assessment contact report outlines the service’s planned actions to recruit 3 RNs and 3 full time care staff within weeks following the assessment contact.
* Trainee staff are teamed with experienced staff until they are deemed competent to perform their job duties at the organisation’s expected competency level.
* Management explained the implemented monitoring systems for call bell response times. The assessment contact report identifies call bell response times exceeding 10 minutes are analysed daily, and management liaises with consumers, representatives, and staff to identify and monitor impact to consumers.

The assessment contact report described feedback from one representative in relation to the lack of consultation during care plan reviews. In response, the provider contacted the representative and provided reassurance, offering future invitations to be involved in all aspects of care and service plan development.

The assessment contact report described feedback from one consumer in relation to their wish to go for a walk in the local community. In response, the provider has initiated a quality activity, and provided care documentation demonstrating the service is actively offering community walks to the consumer, however they continue to frequently decline.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, strategies the service evidenced to ensure care proficiency and staff knowledge of consumers’ care needs.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| 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 an effective clinical governance system in place which provides guidance to staff to ensure the delivery of quality care and services to consumers. The organisation demonstrated systems and processes including clinical evaluation frameworks and a clinical governance committee who is responsible for ensuring risk is identified and continuous improvement actions are implemented to minimise impact to consumers.

In relation to the key elements of antimicrobial stewardship, minimising the use of restraint, and open disclosure, staff demonstrated understanding of the organisation’s policies and procedures, and provided examples how each element applies to their job role.

I have considered the information within the assessment contact team report, and I have placed weight on the information 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 s 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)