Greenview

Performance Report

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**Commission ID:** 3982

**Provider name:** Allity Pty Ltd

**Assessment Contact - Desk date:** 2 October 2020

**Date of Performance Report:** 5 November 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 - Desk; the Assessment Contact - Desk 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 - Desk report received on 27 October 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

An overall assessment of Standard 3 did not occur and therefore a summary is not provided. The Assessment Team undertook an assessment of requirement 3(3)(g) and a summary of the findings are outlined.

The service did not adequately demonstrate that processes are in place to minimise infection related risks, as required during the Covid-19 pandemic.

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 management did not demonstrate they are adequately prepared to respond to a COVID-19 outbreak. Management did not adequately demonstrate they understand best practice and did not consistently apply commonwealth and state recommendations and guidance material. For example management did not adequately demonstrate understanding and implementation of infection control measures. The risk of infection transmission to the wider consumer population from consumers isolated for suspected COVID-19 is not being controlled or minimised.

The Assessment Team identified discrepancies between requirements for infection control and risk minimisation and staff usage of PPE when delivering care and services to isolated consumers.

Staff training records show training has been undertaken in PPE usage and competency however the records also identify that some training is incomplete or overdue for some staff.

The approved provider’s response notes actions subsequent to the Assessment Team’s on site visit and desk assessment. This includes an update to the service’s outbreak management plan and a checklist. However there is still limited specificity in the checklist about line of management, roles and responsibilities in the event of a Covid-19 outbreak.

While I acknowledge the actions the service has recently undertaken I find that at the time of the assessment the approved provider did not demonstrate that it complied with requirement (3)(g) of Standard 3.

# 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.

* Establish a system to ensure that staff adhere to standard and transmission-based infection control precautions.
* Establish a workforce strategy in the event of an infectious outbreak which details specific tasks and roles for nominated personnel.
* Ensure all staff have appropriate and up to date training in infection control and minimisation.