Ballan Hostel

Performance Report

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**Commission ID:** 3267

**Provider name:** Ballan and District Soldiers' Memorial Bush Nursing Hospital and Hostel Inc

**Assessment Contact - Site date:** 5 March 2021

**Date of Performance Report:** 19 April 2021

# 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)(b) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | 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 and interviews with staff, consumers/representatives and others
* Infection Control Monitoring Checklist
* the provider’s response to the Assessment Contact - Site report received on 28 March 2021

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, sampled consumers and their representatives expressed satisfaction with the care provided, and they feel the service is meeting their needs.

There are policies and procedures relating to assessing and reviewing consumer care needs.

#### The organisation did not demonstrate effective management of all high impact or high prevalence risks associated with the care of each consumer. Medications are not managed safely. The Assessment Team identified poor management of high impact and high prevalence risks including falls, smoking and scooter use.

The service did not adequately demonstrate they are effectively minimising infection related risks or that they are adequately prepared for an outbreak. Equipment is not readily available for staff practice, is not suitable for infection control strategies and is not appropriately stored or located. Staff practice is not consistently minimising the risk of infection occurring or in line with best practice. Hand sanitiser is not readily available.

Overall, sampled consumers and their representatives expressed their satisfaction with the care provided, and they feel the service is meeting their needs.

There are policies and procedures relating to assessing and reviewing the consumer's care and service needs.

The Assessment Team assessed two of seven requirements under Standard 3 and found two requirements not met.

A decision of Non-compliant in one or more requirements results in a decision of Non‑compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The organisation did not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, including smoking, scooter use, and managing medications safely.

Sampled consumers and representatives expressed satisfaction with care provided, and the service has clinical care policies and procedures to support staff in caring for consumers.

However, management and staff could not locate consumer dietary information, including allergy information, and textured meal and thickened fluid requirements and preferences. Staff interviewed did not display a knowledge of the dietary needs of the individual consumers they were caring for.

Consumers who have scooters have not been assessed for safety and skills. Care plans do not include information to guide and minimise smoking risks.

The Assessment Team observed poor practice in medication management including the use of expired medications and leaving medications unsecured.

Management’s response to the Assessment Team report acknowledged deficits in the provision of personal and clinical care, and described actions taken by the service since the audit, including a plan for continuous improvement to address issues identified. Actions taken include:

* A new dietary information folder was created. The folder is located in the kitchen and includes resident photos.
* An occupational therapist will complete assessments for all residents who use scooters by the end of March 2021.
* New smoking assessments have been completed.

While I note the responsiveness of management in taking remedial action, a number of these actions have been newly implemented at the time the response was submitted. Taking the above into consideration, and the fact the service was Non‑compliant at the time of the audit, I find the service Non-compliant with this requirement.

### 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 did not adequately demonstrate they are effectively minimising infection related risks or that they are adequately prepared for an infectious outbreak.

Staff practice does not consistently promote infection control and is not aligned with best practice. The Assessment Team observed staff were not always wearing personal protective equipment correctly, and staff did not sanitise or wash their hands in between caring for different consumers.

Staff rooms are not equipped with personal protective equipment, there are no clear donning or doffing areas, and signage to prompt sanitising surfaces after use is absent.

Hand hygiene facilities and sanitiser are not readily available for use, with many consumer bedrooms lacking hand hygiene facilities.

Shared care equipment did not have signs prompting cleaning between use, and cleaning supplies were not readily accessible to sanitise equipment.

Refrigerator temperature logs pertaining to various refrigerators used for catering and clinical purposes are located throughout the service. Temperature logs demonstrated temperatures are not taken as required and deviations outside the required range are not reported.

Density signage is not displayed in most areas of the service, including communal areas accessible by consumers, staff and visitors. Signage to instruct regular cleaning of high touch surfaces and communal surfaces including desktops and computer equipment is absent in all areas of the service.

The Assessment Team noted the outbreak management plan, held onsite, does not include all of the key information required in the event of a COVID-19 outbreak, nor is the location of this information referenced where it is located elsewhere in the service.

Management were not aware of deficits such as a lack of hand hygiene facilities, signage and sanitising equipment until these issues were raised by the Assessment Team.

The service has an antimicrobial stewardship policy. Management said staff are aware of minimising antibiotic use and described how the service minimises the use of antibiotics.

Management’s response to the Assessment Team report acknowledged deficits in the service’s infection control processes and described actions taken by the service since the audit, including a plan for continuous improvement addressing shortcomings. Actions taken include:

* Completing or progressing updates to the outbreak management plan.
* Personal protective equipment supplies are now available in staffrooms.
* Staff have been trained in the correct use of personal protective equipment.
* Density signage has been erected throughout the service.

While I note the responsiveness of management in taking action to address identified issues, a number of these actions have been newly implemented at the time the response was submitted and there are some actions still in progress, including further updates to the outbreak management plan and installation of additional soap and paper towel dispensers.

Taking the above into consideration, and the fact the service was Non-compliant at the time of the audit, I find the service Non-compliant with this requirement.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Most sampled consumers and representatives considered that they feel they belong in the service, and feel safe and comfortable in the service environment. For example, one representative described the service environment as being clean but outdated. She said the outdoor area is not well maintained.

Fittings and fixtures in the service environment were observed to be worn and no longer serviceable.

The Assessment Team assessed two of three requirements under Standard 5 and found two requirements not met.

A decision of Non-compliant in one or more requirements results in a decision of Non‑compliant for the Quality Standard.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

Most sampled consumers and representatives considered that they feel they belong in the service, and feel safe and comfortable in the service environment. All consumers and representatives said they can access outdoor areas, although one balcony cannot be accessed due to safety concerns.

Not all consumers and representatives were satisfied with the cleanliness of the service environment. The external garden and courtyard is not well maintained and rubbish was observed strewn across the lawn. Maintenance staff are aware of the damage and mess caused by cockatoos in the garden area.

The laundry has no clear delineation of clean and dirty areas and no corresponding signage. The door to the laundry was open and unsecured. Chemicals in the laundry were accessible to consumers mobilising independently in the area.

Several large trolleys containing clean laundry were stored in the corridor presenting an obstacle for consumers. All doors to the outdoor courtyards and gardens were open and accessible to consumers.

The service was observed to have dirty windows and maintenance staff confirmed part of their duties includes washing windows in the service. However, this activity did not appear to be scheduled with other maintenance activities. Maintenance staff provided documentation demonstrating regular preventative maintenance of equipment in the service.

Management’s response to the Assessment Team report described actions taken by the service since the audit, including purchasing and sourcing quotes for new equipment and repairs, and scheduling painting and additional cleaning.

While I note the responsiveness of management in taking action, taking the above into consideration, and the fact the service was Non-compliant at the time of the audit, I find the service Non-compliant with this requirement.

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Fittings and fixtures in the service environment were observed to be worn and no longer serviceable. Vinyl floor coverings in bathrooms are worn and lifting in some areas, and windows are dirty. Several hydronic heaters throughout the service displayed varying degrees of surface rust. Laminex benchtops used for food preparation in a kitchenette and food servery area are worn with bare timber exposed.

Maintenance staff stated recent maintenance issues included multiple split system air conditioning units, some of which were described as being beyond repair.

Management’s response to the Assessment Team report described actions taken by the service since the audit, including purchasing and sourcing quotes for new equipment and repairs, including furniture and air conditioners.

While I note the responsiveness of management in taking action, taking the above into consideration, and the fact the service was Non-compliant at the time of the audit, I find the service Non-compliant in this requirement.

# 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)(b)**

* Ensure effective medication monitoring and management.
* Ensure assessment of risk for consumers using motorised scooters.
* Ensure assessment of risk for consumers who smoke.

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

* Ensure the service is prepared for a COVID-19 outbreak.

**Requirement 5(3)(b)**

* Ensure the service environment is safe, clean, well maintained and comfortable.

**Requirement 5(3)(c)**

* Ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers.