Ballan Nursing Home

Performance Report

33 Cowie Street
BALLAN VIC 3342
Phone number: 03 5368 1100

**Commission ID:** 4548

**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-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

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 Assessment Team also examined relevant documents.

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

The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Falls are not managed appropriately. Medications are not managed safely.

The service did not adequately demonstrate they effectively minimise infection-related risks or maintain and implement the required prevention strategies. The Assessment Team observed examples of poor staff practice in relation to minimising infection risk.

There are policies and procedures relating to assessing and reviewing the consumer's care and service needs. Further policies and flowcharts guide staff in the escalation process and incident management.

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 all high impact or high prevalence risks associated with the care of each consumer. The Assessment Team observed poor practice in medication management including an unlocked medication room in the memory support unit, master keys that provide access to medications were observed unattended in the memory support unit, and expired medications are used.

Falls management is not consistent with the organisation’s policy or with best practice. Management said medical officers are notified of a fall but are not required to review the consumer including when there is a head strike. Management said the falls risk assessment tool is required to be completed by a registered nurse each time a consumer has a fall. However, file review demonstrated this is not consistently occurring.

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:

* Staff emailed about the importance of ensuring the medication room door in the memory support unit remains locked.
* Quote requested to fit keypad lock to the medication room door in the memory support unit.
* Training on falls management for all staff.
* Audit of all falls to ensure correct procedures are followed.

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.

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 identified shortcomings. Actions taken include updating the outbreak management plan and erecting density signage 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. 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-COMPLIANTOrganisation’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. For example:

* Consumers interviewed said they feel at home and that they are comfortable in their surroundings.
* A representative described her dissatisfaction with the cleanliness of the windows in her mother’s room.

While most consumers and representatives considered that consumers have a safe and comfortable environment, the Assessment Team identified that the service environment was not safe, clean or well maintained. For example:

* External living areas are poorly maintained.
* Chemicals are not stored safely.
* Furniture, fittings and equipment are not safe, clean, well maintained and suitable for the consumer.

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.*

Consumers interviewed said they feel at home and that they are comfortable in their surroundings. Consumers described being able to move freely both indoors and outdoors.

The Assessment Team observed the service is not safe, clean or well maintained. 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. Linen laundry skips stored in a communal toilet in the memory support unit created an obstruction for consumers accessing the hand basin.

The door to a utility room containing chemicals was open, and a steel sink located in the utility room was unclean. Electrical testing of equipment was not current.

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 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.*

Most consumers and representatives were satisfied the furniture, fittings and equipment are clean, maintained and suitable for use.

Cleaning staff described the quality of furniture in the service as ‘past its use-by date’. Maintenance staff stated recent maintenance issues included multiple split system air conditioning units, some of which were described as being beyond repair.

A variety of fittings and fixtures were observed to be in varying stages of disrepair. Some fittings and fixtures used by consumers were observed by The Assessment Team as 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.

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 replacing vinyl floor coverings.

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 effective management of consumers who are a high falls risk.

**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.