Lansdowne Aged Care Facility

Performance Report

25 Lovoni Street
CABRAMATTA NSW 2166
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**Commission ID:** 2196

**Provider name:** Arete Health Care (Lansdowne) Pty Limited

**Assessment Contact - Site date:** 3 February 2021

**Date of Performance Report:** 25 February 2021

# 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) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, 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 Assessment Team’s general observation was that staff were delivering care in partnership with consumers which was appropriate to their day to day needs and preferences. Consumers were well groomed and dressed appropriately, seated comfortably or moving around the service freely with appropriate aids, and staff assistance when required. Consumers appeared to be engaged in activities of interest periodically throughout the day.

The Assessment Team did not assess all requirements in this standard therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### 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 found that the service demonstrates that minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection; and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

The Assessment Team provided information that the service demonstrates ongoing review of infection prevention and control practices and staff have understanding and training in infection control management. The service has policies in relation to infection control and antimicrobial stewardship and can demonstrate understanding and implementation of antimicrobial stewardship and ways to minimise the need for antibiotics. All consumers and representatives interviewed were satisfied with the care being provided at the service. They said they see staff washing their hands regularly. One consumer said that staff do an excellent job in cleaning their room.

The previous performance assessment report dated 3 September 2020 identified issues in relation to COVID-19 outbreak planning, lack of sanitizers, sufficient supplies of PPE and staff training. The service developed a continuous improvement plan and has demonstrated significant improvement in relation to the previous issues identified.

I find the service is compliant 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 (as assessed through other Standards).

Consumers are satisfied with the care and services they receive at the service and are confident their preferences and wishes are considered to provide them with safe and effective care. Review of care systems, policies and procedures demonstrated the service works in collaboration with consumers to provide them with safe and effective care and services. Documentation confirmed they live the best life possible and are supported by staff to maintain independence as long as possible.

The Assessment Team did not assess all requirements in this standard therefore an overall rating for the Quality Standard is not provided.

## 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 that the service demonstrates effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can.

The Assessment Team provided information that the service has a documented risk management framework, including policies describing how high impact or high prevalence risks associated with the care of consumers is managed; how abuse and neglect of consumers is identified and responded to; and how consumers are supported to live the best life they can.

The previous performance assessment report dated 3 September 2020 identified issues in relation to understanding of minimisation of restraint and its application in line with best practice, and deficits in their outbreak management planning both in practice and at an organisational level. The service identified the opportunity for improvement and has reviewed their policies and processes. Bedrail usage at the service has reduced from 77 consumers to seven, with authorisations and alternative strategies in place. The service’s psychotropic register identifies that whilst consumers are receiving psychotropic medications no consumer is identified to be chemically restrained. Review of the register indicated that the list of psychotropic medications does not include opioids, anti-convulsant or anti-dementia medications. The register also indicated that some consumers are not prescribed medications related to their listed diagnosis on the register which could be a potential chemical restraint. Management agreed to conduct an audit of all psychotropic medications to identify the consumers on all psychotropic medications and to identify any consumers on chemical restraint. These issues will be followed up at a future visit.

I find the service is compliant 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.