Outlook Gardens Aged Care

Performance Report

504 Police Road   
DANDENONG NORTH VIC 3175  
Phone number: 03 9795 7566

**Commission ID:** 3176

**Provider name:** Association for Christian Senior Citizens Homes Inc

**Assessment Contact - Site date:** 19 October 2020

**Date of Performance Report:** 5 November 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Three of the five specific requirements under Standard 2 have been assessed as Compliant.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found:

* Care planning documents evidenced comprehensive assessment and care planning information in the consumers’ files sampled. Care files included medical and psychosocial considerations, consumers’ goals, preferences and individualised interventions including to minimise risks to each consumer’s health. All consumers including those who recently return from hospital following the COVID -19 outbreak have current assessments and care plans.
* Staff demonstrated an understanding of the established assessment and care planning processes and an awareness of the assessed needs of individual consumers.
* As the outbreak has been declared over and consumers have returned from hospital, a settling in period is being observed as small, socially distanced group activities resume. Whilst leisure and lifestyle staff are working with each consumer individually, they continue to develop their understanding of each consumer’s changed needs and preferences. The documentation of this information is planned.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated assessment and care planning processes have been implemented for all consumers including those who returned from hospital following the COVID-19 outbreak.

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

The Assessment Team found that:

* Assessment and care planning documents include input from consumers and or their representatives and from specialists involved in the care of the consumer including geriatricians, medical officers, allied health, dietitian, podiatry and physiotherapy.
* Progress notes evidenced consumer and/or representative involvement in ongoing assessment and reviews of care with a registered nurse and with the involvement of specialist services, including when changes occur.
* Representatives are generally satisfied with process of consultation about consumers’ care and services. Representatives reported frequent consultation with staff regarding the specific needs of their family members.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated assessment and care planning processes are undertaken in consultation with the consumer, their nominated representative and other service providers as required.

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found that:

* Assessment and care planning documentation reviewed, staff feedback and feedback from representatives confirm care and services are reviewed regularly and when circumstances change. All consumers have been reviewed following their return from hospital in September 2020 following the COVID-19 outbreak. Information such as weight loss and the presence of new wounds and areas of skin excoriation led to changes to care.
* A system is in place to ensure consumers’ services are reviewed by a registered nurse on a regular basis.
* Adverse events such as incidents, a new diagnosis or hospital admission trigger a review of care for consumers in partnership with consumers and representatives.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated that care and services are reviewed regularly for effectiveness and when changes impact on the needs of consumer.

# 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

Three of the seven specific requirements under Standard 3 have been assessed as Compliant.

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

### 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:

* Consumers who returned from hospital admissions were clinically reviewed. Prior to consumers returning to the service, registered nurses contacted hospital staff and reviewed discharge summaries of consumers.
* Wound care is guided by current best practice with appropriate interventions and equipment in use.
* Consumers’ pain is assessed and managed through non-pharmacological and pharmacological interventions.
* Restraint is managed according to regulatory guidelines.
* Staff have access to policies and procedures which are reviewed and updated to reflect best practice guidelines.
* Staff demonstrated a comprehensive understanding of individual consumer’s clinical and personal care needs.
* Representatives interviewed are satisfied with the clinical and personal care that their family member receives.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated that safe and effective personal and clinical care is provided to each consumer that is based on current best practice guidelines, is tailored to consumers’ individual needs and optimises consumers’ health and wellbeing.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found that:

* Consumers who may experience high impact and high prevalence risks such responsive behaviours, weight loss and falls have risks identified, assessed and responded to, to reduce and mitigate risks to the consumer and others.
* Clinical staff were able to describe high impact and high prevalent risks to individual consumers and care of consumers.
* All incidents involving consumer falls include a review by a physiotherapist and safe care recommendations including equipment needs are documented.
* All consumers who experienced weight loss during the COVID-19 outbreak were reviewed by their medical officer, commenced on nutritional supplements and a High Energy High Protein diet if indicated, and food and fluid charting. Dietitian input was accessed as required. Lifestyle staff provide milkshakes daily and encouraged consumers who had lost weight to be more interested in food through activities that involved a men’s barbeque and other treats; for example, an activity based on hot dogs was enjoyed by consumers.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated that processes are in place to identify and manage high impact and high prevalence risks associated with the care of each consumer. Since the COVID-19 outbreak and consumers’ return from hospital risks including weight loss, responsive behaviours and falls have been responded to and interventions put in place to mitigate the impact on each individual.

### 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:

* Staff and visitors continue to be monitored for their appropriate use of PPE by their colleagues, management and the trained infection control champions who represent clinical and kitchen staff.
* All staff, visitors and consumers are risk assessed for COVID-19 daily.
* The care manager/registered nurse stated that all staff have completed the Monash online infection control training which includes COVID-19, PPE donning/doffing and hand hygiene and the related competencies. All staff are currently completing the follow-up refresher course. All staff recently completed their required three-monthly hand hygiene competency. New staff induction includes this expanded infection control training and related competencies.
* The service’s ‘COVID-19 Management Plan’ has been reviewed and updated with learnings from the outbreak, including consideration of zoning and cohorting of consumers and staff within areas of the service.
* Four out of five representatives interviewed reported satisfaction with the frequency and quality of communication with the service during the COVID-19 outbreak.
* Processes are in place to ensure effective antimicrobial stewardship.
* All staff have current influenza vaccinations.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated that the service has strengthened infection control practices to reduce the risk of transmission of infections, increased infection control education for staff and has policies on infection control, outbreak management and antimicrobial stewardship.

# 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

Two of the five specific requirements under Standard 8 have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this 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:

* The service has a documented risk management framework including policies describing how high impact or high prevalence risks associated with the care of consumers are managed, and how the abuse and neglect of consumers is identified and responded to.
* Monitoring and reporting systems are established to identify risks and concerns. Corrective actions are implemented and monitored through the continuous improvement and the education and training systems. The content of education and training provided to staff assists them to maintain best practice knowledge and to develop problem solving skills.
* As a result of the July 2020 COVID-19 outbreak at the service, management and all staff re-examined their preparedness for managing a pandemic through infection control, the use and availability of PPE and hand hygiene. To minimise the risk of poor outcomes for consumers and staff a number of risk mitigation strategies have been implemented and monitored by the Board. These include
  + All staff completed education and related competencies on infection control, the use of PPR and hand hygiene. Infection control champions assist with monitor staff practices in the use of PPE.
  + Communication with consumers, representatives and staff was enhanced through the development of a newsletter and the use of emails and telephone conversations.
  + To minimise the risk of cross infection:

Consumers were cohorted and care supported by a dedicated staffing model.

Management developed a system to audit their use of PPE and ensure sufficient stocks were available to staff throughout the service.

The service modified furniture placement in communal areas and developed density signage to promote social distancing throughout the service.

Enhanced cleaning of high touch services has been implemented throughout the service.

Where indicated disposable items, for example crockery and cutlery was used.

Infectious waste management processes were enhanced to meet the increased demand for removing contaminated PPE from site.

Leisure and lifestyle activity moved to a focus on support of the individual.

* + Extra pastoral care was made available and staff have access to a confidential counselling service.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated that the service has strengthened risk management systems and practices to manage risks associated with the care of consumers.

### 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:

* The organisation was able to provide, a documented clinical governance framework and policies relating to antimicrobial stewardship and minimising the use of restraint.
* The clinical governance framework has provided an overarching monitoring system for clinical care. At the Board level the effectiveness of established systems to support quality care provision continues to be monitored and updated as required.

Management described the following changes to the way care and service are planned, delivered and evaluated as a result of the implementation of these policies. For example:

* Evaluation of the use of psychotropic medications has improved outcomes for consumers with the ceasing of these medications in some instances.
* Improved monitoring of clinical outcomes for consumers through increased reporting, auditing and risk management.
* Nursing staff have developed a broader understanding of the criteria for the use of antibiotics and the risks of their overuse.

The approved provider did not submit a response to the Assessment Team’s report.

Having considered the information provided I find that this requirement is Compliant as the approved provider has demonstrated that the service has a clinical framework that is used to monitor and improve the quality of clinical care provided to consumers.

# 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.