Blue Hills Manor

Performance Report

25 Tulich Avenue
PRESTONS NSW 2170
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**Commission ID:** 0578

**Provider name:** Blue Hills Village Management (Liverpool) Pty Limited

**Assessment Contact - Site date:** 27 August 2020

**Date of Performance Report:** 25 September 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)(a) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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
* the provider’s response to the Assessment Contact - Site report received 25 September 2020.

# 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 team also examined relevant documents.

The organisation’s approach to assessment and planning including the management of infection related and high impact risks aims to achieve outcomes that support consumers safety and health, however, these risks are not always well managed.

The Assessment Team found that one of two specific requirements were met.

Consumers generally get safe and effective personal and clinical care. While some gaps were found in care planning documentation generally care provision meets the needs of consumers and supports their health and wellbeing.

The service does not have a written COVID-19 outbreak management program or plan. Relevant supplies or stockpile are lacking, and appropriate personal protective equipment are not immediately available on site. Staff are not adequately trained or equipped on key aspects of COVID-19 infectious outbreak management. Staff were not immediately familiar about what processes or procedures would be put in place to respond to an infectious outbreak.

The observations of some staff practices raised concerns about the approved providers ability to minimise cross contamination risks in the event of a COVID-19 infectious outbreak.

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)(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.*

The Assessment Team found that consumers generally get safe and effective personal and clinical care. While some gaps were found in care planning documentation, generally care provision meets the needs of consumers and supports their health and wellbeing. Staff are familiar with consumer needs and work to support consumer wellbeing. Consumers express satisfaction with staff interactions and care provision. Consumers said staff are very good to them although three consumers expressed concern over lock down precautions in place. The organisation has written materials about best practice care delivery and the clinical staff could articulate these. Review of clinical incidents data generally shows a low incident occurrence. There is no physical restraint in the service and chemical restraint is managed appropriately. For the sampled consumers pain management is appropriate however there are opportunities for improvement with the management of skin integrity.

I am of the view that that approved provider complies with this requirement as they have demonstrated overall that consumers get safe and effective personal and clinical care.

### 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 found that there was evidence that the organisation demonstrates a general understanding of this requirement however, the service is not prepared to properly respond to a potential COVID-19 infectious outbreak.

Staff could demonstrate a general understanding of how they minimise infection related risks for the consumers, the need for or use of antibiotics and ensure they are used appropriately. They described practical strategies they adopt to achieve these goals including close monitoring of consumers who are prone to infections.

All staff interviewed stressed the importance of hand hygiene and social distancing as part of their efforts to minimise COVID-19 infection risks for the consumer and in general. The clinical staff however were not aware of the plan to transfer consumers to the organisation’s other service where two COVID-19 wards are being set up to treat positive COVID-19 infectious consumers. Other than the continuation of their current practices, most staff could not articulate how their respective practices would change and they struggled to articulate how they would respond in the event of a COVID-19 infectious outbreak at the service.

The clinical staff when asked could provide some examples about how infection related risks are minimised at the service.

The registered nurse said as part of their approach to antimicrobial stewardship they would assess consumers for delirium when they exhibit a change in their condition. They would screen the consumer for urinary tract infection and adopt non-pharmacological measures prior to the need for antibiotics use. This was to some extent evident in the sampled consumers care files.

The organisation has written procedures relating to general infection control and practices to reduce the risk of resistance to antibiotics.

While the service has policies and procedures on standard and transmission-based infection control and prevention, they did not provide or have any evidence of COVID-19 infectious outbreak management program. I acknowledge that a copy of the Outbreak Management Plan was provided to the team following the Assessment Contact.

No risk assessment has been undertaken for consumers, staff or environment. Consumers who are at increased risk of COVID-19 infection have not been identified and no specific plan is in place about their continuity of care in the event of an infectious outbreak. The clinical staff struggled to articulate what processes would be put in place to ensure quality and safe delivery of care to the consumers during this period.

Staff were generally observed to maintain social distancing and conduct hand hygiene however several staff members did not immediately perform hand hygiene when they entered the consumers’ bedrooms or between consecutive entries into their bedrooms; when assisting consumers with their meals during lunch time and when attending to other aspects of the consumers’ care and services. A staff member was observed to enter into two consumer bedrooms with the same pair of gloves to assist each consumer and without changing the gloves or conducting hand hygiene. Many staff were observed throughout the performance assessment to repeatedly touch their face masks and wearing their face masks with their noses exposed.

In their response, the approved provider submitted information to address the issues raised by the Assessment Team. They provided information to support actions taken since the assessment contact to increase staff knowledge about what to do in the event of a COVID19 outbreak at the service specifically. They did not however provide information that confirms competency of staff has improved since the additional education. The service has also provided information to support that after the assessment contact it has updated its Outbreak Management Committee documents and outbreak kits to reflect current guidelines. I accept that the number of staff trained in PPE and handwashing competency at the time of the assessment contact reflects the number of staff rostered and working at the service, and that the remaining 12 employees are on long term leave. This equates to 100% of staff who have undertaken this basic competency assessment. The service acknowledges however, that the toolbox talks to review and reassess staff competency on infection control practices were not well attended. The approved provider thanked the assessors for bringing their attention to the poor staff practices in using PPE and stated that they have addressed this with the nursing team at their staff meeting.

While I acknowledge that the approved provider has taken action since the date of the assessment contact to address the issues raised by the assessment team, I am of the view that at the time of the assessment contact the provider did not comply with this requirement as the provider has confirmed that staff practices are not consistent with an adequate understanding and preparedness for minimising infection related risks associated with COVID 19. While education has been provided, there is no assurance that staff practices have changed.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The Assessment team found that there are effective risk management systems and practices in place.

The Quality Standard is not assessed for compliance as only one of the five specific requirements have been assessed. The requirement assessed was assess as Compliant

## 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.*

The Assessment Team reviewed the consolidated register of reportable incidents and found minimal incidents for 2020. The organisation has processes of reporting and escalation of any incident of concern. Consumers provided positive feedback about staff interactions. Consumers were observed to be engaged in the life of the service and have regular meetings where they express their views.

The organisation provided a documented risk management framework, including policies describing how:

* High impact or high prevalence risks associated with the care of consumers is managed.
* The abuse and neglect of consumers is identified and responded to
* Consumers are supported to live the best life they can.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

I am of the view that the approved provider complies with this requirement as they have demonstrated effective risk management systems at the service.

# 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)

*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 approved provider must demonstrate that:

* The improvements described by the approved provider in their response that have been made at the service since the assessment contact, can be verified eg.
	+ an increase in competency in staff concerning PPE use and their knowledge of what to do in the event of an outbreak of COVID 19 at the service; and
	+ outbreak kits are stocked to meet current guidelines.