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:** 21 December 2021

**Date of Performance Report:** 24 January 2022

# Performance report prepared by

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# Publication of report

This Performance Report **will 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** | **Non-compliant** |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 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, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received on 18 January 2022.

# STANDARD 3 NON-COMPLIANTPersonal 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is 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 service has an antimicrobial stewardship plan and demonstrated a general understanding of antimicrobial stewardship practices and appropriate use of antibiotics. The service has an infection control policy and COVID-19 outbreak management plan, with documented strategies to minimise infection-related risks. However, the Assessment Team found the service did not demonstrate effective infection control strategies are consistently practiced by staff. For example:

* On multiple occasions the Assessment Team observed staff wearing personal protective equipment (PPE) incorrectly or not performing hand hygiene after touching their masks.
* Two care staff were observed in nursing stations wearing masks under their chin. On both occasions, they pulled up the mask however they did not perform hand hygiene after doing so.
* One care staff member entering a nursing station was not wearing a mask.
* Social distancing was not observed to always take place by both staff and management.
* One consumer was in precautionary isolation, and the Assessment Team observed signage to this effect was obscured.
* Signage or antimicrobial wipes were not available at several high-touch point areas including communal computer stations.
* Multiple slings were observed draped over lifting machines in common areas and storage areas.
* Shared equipment left unattended in communal areas of the service did not display signage prompting staff to clean the equipment after each use.
* Management stated alcohol wipes are located in the storage area for lifting machines. However when the Assessment Team observed the storage area, antimicrobial wipes were not available.

Management provided the Assessment Team with evidence of rectifying issues identified by the Assessment Team during the service tour and throughout the day on site.

Staff interviewed described how infection related risks are minimised at the service through daily screening processes, social distancing and application of PPE. Management and the infection prevention and control lead confirmed all staff have completed PPE education and training.

The provider’s response sets out action taken since the assessment contact to address each of the deficits identified in the Assessment Team report including:

* Equipment storage areas now have a specific supply of anti-bacterial wipes.
* Cleaning signage has now been erected at several high-touch point areas including communal computer stations.
* The General Observation Audit process used by the service has now been revised to include appropriate storage and labelling of resident slings.
* Staff have received written reminders on a number of infection prevention measures, including:
	+ Ensuring slings are sent to the laundry after use and not left hanging over machines.
	+ Ensuring slings allocated to specific consumers must remain in that consumer’s room and be used for that consumer only.
	+ Reporting missing cleaning signage so that replacements can be organised.
	+ Ensuring hand sanitiser and wipes are positioned at high-touch point areas.

I note the remedial action taken by the provider, however at the time of the assessment contact the service was non-compliant with this requirement. Thus, I find the service is non‑compliant with this requirement.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

Most sampled consumers and representatives expressed satisfaction with staffing levels, however care staff provided mixed feedback about staffing levels. Care staff described how during the COVID-19 lockdown period it was challenging however things have now improved. Unplanned leave is generally replaced by existing staff or by extending shifts.

The Assessment Team reviewed staff rosters and allocation sheets from 6 December 2021 to 19 December 2021 which identified the majority of permanent and vacant shifts were filled as required. The Assessment Team found there are sufficient levels of clinical, care and environmental services staff across the service.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Sampled consumers and representatives expressed satisfaction that staff are trained and supported to provide consumer care. Staff expressed satisfaction with the quality of training provided both face-to-face and online. Staff expressed satisfaction with being able to undertake further education if they wish and provided examples of education undertaken. Management described how staff training needs are identified through performance appraisals, feedback from staff, consumers and representatives, and through observations.

The Assessment Team reviewed education documentation which identified the majority of staff have completed mandatory education in 2021.

# STANDARD 8 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

Management described the process for high impact or high prevalence risks associated with the care of consumers:

* Clinical governance meetings are held monthly and the board monitors, identifies and addresses high impact and high prevalence clinical risks.
* The service records, analyses and conducts reporting on infections, incidents, complaints, infectious outbreaks, falls, call bell response times and Serious Incident Response Scheme reporting.

Management described and clinical governance meeting minutes identified that following a recent COVID-19 outbreak at the service, the overall health of a number of consumers was impacted. Management demonstrated how clinical deterioration in consumers is being addressed.

The organisation provided a documented risk management framework and staff demonstrated an understanding of these policies and provided examples of their relevance to their work.

# 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.

### Requirement 3(3)(g)

*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.*
* Address deficits in staff use of personal protective equipment and ensure that all staff practice effective standard and transmission based precautions in line with the infectious risk, including managing risks posed by shared equipment and high‑touch areas.
* Establish a system for ongoing monitoring of staff practice.