AdventCare Whitehorse

Performance Report

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**Commission ID:** 3044

**Provider name:** Seventh-day Adventist Aged Care (Victoria) Ltd

**Assessment Contact - Site date:** 22 September 2020

**Date of Performance Report:** 9 October 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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, video material and interviews with staff, and management.
* the provider’s response to the Assessment Contact - Site report received 6 October 2020.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

A recommendation of not met in one or more requirements results in a not met for the whole standard.

Staff do not practice required use of personal protective equipment.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) Non-compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team made a recommendation of Non-Compliance against this requirement based on the following evidence:

* Video footage, in the public domain, of a dance routine by staff (held on 16 September 2020) within an internal communal area of the service with consumers in attendance. Face masks and eye protection were not used during the dance routine and social distancing protocols were not followed.
* Observations during the Assessment Contact of infection control practice that included,
  + staff not wearing eye protection
  + examples staff not using masks in the manner required
* Observations of a lack of density signage in communal and some staff areas.
* Observations of staff room areas with no donning and doffing stations, social distancing or equipment cleaning signage, or availability of masks.
* Observations of a lack of signage at high touch point areas and shared equipment.
* Observations of donning stations outside rooms of three consumers isolating without all required personal protective equipment.

The approved provider disagreed to the Assessment Teams evidence and set out the following in their response:

* Strict formation and social distancing were maintained throughout the dance routine, but staff ‘briefly went in a circle before going back to put their masks on’.
* The dining areas were assessed in March 2020 for social distancing density, furniture spaced accordingly, and no variance has occurred in consumer and staff numbers using the area.
* The area was assessed prior to high tea to determine that dancers could socially distance during routine.
* As lounge and auditorium area are large and numbers to these areas controlled by staff no density signage is placed to maintain a homely feel. The provider stated this was validated by a DHHS specialist.
* The provider contends while there was no necessity to move density signage in nurses station to a more prominent location, they have now done so.
* The provider contends there are fixed number of staff in the laundry and lifestyle rooms, and a booking system for the hairdresser. As a result density signage is not necessary.
* The provider contends visiting DHHS infection control nurses have validated the signage placement throughout the service.
* Management stated signage for high touch items is unnecessary as dedicated staff clean all high touch areas frequently.
* Management contend the quality assessors observation of not all PPE being available was just before the restock round post morning care activities.

I have considered the video footage of the dance routine which shows the required social distancing was not maintained and contradicts the provider’s assertion that strict formation and social distancing was maintained except briefly at the end. Masks were not used by staff during the performance. While the provider argues DHHS ‘face coverings at work’ protocols permit removal of a mask when doing a physically strenuous task (see Standard 8 Requirement 3(3)c), I cannot accept that the intent of the exemption included an enclosed internal communal setting within an aged care service in close proximity of consumers. I also note the providers response states staff had a number of practice sessions within the auditorium in the lead up to the event.

I have taken into consideration the Assessment Team’s observations of examples of staff not using masks in the required manner. While the provider’s response does not directly address this, it states staff have had personal protective equipment training in the last month.

I have considered the Assessment Team’s observations of staff not wearing eye protection, as well as the provider’s decision not to use eye shields other than in rooms of consumers isolating due to practical considerations and ‘limited efficacy’ based on their review of DHHS resources and discussion with DHHS representatives (See Standard 8 Requirement 3(3)c). DHHS guidelines state eye protection should be used ‘where practical’ and a joint Commonwealth and Victoria State government and Victorian Aged Care Response Centre factsheet issued 17 September 2020 states ‘all staff and contractors are required to wear eye protection on entering the facility, including communal areas, such as office or tearoom’. I note the provider states goggles for eye protection have been made available to staff from 28 September 2020.

In making the finding of Non-Compliance in the requirement, I have placed particular weighting on the evidence relating to the dance routine and observation of mask use during the Assessment contact. I am of the view DHHS guidelines advising use of face shields ‘where practical’, does not limit use to consumers being isolated, and the abovementioned fact sheet supports this, along with the service’s decision to commence using goggles generally from 28 September 2020.

I thus find the service is Non-complaint in Standard 3 Requirement (3)g.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

A recommendation of not met in one or more requirements results in a not met for the whole standard.

The provider does not demonstrate they have applied protocols set out by relevant health authorities.

The service has not applied effective risk management practices for managing high impact or high prevalence risks associated with the care of consumers.

I find the service is Non-Compliant in Requirements 8(3)c and 8(3)d.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The Assessment Team made a recommendation of Non-Compliance against this requirement based on the following:

* Management did not apply the protocols of the relevant health authorities in relation to eye protection and face masks:
  + staff were not required to use eye protective equipment generally in the execution of their duties
  + staff were authorised to not wear masks during a dance at an internally organised event for, and in proximity of, consumers.
* Management made these decisions based on verbal feedback from the Australian Defence Force (ADF) and Department of Health and Human Services (DHHS) representatives during visits to the service, and, incorrect application of facemask exemptions for the public during exercise, respectively.

The approved provider disagreed to the Assessment Teams evidence and set out the following in their response, premised on a ‘practical application of infection control clinical practices’:

* Drew attention to and included at an attachment of DHHS’s ‘face coverings at work’ protocols under stage 3 restrictions, permitting removal of mask when doing a physically strenuous task.
* The investigation team of the Public Health Unit, DHHS, has subsequently reviewed and were satisfied with the service’s actions.
* Drew attention to DHHS’s ‘A guide to conventional use of PPE’ and the recommended requirement to use ‘face shield where practical’ in guiding their staff practice using PPE. The approved provider contends ‘there are many instances where face shields are not practical and in fact can be dangerous and a risk to staff and (consumers)’ and pointing to ‘limited efficacy’. The approved provider stated DHHS nurses advised the service that face shields were not mandatory and the service could vary their practice and assess alternatives. The provider stated goggles have subsequently been sourced and have been used in the service since 28 September 2020.

In making this decision I have considered the provider’s contention that DHHS ‘face coverings at work’ protocols permit removal of a mask when doing a physically strenuous task, however I do not accept that the intent of the exemption included an enclosed internal communal setting within an aged care service in close proximity of consumers. I also note that metro Melbourne was in Stage 4 restriction from 2 August 2020.

I have also considered the provider’s decision not to use shields other than in rooms of consumers isolating. DHHS guidelines state eye protection should be used ‘where practical’ and a joint Commonwealth and Victoria State government and Victorian Aged Care Response Centre factsheet issued 17 September 2020 states ‘all staff and contractors are required to wear eye protection on entering the facility, including communal areas, such as office or tearoom’.

I find the service has not applied the protocols set out by relevant health authorities, and thus find the service is Non-Compliant in this Requirement.

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team made a recommendation of Non-Compliance against this requirement based on the following:

* Management did not demonstrate they had assessed the risks to consumers in relation to the decisions:
  + for staff not to use eye protective equipment in the execution of their duties
  + authorising staff not to wear masks during a dance at the above described event.
* Management said no formal risk assessment occurred for the dance routine, but it was discussed at management meetings in weeks leading up to the event. No meeting minutes were provided to support this.
* Management said dancers were required to stick to formation and social distancing, but no briefing, guidelines and training occurred prior to event.
* Management said staff had been rehearsing for weeks in the auditorium prior to the event and video footage of a consumer joining the dance was unscripted.

The approved provider disagreed to the Assessment Teams evidence and included the following in their response:

* Management considered not using face shields based on DHHS guidelines and in onsite conversation with DHHS representatives.
* The event was a high tea, and was risk assessed as is with all the services activities.
* Planning and risk was discussed in daily management meetings, staff were briefed, and personal protective equipment education had occurred in the last month.
* The intent of the high tea was to lift consumer mental health and wellbeing.

I have made the decision that the service has not applied effective risk management practices for managing high impact or high prevalence risks associated with the care of consumers. While the provider states all the service’s activities are risk assessed and the high tea activity was discussed in management meetings in the lead up to the event, the decision made to hold the activity with the dance routine, and specifically without masks, in an internal setting placed the consumers present at a high impact risk and contrary to protocols. I have also decided the providers decision for staff not to use face shields in carrying out their duties, apart from with isolated consumers, exposed consumers to high impact risk, irrespective of the provider’s interpretation of information from relevant health authorities (see also reasoning under Standard 3(3)g). I note the service from 28 September 2020 now requires all staff to wear newly acquired goggles in a departure from risk practice in relation to the eye protection in place at the time of the Assessment Contact.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 3(3)(g)**

* Implement infection control practices consistent with current protocols of relevant health authorities.

### Requirement 8(3)(c)

* Ensure implementation of infection control procedures consistent with relevant health authorities.

### Requirement 8(3)(d)

* Implement effective risk management practices for managing high impact or high prevalence risks associated with the care of consumers