Performance

Report

**1800 951 822**

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| Name of service: | Estia Health Victoria Heights |
| Service address: | 41-47 Victoria Street IRONBARK VIC 3550 |
| Commission ID: | 4061 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 June 2023 to 6 June 2023 |
| Performance report date: | 30 June 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 Victoria Heights (**the service**) has been prepared by S Byers, 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

# Assessment summary

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| 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** |

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 |

Findings

The service was found Non-compliant in Standard 3 in relation to Requirement 3(3)(a) following a site audit in October 2022 where it was unable to demonstrate:

* effective clinical care that is best practice; tailored to the individual and optimises their well-being, in relation to wound management and continence management.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers were satisfied they receive personal and clinical care that is right for them and that staff understand and deliver care that meets their needs and preferences. Staff demonstrated understanding of the sampled consumers care needs and the interventions planned to provide safe and effective personal care. Care documents reflect individualised strategies to maintain skin integrity, and appropriate assessment and management of consumers’ wounds, pain and continence management. The service maintains a restrictive practice register and psychotropic medication tool with both documents reflecting assessments, consultations, informed consent and regular medical reviews. Management demonstrated electronic care task scheduling is now embedded into the care document system which is monitored and audited regularly for timely completion of care tasks such as continence care, repositioning and review of medication effectiveness. The service has strengthened its handover processes including implementing a daily huddle to share information about changes to consumer needs and condition. The Assessment Team observed the daily huddle in practice.

Based on the available evidence, I find Requirement 3(3)(a) 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

The service was found Non-compliant in Standard 7 in relation to Requirement 7(3)(a) following a site audit in October 2022 where it was unable to demonstrate:

* the workforce is planned to enable safe delivery and management of quality care and services.

At the June 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives were satisfied with the care provided and reported an improvement in staff response to call bells. Clinical and care staff provided positive feedback about staffing levels and confirmed they have time to complete their tasks. In response to a review of the master roster the service has created additional short shifts and recruited additional staff to cover vacant shifts. Management described strategies to manage planned and unplanned leave. The allocation roster demonstrated the service has a sufficient skills mix including appropriate clinical oversight on each shift. Call bell reports demonstrated call bells are responded to in a timely manner. Management described how call bell responses are monitored, reviewed and escalated including the completion of call bell audits to identify trends.

Based on the available evidence, I find Requirement 7(3)(a) 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)