Glendale Aged Care

Performance Report

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**Commission ID:** 3130

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 5 November 2020

**Date of Performance Report:** 8 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) |  Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 1 December 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

One of the six specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

The Assessment Team found that overall consumers/representatives sampled were satisfied with information received from the service and communication during and following a recent COVID-19 outbreak.

#### The service has sought feedback from consumers and representatives in relation to the outbreak experience and used meetings to inform consumers and representatives of the services’ learnings and improvements following the outbreak.

During the COVID-19 outbreak in July 2020, representatives were contacted daily using a variety of mediums including telephone, email and correspondence.

The approved provider did not submit a response in relation to this requirement.

Having considered the information available, I find this requirement is Compliant as consumers and representatives report satisfaction with the information provided by the service.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found that assessment and care planning documentation reviewed for six consumers demonstrates the consideration of risks to consumers health and well-being and informs the delivery of safe and effective care and services. Staff demonstrated an understanding of assessment and care planning processes, described the key risks for individual consumers, how these are assessed and explained the individual interventions used to mitigate the risks.

The approved provider did not submit a response in relation to this requirement.

Having considered the information available, I find this requirement is Compliant as the service was able to demonstrate assessment and care planning includes the consideration of risk and information obtained through this process informs the delivery of safe and effective care for consumers.

### Requirement 2(3)(c) Non-compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found that care planning documents sampled did not always evidence consumer and or representative involvement in assessment, planning and reviews. Overall consumers and representatives interviewed described being consulted when circumstances change, such as following a fall, but did not discuss involvement in ongoing assessment and planning processes. While management discussed the annual or six-monthly care consultations that occur with consumers and/or representatives, the Assessment Team did not find evidence in care planning documents or from consumer and representative interviews that these processes include partnership with consumers and/or their representatives. The Assessment Team did find that consumers’ care planning documents evidenced other organisations and individuals involved in their care.

The approved provider’s response notes that in the last 6 months approximately 84 percent of consumers have had care consultations completed and that the reminder are due to be completed by January 2021. The provider submitted a care consultation schedule, goal setting form template and two example of progress notes, one a care consultation in April 2020 with a consumer’s representative in which staff provide the representative with information about changes in the consumer’s condition and discusses the referrals that have been made and a second where a representative has contacted the service in January 2020 about ceasing the consumer’s medication. The submission also included commentary about the three consumers discussed in the assessment report under this requirement.

Having considered all the information provided I find this requirement is Non-Compliant as the service was unable to demonstrate that assessment and planning is based on ongoing partnership with consumers and/or their representatives. While the approved provider did provide some evidence consultation undertaken with consumers and/or their representatives, I am not satisfied that these consultation processes are fully embedded and form the basis of consumers’ assessment and care plan reviews.

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found that consumers’ files reviewed demonstrated that care and services are reviewed, and care plans are updated when there is a change in the consumer’s circumstances and as part of the regular review process. Overall consumers/representatives expressed satisfaction in relation to care and services being reviewed when circumstances change or when incidents such as falls impact on consumers’ needs, goals and preferences.

The approved provider did not submit a response in relation to this requirement.

Having considered the information available, I find this requirement is Compliant as the service was able to demonstrate that care and services are reviewed regularly and when consumers’ circumstances change.

# 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

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 the service demonstrated effective management of skin integrity, wound care and pain management. The Assessment Team found some inconsistencies in the documentation of consent related to the use of psychotropic medications. The Assessment Team also found inconsistent recording of the daily monitoring of a lap belt on a consumer’s wheelchair which has been appropriately assessed, restraint authorisation obtained and regularly reviewed.

The response submitted by the approved provider provides evidence of consultation between the general practitioner and consumers’ representatives in relation to the use of the psychotropic medication.

The response submitted by the approved provider provides information regarding the assessment and monitoring process for the consumer using the lap belt on the wheelchair. This information indicates that appropriate assessment, authorisation and monitoring processes are in place and the consumer is not at risk.

Having considered all the information, on balance I find this requirement is met as the approved provider was able to demonstrate safe and effective clinical care

### Requirement 3(3)(b) Compliant

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

The Assessment Team found that the service demonstrated consumers who may experience high impact and high prevalence risks such weight and falls management are identified, assessed and responded to, to reduce and mitigate risks to the consumer and others. Of the consumers sampled some experienced weight loss following COVID-19 illness. Each consumer has been reviewed by a medical practitioner and a dietitian and recommendations implemented, and weight monitoring occurring as recommended. Consumer clinical documentation reviewed by the Assessment Team also demonstrated effective management of falls. Clinical staff described and demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer and in line with organisational clinical procedures reviewed by the Assessment Team.

Management described falls to be a particular high impact / high prevalent risk for consumers within the service. Management advised the service is participating in a study aimed at strengthening the consumer’s core and balance.

Consumers/representatives expressed satisfaction in relation to the management of high impact / high prevalent risks such as weight loss and falls management.

The approved provider did not submit a response in relation to this requirement.

Having considered the information available, I find this requirement is Compliant as the service was able to demonstrate effective management of high impact and high prevalence risks associated with the care of each consumer.

### 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 the service was unable to demonstrate the minimisation of infection related risks as staff PPE practices are inconsistently monitored and do not align with infection control guidelines.

Staff have completed mandatory infection control training which includes theory and practical competencies in hand hygiene, donning and doffing of PPE and additional COVID-19 precautions. Additional infection control training using toolbox sessions and one to one training occurs regularly. Registered Nurses completed the Department of Health modules two weeks ago (October 2020).

Management advised the Assessment Team that staff PPE practices are monitored by clinical staff. However, during the visit the Assessment Team observed numerous examples of staff PPE practice that was and not aligned with best practice infection control guidelines and DHHS guidelines. This included numerous staff not wearing face masks and face shields as required, staff not observing social distancing requirements, staff not donning/doffing PPE appropriately, staff wearing gloves while walking around the facility.

The response submitted by the approved provider indicates that staff observed during the visit have been counselled and further training provided. The response also undertakes to ensure that ongoing monitoring of staff PPE practice will occur.

Having reviewed all the information provided I find on balance that this requirement is Non-compliant. The approved provider has acknowledged the importance for ongoing diligence in relation to staff PPE practice and has commenced to ensure higher standards are maintained.

# 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

Two of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this 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.*

The Assessment Team found that the organisation has a risk management framework and policies describing how the service responds to high impact or high prevalence risks associated with the care of consumers, how abuse and neglect of consumers is identified and responded to and provided examples of how consumers are supported to live the best life they can. The service demonstrated components of the risk management system which includes ‘incident and clinical governance reporting’ flip charts for staff, incident reports, monthly audits and access to an electronic ‘dashboard.’ The dashboard is used to record and benchmark consumer incidents, clinical data and trends which are reviewed and actioned. Feedback is communicated through service and corporate meeting cycles and leads to improvements to care and services for consumers.

The approved provider did not submit a response in relation to this requirement.

### Having considered the information available, I find this requirement is Compliant as the service was able to demonstrate effective risk management systems and practices.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The organisation has a documented clinical governance framework, systems and processes based on best practice guidelines. The Assessment Team found in relation to minimising the use of restraint that while the Aged Care Quality and Safety Commission psychotropic medication self-assessment tool is used by the service to monitor psychotropic medication use, information included in the document is generic and inconsistent with information contained in consumers’ files.

The response submitted by the approved provider emphasises the low use of antipsychotic medication at the service and outlines the role of the general practitioner in assessing the consumer and consulting with consumer/representative. The response also outlines the regular support provided to registered nurses regarding the management of psychotropic medications including use of alternatives prior to the use of ‘as required’ medication.

The Assessment Team also found that while there are clear roles and responsibilities for clinical staff, management, upper management and the Board, at the service level, clinical governance oversight and monitoring in relation to staffs’ adherence to infection control practices was not evidenced.

The response submitted by the approved provider outlines the governance arrangements in relation to infection control including organisational guidelines, regular audits, regular staff training and the nomination of three infection prevention control managers at the service.

I have reviewed all the information provided and find on balance that this requirement is Compliant. The approved provider was able to demonstrate strategies in place to minimise the use of restraint and governance processes are in place to monitor infection control at the service. While poor staff practice in the use of PPE was identified as a concern at this visit, I consider this a deficit in internal monitoring at the service and the organisation has systems to address this issue.

# 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.

* Ensure assessment and care planning documents demonstrate partnership with consumers and/or representatives.
* Ensure there is ongoing and effective monitoring of staff practice in PPE use.