Performance

Report

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| Name: | Estia Health Wodonga |
| Commission ID: | 3721 |
| Address: | 240 Felltimber Creek Road, WODONGA, Victoria, 3690 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 13 August 2024 to 14 August 2024 |
| Performance report date: | 11 September 2024 |
| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 5724 Estia Health Wodonga |

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 Wodonga (**the service**) has been prepared by N Chahal, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 acknowledged the assessment team report on 26 August 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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

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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 not compliant with this Requirement following a site audit conducted in December 2022. The service did not demonstrate effective management of wounds or the monitoring of pressure areas in line with best practice and service policy and did not demonstrate effective falls risk management.

Since that time, the service has implemented a number of strategies which have improved the quality of care. These include involvement of a consultant to support clinical staff to ensure best practice wound care and changes in the clinical management team to support the effective delivery of care in relation to wounds management and falls prevention. The service also conducts regular analysis of falls data to determine specific strategies for improvement.

During the assessment contact conducted in August 2024, consumers and representatives confirmed satisfaction with the wound care provided at the service. There was evidence staff assess pain during wound care and correctly classify wound types and stages as well as effective use of wound photography and measurement to monitor wound healing. The service undertakes timely referrals to specialists where wounds show signs of deterioration, and recommendations from allied health specialists are utilised. This was supported by consumer examples of complex wound management by clinical staff. Care planning considers pressure area care, nutrition and hydration requirements and personal care to protect skin integrity.

Consumers and representatives also confirmed satisfaction with the management of falls and falls prevention. Representative feedback reflected staff are aware of consumer falls risk and employ individualised strategies to optimise consumer safety. The service utilises a multi-disciplinary approach through involvement of clinical staff, general practitioners and allied health professionals to implement personalised falls prevention strategies, and post-fall care is provided in accordance with the service’s relevant policy. Staff have received training in manual handling and demonstrated awareness of the importance of a timely response to call bells and sensor alarms in minimising falls.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 3(3)(a).

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service was found not compliant with these Requirements following a site audit conducted in December 2022. The service did not demonstrate that consumers were encouraged and supported to provide feedback and make complaints, or that appropriate action was taken in response to complaints.

Since that time, the service has implemented a number of improvement actions including discussion of internal and external feedback options at consumer/representative forums and providing Older Persons Advocacy Network (OPAN) seminars for consumers, and management actively engaging with consumers and representatives to ensure all feedback is acknowledged and actioned. The service has also provided training to staff in complaints management and open disclosure.

During the assessment contact conducted in August 2024, consumers and representatives indicated they are encouraged and supported to provided feedback and make complaints. There was evidence that consumers proactively offer feedback and suggestions, and complaints information was available in several languages. Consumers can provide feedback via feedback forms, surveys, audits, consumer meetings or direct discussion with management.

The service has a complaints management procedure in place to guide staff. A review of documentation demonstrated complaints are acknowledged and actioned and reflected a process of open disclosure, and management and staff described working collaboratively with consumers and representatives when handling complaints. Consumers and representatives also expressed satisfaction with the management of complaints and feedback. Representative feedback reflected satisfaction with complaint resolution.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirements 6(3)(a) and 6(3)(c).

# 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 not compliant with this Requirement following a site audit conducted in December 2022. The service did not demonstrate that the number and mix of staff deployed enabled the delivery and management of safe and quality care and services.

Since that time, the service has implemented a number of improvement actions, which have improved the number and mix of staff. This includes rigorous recruitment undertaken by management along with extension of contracts for agency registered nurses to ensure continuity of care for consumers while recruitment occurs. The service has embedded a process for the monitoring, investigation and evaluation of call bell response times.

During the assessment contact conducted in August 2024, consumers and representatives confirmed there are sufficient staff to provide individualised care and services including personal care, toileting, and wound care needs. Most consumers were satisfied with call bell response times, which are monitored. Staff described an improvement in staffing levels during the year preceding the Assessment Contact, and indicated they are able to complete their assigned work. There is evidence to support staffing is sufficient to ensure the timely administration of pain medications, and the service is meeting mandated 24/7 registered nurse requirements and care minutes targets.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(a).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The service was found not compliant with this Requirement following a Site Audit conducted in December 2022. The service did not demonstrate effective organisation wide governance systems in relation to workforce governance, feedback, and complaints.

Since that time, the service has implemented improvement actions which have resulted in improved governance systems. These include monthly auditing of call bell response times, consumer satisfaction with staffing levels and the introduction of a business intelligence tool to monitor governance and workplace planning. The service also has a new continuous improvement framework, to ensure closer monitoring of consumer and representative satisfaction and compliance with policies and procedures.

During the Assessment Contact conducted in August 2024, effective governance systems relating to workforce management and feedback and complaints were evident. There are policies and procedures in place relating to workforce planning and staff recruitment, including screening, orientation, mandatory training, performance monitoring, staff retention, and quarterly reporting of care minutes. Position descriptions reflecting key performance indicators are available. There is a feedback and complaints management system, and the complaints management procedure is available to staff. The system allows management and the quality and risk team to oversee trends, which inform the service’s plan for continuous improvement. There was evidence of increased acknowledgement, actioning and review of complaints.

There was also evidence of effective governance systems relating to information management, continuous improvement, financial governance, and regulatory compliance.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 8(3)(c).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)