Assisi Centre Aged Care

Performance Report

230 Rosanna Road   
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**Commission ID:** 3364

**Provider name:** Assisi Centre Limited

**Assessment Contact - Site date:** 17 November 2020

**Date of Performance Report:** 14 December 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(g) | 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 and interviews with staff.
* the provider’s response to the Assessment Contact - Site report received 4 December 2020.

# STANDARD 3 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

The assessment of performance for the service was adapted to take into account the COVID-19 outbreak in Victoria. Consumers were not directly interviewed by the Assessment Team, however, consumer representatives provided feedback via telephone interviews on the quality of care at the service.

The Assessment Team sampled documentation in relation to the scope for the visit. Care plans and assessments were reviewed, and relevant staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

An overall compliance finding is not given as all Requirements were not assessed.

The Assessment Team reviewed clinical care across a range of domains including the use of restraint, pain management and skin integrity and found the service is delivering tailored care to consumers in line with evidence based practices. Staff were aware of best practice principles and describe how they identify, assess and manage consumer’s pain. The use of psychotropic medications is periodically reviewed by a Geriatrician and the engagement of a wound consultant in complex wound and pressure injury management was evident.

Based on the evidence presented by the Assessment Team, the service complies with Requirement 3(3)(a).

The Assessment Team’s observations of infection control practices used by some staff on the day of the visit indicated deficits in the service’s approach to minimising infection related risks to consumers.

The provider has submitted further evidence which outlines and clarifies aspects of the Assessment Team’s report.

Based on all the evidence presented, the approved provider complies with Requirement 3(3)(g).

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(g) 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 observed the care coordinator and seven staff did not practice correct use of personal protective equipment and did not minimise the risk to consumers of the transmission of infection.

While management informed the Assessment Team there is a system to monitor staff infection minimisation practices and this is occurring, observations by the Assessment Team identified the monitoring process is limited in its effectiveness.

The provider’s response acknowledges not all staff applied a best practice approach on the day of the team’s visit and stated this is not indicative of normal Assisi practice.

The provider has implemented a number of strategies to re-enforce the organisation’s expectations in regard to this Requirement, such as a declaration by staff that they will wear all personal protective equipment as trained and in line with the organisation’s policy. Environmental strategies to support staff in donning and doffing personal protective equipment have also been enhanced.

Based on all the evidence presented, the approved provider complies with Requirement 3(3)(g).

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.