Plumpton Villa Aged Care Facility

Performance Report

7 Lewis Street   
GLENROY VIC 3046  
Phone number: 03 8311 3600

**Commission ID:** 3615

**Provider name:** Glenn-Craig Villages Pty Ltd

**Assessment Contact - Site date:** 5 January 2021

**Date of Performance Report:** 4 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **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 |

# 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

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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents.

Overall consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services. For example:

* Representatives confirmed they are involved in the initial planning and ongoing review of the consumer’s care.

Care planning documents demonstrated assessment and planning in accordance with consumers’ individual needs, goals and preferences. Where risk(s) to a consumer’s health and well-being are identified, appropriate care plans are developed, and strategies implemented to manage/minimise the risk(s).

Management and staff described the assessment and care planning processes.

Requirement 2(3)(a) is assessed as Compliant.

## 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.*

# 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

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 consumers considered they receive personal care and clinical care that is safe and right for them. For example:

* Consumers said staff understand their care needs and spoke highly of their wound and pain management.
* Representatives said consent is sought in relation to physical/chemical restraint with one representative saying the service actively seeks to minimise psychotropic medication for their consumer.

The organisation has documented policies and procedures which guide staff in the assessment and review of consumers’ care and service needs and best practice. Care plans included statements to enable staff to personalise consumers’ care and showed reviews and adjustments in line with the changing needs of consumers. The organisation has processes to aid in reporting changes and incidents relating to care.

Registered nurses are available, on site, 24 hours per day to provide and supervise clinical care. Staff are knowledgeable about best practice and this is incorporated into individual consumer care needs. Staff were able to discuss consumers’ care needs in relation to best practice and how this optimises consumers’ health and wellbeing.

However, the Assessment Team identified some infection control practices at the service that was not adequate in minimising potential infection risk to others. This included staff PPE and social distancing practices, the set up of donning and doffing stations, access to PPEs, storage of clinical waste and inadequate signage to guide infection control practice.

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.*

### 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.*

### 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’s evidence drew on observations of infection control practice that was not adequate in minimising potential infection risk to others, including:

* staff practice in relation to use of PPE such as eye protection (required at that time) and face masks;
* the set up of donning and doffing stations;
* access to PPE, such as gloves and disinfectant wipes;
* staff social distancing practices;
* inconsistent signage to guide infection control practice;
* storage of clinical waste; and
* a common water dispenser in operation.

No response was received from the provider. Based on the evidence available, I find the service is Not 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.

### Requirement 3(3)(g) Non-compliant

* Review staff practices in relation to minimising potential infection risk of infection transmission.
* Ensure there is adequate signage to guide staff and others in line with available guidelines.
* Ensure sufficient access to PPE.
* Review practices for storage of clinical waste.
* Ensure effective set up of donning and donning stations.