Kirkbrae Kilsyth Nursing Home

Performance Report

794 Mt Dandenong Road
KILSYTH VIC 3137
Phone number: 03 9724 5200

**Commission ID:** 4375

**Provider name:** Presbyterian Church of Victoria Trusts Corporation

**Assessment Contact - Site date:** 4 February 2021

**Date of Performance Report:** 1 March 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)(a) | Compliant |
| Requirement 3(3)(g) | 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.
* Notice of requirement to agree to certain matters and consideration of sanctions 29 July 2020.

# STANDARD 3 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

### Consumer outcome

The Assessment Team sought to understand the consumer’s experience and how the organisation understands and applies Requirement 3 (3) (a) safe and effective personal care, clinical care or both and Requirement 3(3)(g) minimisation of infection related risks. The Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The review of care and service records demonstrate that personal and clinical care is appropriate and safe for all consumers sampled. Management and staff described strengthened processes for monitoring consumers receiving psychotropic medication, managing the needs of consumers with challenging behaviours and monitoring and evaluating pain consumers may experience.

The service demonstrated they have implemented recommendations for the use of standard personal protective equipment (PPE). Consumer representatives sampled were satisfied with infection control practices. Staff interviewed said they had training in infection control and donning and doffing of PPE. The service has an outbreak management plan to guide staff practices in preparing for an infectious outbreak.

### 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 interviewed consumers and representatives who said care is safe and meets consumers’ individual needs. Staff described ways they provide tailored personal care and clinical care to consumers to optimise their health and wellbeing. Recently strengthened documentation reviewed by the Assessment Team showed individualised care that is safe, effective and addresses the needs and preferences of the consumer. This includes best practice management of skin integrity, pain and restraint to optimise consumer health and well-being.

The evidence of the Assessment Team demonstrates the approved provider has addressed deficits previously identified in this Requirement.

Based on the Assessment Team’s evidence the approved provider complies with this Requirement.

### Requirement 3(3)(g) 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 interviewed consumers and representatives who provided positive feedback in relation to infection control at the service.

Staff interviewed were able to describe practical ways they approached care to minimise infection risks, such as using appropriate PPE, performing hand hygiene, wiping equipment before and after use, maintaining social distance, screening consumers daily for symptoms of possible infection.

The service’s management described its practices to promote appropriate antibiotic prescribing and outlined the changes the service had implemented in response to COVID-19 in order to minimise infection risk at the service.

The Assessment Team’s observations on site supported good practices in relation to minimisation of infection related risks.

The evidence of the Assessment Team demonstrates the approved provider has addressed deficits previously identified in this Requirement.

Based on the Assessment Team’s evidence the approved provider complies with this Requirement.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services.

## 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 the service has policies and procedures documented to manage risk. Staff discussed what they would do if they identified abuse or neglect of consumers and said they have received education on mandatory reporting and were able to describe how they support consumers to live the best life they can.

The organisation provided a documented risk management framework and demonstrated to the Assessment Team how it identifies, assesses and manages risks to consumers and that this is done in consultation with consumers.

The organisation’s choice and decision-making policy guides staff as to who to involve in supporting consumers to make choices that may involve risks.

The evidence of the Assessment Team demonstrates the approved provider has addressed deficits previously identified in this Requirement.

Based on the Assessment Team’s evidence the approved provider complies with this Requirement.

### 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 Assessment Team’s interviews with consumers, representatives, staff and management and documentation review evidenced the organisation has a clinical governance framework.

Management and staff are aware of their obligations relevant to their role, in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The evidence of the Assessment Team demonstrates the approved provider has addressed deficits previously identified in this Requirement.

Based on the Assessment Team’s evidence the approved provider complies with this Requirement.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.