Heritage Illawong

Performance Report

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ILLAWONG NSW 2234
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**Commission ID:** 0504

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 18 August 2020

**Date of Performance Report:** 1 October 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** |  |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(a) | 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 and others.
* the provider’s response to the Assessment Contact - Site report dated 10 September 2020.

# STANDARD 3 Personal care and clinical care Non-Compliant

### 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 reviewed consumers care plans and assessments, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined other relevant documents.

The service has not undertaken robust measures to minimise risk and respond to the COVID-19 pandemic, including the provision of some specific training to staff. The service does not demonstrate that it actively seeks to minimise the use the antimicrobials.

One (1) requirement was assessed and I have found it to be non-compliant. 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)(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 identified that the service has not undertaken robust measures to minimise risk and respond to the COVID-19 pandemic. Gaps were identified in mandatory education related to COVID-19 and deficits in staff knowledge were identified. The Assessment Team observed that secured areas in the dementia unit were not maintained locked, and identified potential risks to the consumers, with a clinical waste bin unlocked and also a number of chemicals accessible to consumers. The Assessment Team also found that the service did not demonstrate that it actively seeks to improve performance in relation to appropriate and safe use of antimicrobials.

In its response the approved provider disputed aspects of the assessment team’s findings and clarified some information. I have reviewed that information but do not consider that showed that the assessment team’s findings, as set out above, were inaccurate.

I find that the approved provider is 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

The Assessment Team observed that the service’s environment, particularly the Dementia specific wing, does not promote consumer’s independence, function and enjoyment.

The Assessment Team observed the meal service at the Dementia specific unit and identified that consumers were not provided with an enjoyable dining experience. Management indicated that they have requested a review of the environment by Dementia Support Australia to assist in making the environment more suitable for the care of consumers living with dementia.

One (1) requirement was assessed and I have found it to be non-compliant. 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)(a) Non-compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

The Assessment Team identified that the Dementia specific wing is not easy to understand for consumers and the layout does not support positive interactions. The corridors lack signage and orientating cues to assist consumers to find the dining room, loungeroom and outdoor area, leading to increased wandering, as observed by the Assessment Team.

The meal service provided to consumers in the Dementia specific unit (DSU) was not tailored to the consumers, with all courses served simultaneously and no place settings on the table. The Assessment Team identified a significant trip hazard to consumers, staff and visitors in the outdoor area.

The Approved Provider response indicated that prompt action was taken on the day of the assessment to address some issues identified by the Assessment Team. The approved provider also submitted that the service is an older style older style residential care service and that consumers and their representatives are aware of the building fabric. While I acknowledge these submissions, I do not consider that showed that the assessment team’s findings, as set out above, were inaccurate.

I find that the approved provider is non-compliant with 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.

**Standard 3**

### 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.*
* Demonstrate that appropriate measures are in place to minimise risk and respond to the COVID-19 pandemic
* Demonstrate active measures to improve performance in relation to appropriate and safe use of antimicrobials.

**Standard 5**

### Requirement 5(3)(a)

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

* Ensure that the service environment is welcoming and easy to understand*,* and optimises each consumer’s sense of belonging, independence, interaction and function, particularly for those consumers residing in the dementia specific unit.