Langford Grange

Performance Report

1 Residence Drive   
CRANBOURNE VIC 3977  
Phone number: 03 5995 5693

**Commission ID:** 3684

**Provider name:** Wickro Pty Ltd

**Assessment Contact - Site date:** 2 February 2022 to 3 February 2022

**Date of Performance Report:** 2 March 2022

# Performance report prepared by

Vanessa Stephens, 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)(d) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 - 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 on 7 February 2022 and 25 February 2022.

# 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

Where only some requirements of a Quality Standard have been assessed and one or more of the assessed requirements are non-compliant then the overall quality standard is 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 while the service demonstrated improvements to previously identified clinical deficits in relation to pain management and chemical restrictive practice, shortcomings in care adversely impacted the health and well‑being of some sampled consumers.

The Assessment Team noted three recent incidents of clinical staff administering anticoagulant medication without documenting that the dose had been verified prior to administration. In their response to the Assessment Team report, the approved provider stated medication is packed and supplied by their pharmacy in individual consumer packs and that medications supplied in this way from their pharmacy are not required to be checked by a second nurse prior to administration.

The Assessment Team found that implementation of behaviour support plans for all consumers subject to chemical restrictive practice is yet to be fully embedded, with sampled consumer plans containing generic rather than individualised information. In their response, the approved provider states individual strategies are documented and highlighted that staff interviewed by assessors in relation to sampled consumers knew which personalised strategies to use.

The Assessment Team found some consumers are subject to environmental restrictive practice as they cannot freely access outdoor areas. In their response, the approved provider stated the three sampled consumers cited in the report are unable to ambulate on their own and require assistance for all types of mobility, including accessing outdoor areas. Care plan documentation was submitted to support this claim. The approved provider’s response stated that consumers subject to environmental restraint have appropriate assessments and authorisations in place.

I have reviewed all the information provided and based on the additional context submitted by the approved provider, I find this requirement compliant. There is no evidence to indicate systemic deficits in relation to the provision of personal or clinical care.

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

The Assessment Team found that previous deficits identified in relation to this requirement have been addressed. Based on sampled consumer care documents and staff and consumer interview responses, the Assessment Team was satisfied the service identifies and responds to deterioration in consumer health in a timely manner.

The Assessment Team report provides three specific examples of effective recognition and response to changes in consumer health following return from hospital and after a fall or incident. I therefore find the approved provider complies 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 the service has an antimicrobial stewardship (AMS) plan and demonstrated an understanding of AMS practices to promote appropriate antibiotic prescribing. The service has an infection control policy and COVID-19 outbreak management plan with documented strategies to minimise infection-related risks. However, the Assessment Team found that the service did not demonstrate effective infection control strategies are consistently practiced by staff to prevent or reduce the risk of infection being transmitted. In addition, the service has an infection prevention and control lead who works across multiple sites and is only on site two days per week.

The Assessment Team also made a number of observations in relation to staff infection control practices including:

* At least 10 staff members, including care staff, clinical staff and management, touch and adjust their N95 face masks without cleaning or sanitising their hands on multiple occasions.
* The Assessment Team observed a staff member administering medication in a dining area to multiple consumers. The staff member did not perform hand hygiene in between each consumer.
* A clinical waste bin in a doffing area was overflowing, with dirty PPE touching the walls and floor.

In their response to the Assessment Team report, the approved provider submitted a number of documents demonstrating staff have completed relevant PPE training. In relation to staff PPE practice, the approved provider stated there is no requirement to sanitise hands after touching or adjusting face masks. However, I do not accept this argument – performing hand hygiene after touching a potentially contaminated surface is a crucial component of infection control.

The approved provider acknowledged that the service does not currently have a dedicated infection prevention and control lead on site.

The service has failed to meet sub requirement (i) and as a result does not comply with Requirement (3)(3)(g).

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Consumers expressed satisfaction that when they raise concerns, their concerns are acknowledged by management who work with them to find an appropriate resolution. Staff described how they are aware of the term open disclosure and have completed training on the topic. I find the approved provider complies with this requirement.

# STANDARD 7 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

Consumers and representatives expressed overall satisfaction with the sufficiency of staffing within the service. Feedback from staff was generally positive and indicated that unplanned leave is mostly replaced by existing staff or by extending shifts. Some staff described how staff workloads are impacted when non-regular staff fill shifts, such as agency staff. Management described how agency staff are used to fill shifts when required but it is only when all other options have been exhausted. I find 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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 found this requirement met based on the service’s clinical governance framework which includes policies on antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work. Discussions with staff and management indicate that they understand the principles of open disclosure and practice open disclosure where required.

Management were asked what changes had been made to the way care and services were planned, delivered, or evaluated as a result of the implementation of these policies. Management provided relevant examples.

A review of the psychotropic medication register demonstrates appropriate consumer information is recognised, including diagnoses and quarterly reviews by general practitioners.

# 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.

### 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.*

* Address deficits in staff hand hygiene and ensure that all staff practice effective standard and transmission based precautions in line with the infectious risk.
* Provide additional training to staff to support their understanding of infection control during a pandemic.
* Establish a system for ongoing monitoring of staff practice.
* Ensure a full-time infection prevention and control lead is available.