Isomer Aged Care Facility

Performance Report

1273 Wellington Road   
LYSTERFIELD VIC 3156  
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**Commission ID:** 3199

**Provider name:** Islamic Society of Melbourne Eastern Regions Inc

**Assessment Contact - Desk date:** 20 September 2021 to 30 September 2021

**Date of Performance Report:** 4 November 2021

# Performance report prepared by

Adrian Clementz, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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)(a) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 desk assessment, review of documents and interviews with staff, consumers/representatives and others
* Notice of requirement to agree to certain matters and consideration of sanctions (Notice to agree) dated 14 October 2021.

# STANDARD 3 NON-COMPLIANT Personal 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 focus of this Assessment Contact – Desk was to assess the service’s progress in relation to previously identified non-compliance in Standard 3 Requirements (3)(a) and (3)(g).

The service was able to demonstrate that improvements have been made in providing safe and effective personal and clinical care to consumers, as indicated by consumer feedback, review of care documentation, and staff understanding and knowledge.

The service was unable to demonstrate improvement in minimisation of infection related risks, especially during a COVID-19 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:

* Consumer representatives sampled are satisfied consumers received personal and clinical care that was tailored to their needs and optimised their health and wellbeing.
* Care planning documents reviewed illustrated that consumers’ personal and clinical care needs are tailored to meet individual needs and preferences. Care documentation reviewed showed that risks to consumer personal and clinical health were identified, monitored and individualised strategies implemented to promote wellbeing.
* Staff demonstrated a good understanding of consumers individual needs and explained how care was tailored to ensure it was safe and effective for consumers.

Based on the Assessment Team’s evidence, I find the service is compliant with this requirement.

### 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:

* Representatives interviewed described effective communications in regard to COVID-19 lockdown restrictions and consumer vaccination program. Staff were able to describe the measures they use to minimise spread of infection.
* However, the service does not currently have an Infection Prevention and Control (IPC) lead who has completed all the required training to ensure adequate oversight of infection control practices at the service. An IPC lead has been nominated and has commenced the IPC lead training, however, has not completed the required training.
* The service’s outbreak management plan lacked a list of key staff and their contact numbers.

Following an outbreak at the service on 12 October 2021, an immediate and severe risk was identified by the Commission based on information the service was unable demonstrate infection related risks are minimised due to the absence of a designated infection control lead, an inability to staff the service, insufficient cleaning, and, unsupervised wandering of consumers placing all consumers at risk of transmission of COVID-19. A Notice to agree was issued on 14 October 2021.

I have considered the above information along with the deficits identified by the Assessment Team. While the Assessment Team recommended the service complies with the requirement, based on deficits included in their evidence and that identified in the Notice to agree, I find the service does not comply with the requirement to minimise infection related risks.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The focus of this Assessment Contact – Desk was to assess the service’s progress in relation to previously identified non-compliance in Standard 7 Requirement (3)(d).

While the service demonstrated that improvements to ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards, the nominated IPC lead has not completed the required training for the role.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found:

* Representatives were satisfied that staff are trained to deliver care and services to consumers.
* Staff stated they have access to and completed the training they need to ensure they are skilled to meet the needs of consumers in their care, including training on the Serious Incident Response Scheme.
* However, while an IPC lead has been nominated and they have not completed the required training.

While the Assessment Team recommended the service complies with this requirement, I have placed weight on the evidence the IPC lead has not completed the required IPC training. Thus, the IPC lead is not yet trained to fulfil the requirements of the role. I find the service is Non-compliant with this requirement.

# STANDARD 8 NON-COMPLIANT 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

The focus of this Assessment Contact – Desk was to assess the service’s progress in relation to previously identified non-compliance in Standard 8 Requirements (3)(c).

The service was unable to demonstrate effective organisation wide governance systems to ensure safe, effective and quality care and services for consumers.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found management were not able to demonstrate there are governance structures and systems in place to enable effective oversight of the service.

* Reports on the activities and performance of the service is not tabled or discussed at the Committee of Management or any other governance forum. This includes continuous improvement, feedback and complaints, workforce governance and regulatory compliance activities or performance.
* The service is not complying with regulatory requirements in relation to the manner and timeliness of mandatory reporting and the appointed IPC lead has not completed required training.

The organisation did not provide a response to the Assessment Team’s report.

I am satisfied the organisation does not currently have effective governance systems to ensure effective oversight of the service. I find the service Non-compliant in 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)(g)**

* Ensure the service has adequate oversight on the infection prevention and control practices through the appointment of a designated IPC lead, who has completed all required training.
* Ensure COVID-19 outbreak management plan is reviewed and effective workforce contingency plan is developed.

**Standard 7 Requirement (3)(d)**

* Ensure the service’s processes identify and implement in a timely manner required training to deliver the outcomes required by the Aged Care Quality Standards.
* Ensure the IPC lead has completed all required IPC training to fulfil the requirements of the role.

**Standard 8 Requirement (3)(c)**

* Review and implement governance structures and systems to enable the Committee of Management or relevant governance fora to have effective oversight of the service.
* Ensure effective processes to identify, implement and monitor compliance with regulatory requirements, including mandatory reporting and IPC leads.

# Other relevant matters

The Notice to agree dated 14 October 2021 also identified the service as Non-compliant with Standard 7 Requirement (3)(a).