Rosehill Aged Care Facility

Performance Report

12 Maxflo Court
HIGHETT VIC 3190
Phone number: 03 9532 0833

**Commission ID:** 4115

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Assessment Contact - Site date:** 22 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
* the Assessment Team’s Infection Control Monitoring checklist report
* relevant information about the approved provider and service held by the Commission, including the Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 4 August 2020.

# 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

An overall rating for the Quality Standard is not provided as not all requirements in this Standard were assessed.

The service was found to be Non-Compliant in this Standard in a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 4 August 2020. The notice was given following a significant COVID-19 outbreak at the service.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation, and conducted interviews with staff, consumers/representatives and management.

51 consumers contracted COVID-19 during the COIVD-19 outbreak, 17 consumers died. The Assessment Team found all consumers transferred back to the service from hospital have had a reassessment of their needs and an update to their care plans.

The Assessment Team provided evidence that the service complies with the requirements noted below.

## 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.*

Care planning documents evidenced assessment and care planning information in the consumers’ files sampled. Care files included medical and psychosocial considerations, consumers’ goals, preferences and individualised interventions including interventions to minimise risks to each consumer’s health. All consumers who recently returned from hospital have current assessments and care plans. Improvements in clinical oversight, care planning and risk identification have addressed deficits identified during the COVID-19 outbreak.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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.*

Assessment and care planning documents include input from consumers and/or their representatives and from specialists involved in the care of the consumer including medical practitioners, dietitians, podiatrists and physiotherapists. Representatives and consumers are generally satisfied with the process of consultation about consumers’ care and services. Representatives were aware of changing care needs and aware of the input of other practitioners to support their consumer’s health and well-being.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

### 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.*

Assessment and care planning documentation reviewed by the Assessment Team, staff feedback and feedback from representatives confirm care and services are being reviewed regularly and when circumstances change. All consumers transferred to hospital during the COVID outbreak have been reviewed on their return to the service. Where a new risk such as weight loss has been identified this has led to new strategies to support weight gain. The Assessment Team found the effectiveness of clinical reviews has improved since the COVID-19 outbreak.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

# 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

An overall rating for the Quality Standard is not provided as not all requirements in this Standard were assessed.

The service was found to be Non-Compliant in this Standard in a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 4 August 2020. The notice was given following a significant COVID-19 outbreak at the service. The notice required the appointment of a clinical advisor for a period of time defined by the Aged Care Quality and Safety Commission and this appointment occurred.

In the assessment of this Standard, the Assessment Team reviewed a sample of consumer care and other documentation, and conducted interviews with staff, consumers/representatives and management.

The Assessment Team also tested the service’s outbreak preparedness against the Infection Control Monitoring Checklist.

The Assessment Team provided evidence that the service complies with the requirements noted below.

### 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 reviewed personal and clinical care and found wound care, pain management, diabetes management and the use of psychotropic medications, to be delivered in line with consumers’ preferences and clinical care needs.

Staff are following evidence-based practice policies and procedures and sampled consumers and representatives are satisfied with the delivery of care.

During the COVID-19 outbreak the service provided regular updates on the quality and safety of care being delivered and weekly reports on the health status of consumers who remained at the service. The Assessment Team found delays and non-delivery of care which occurred during the COVID-19, at which time 31 staff were also impacted by COVID-19 have been resolved, and the quality of care has improved.

Based on the evidence summarised above I find that the approved provider complies with this requirement.

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

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

Clinical management of risks including unplanned weight loss and falls are being responded to and managed in line good clinical practice, and consultations with general practitioners are occurring. Staff were able to describe risk management of individual consumers which aligned with their assessed needs. The Assessment Team noted clinical audits are reported to the quality committee monthly. Trends are being used to initiate practices to improve care outcomes, for example, staff attended wound training for pressure injuries to support their management of an increase in wound care following COVID-19 hospitalisations.

Based on the evidence summarised above I find that 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 found the service has taken appropriate actions to mitigate the severe risk consumers were exposed to during the COVID-19 outbreak.

The service has strengthened infection control practices including monitoring consumers, staff and visitors for symptoms of infection.

Staff have received further education on infection control and the Assessment Team observed the use of personal protective equipment to be in line with good practice. The service’s infection control/COVID-19 outbreak management plan now contains sufficient information to guide staff in the event of an infectious outbreak.

Registered nurses could describe how to identify an infection and the prescribing of antibiotics in line with evidence-based practice.

Based on the evidence summarised above I find that 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

An overall rating for the Quality Standard is not provided as not all requirements in this Standard were assessed.

The service was found to be Non-Compliant in this Standard in a Notice of Requirement to Agree to Certain Matters and Consideration of Sanctions dated 4 August 2020. The notice was given following a significant COVID-19 outbreak at the service. An external health service moved to take over management of the outbreak and a clinical advisor was appointed.

In the assessment of this Standard, the Assessment Team reviewed documentation relevant to the service’s risk management framework and clinical governance.

The Assessment Team provided evidence that the service complies with the requirements noted below.

## 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.*

As a result of the August 2020 COVID-19 there was serious spread of COVID-19 amongst vulnerable care recipients and staff at the service, creating an immediate and severe risk to the safety, health and well-being of care recipients. During the outbreak the management of service was transferred to an external health service.

The Assessment Team found the service complied with the advice, recommendations and directions of the Victorian health authorities in the management of the outbreak. The service also complied with the direction to appoint a clinical advisor for the duration of the outbreak / the service’s return to full compliance.

The Assessment Team provided evidence of a number of strategies which the service has implemented to help mitigate the risk of a further outbreak, including improvements in the outbreak management plan. The service further demonstrated to the team how incident reports, hazard alerts, audits, meetings (resident/relative and staff meetings) and feedback is communicated through service and to the governing body.

The Assessment Team found risk management systems have been strengthened to enable different levels of the organisation to identify, and for the governing body to respond to, poor quality care including to abuse and neglect.

Based on the evidence summarised above I find that 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 organisation has introduced and adopted a ‘clinical governance framework’. The framework is based on two areas of best practice Safer Care Victoria and Government Quality Standards clinical governance framework resources. The framework is underpinned by policies and procedures such as, antimicrobial stewardship, minimising restraint and open disclosure.

A medication advisory committee reviews antibiotic use and the use of psychotropic medication. The Assessment Team noted a downward trend in the use of psychotropic medication.

The Assessment Team found evidence of improved clinical governance in the assessment, planning and delivery of care.

Based on the evidence summarised above I find that 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.