Fitzgerald Memorial Aged Care Facility Limited

Performance Report

1 Rum Corp Lane
WINDSOR NSW 2756
Phone number: 02 4577 2800

**Commission ID:** 0383

**Provider name:** Fitzgerald Memorial Aged Care Facility Limited

**Assessment Contact - Site date:** 11 November 2020

**Date of Performance Report:** 30 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** | **Non-compliant** |
| Requirement 3(3)(g) | 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.
* the provider’s response to the Assessment Contact - Site report received 15 December 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

A summary at the Standard level has not been included as only one requirement was assessed

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)(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 while the service demonstrates ongoing review of infection prevention and control practices and policies, and staff have some understanding and training in infection control management, they described examples in their report of considerable areas for improvement.

The management team expressed commitment to improvement and compliance with these Standards and best practice in infection prevention and control, and antimicrobial stewardship. The Assessment Team acknowledged management are working towards improvements in outbreak management systems including for COVID-19 outbreak management, however the service doesn’t yet demonstrate robust systems to manage and prevent a COVID-19 outbreak.

Staff do not consistently demonstrate understanding of the organisation’s expectations regarding use of PPE (personal protective equipment), safe disposal of contaminated PPE, understanding of specific consumers’ requirements relating to infection control management or antimicrobial stewardship.

Consumers’ care planning documentation does not consistently reflect appropriate management of consumers’ infections and antimicrobial stewardship. Consumers with identified infection risks don’t have documented interventions to manage and reduce the risk. Information on consumers’ infections is not easily accessible to staff.

In their response, the Approved Provider submitted an action plan to address the gaps identified by the Assessment Team. They stated that while the assessors were able to identify areas where definite improvements could be made, they did not believe that this meets the threshold of non-compliance with the requirement.

I have reviewed the action plan and considered the gaps identified by the Assessment Team. I am of the view that the Approved Provider does not comply with this requirement as they require further time to complete the action plan, for example training; and to monitor and evaluate the effectiveness of the actions already implemented. While improvements have occurred following the assessment contact, this does not persuade me that the Approved Provider was compliant with the requirement at the time of the assessment. Some actions also do not demonstrate an accurate understanding of the NSW Health guidelines eg. While aged care facilities are excluded from the 4 square meter rule, staff areas such as nurse stations and lunch rooms still require density signage.

# 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 actions in the improvement plan submitted by the Approved Provider have been completed, monitored and evaluated for effectiveness. For example:
	+ Training on antimicrobial stewardship and infection control
	+ Density signage in all areas used exclusively by staff
	+ Purchase of additional wheelie bins