Rosemore Aged Care

Performance Report

18 Kingsgrove Road   
BELMORE NSW 2192  
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**Commission ID:** 2574

**Provider name:** Allity Pty Ltd

**Assessment Contact - Site date:** 29 October 2020 to 30 October 2020

**Date of Performance Report:** 21 December 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | 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.
* the provider’s response to the Assessment Contact - Site report received 26 November 2020

# 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 sampled consumers considered that they receive personal care and clinical care that is safe and right for them. For example, consumers confirmed they generally get the care they need, and they are not having to repeat themselves when seeking assistance from staff.

The service’s approach to assessment and planning aims to achieve the desired outcomes for consumers and are current and in line with the Aged Care Quality Standards.

Antimicrobial stewardship is generally maintained to enable the appropriate use of antibiotics and reduce the risk of their resistance. However, the services’ living environment and staff practices did not evidence that satisfactory infection control processes are in place.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

The service was able to demonstrate information about the consumers condition, needs and preferences are documented and communicated through to all relevant staff.

I find the requirement is compliant.

### 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.*

I have not identified any concerns in relation to practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

However, the Assessment Team found that there is insufficient minimisation of infection related risk through the implementation of standard and transmission-based precautions to prevent and control infection, specifically in relation to staff practices, cleaning of the service and in case of a COVID-19 outbreak.

The Assessment Team provided information that staff and management were unable to demonstrate personal protective equipment practice, adherence to staff density advice, ensuring the cleanliness and serviceability of equipment and shared ablution areas and general cleaning of the service. The Assessment Team stated that while there was also practical training available to assist in minimisation of infection, staff was unable to demonstrate this consistently, with various issues identified, such as sharps containers left in consumer areas, clinical waste and appropriate hand sanitiser and wipes available for staff to wipe down high traffic areas.

The approved provider provided a response that included correcting some information in the report together with evidence of corrective actions that have occurred since the assessment contact, including education provided, with reviewed and updated processes. The approved provider indicated that a number of matters identified were rectified at the time of the assessment contact.

While I acknowledge these improvements and note actions taken by the approved provider, including those on the day of the assessment contact, I consider that the approved provider requires time to demonstrate that these improvements are embedded and sustainable.

I find this requirement non-compliant.

# STANDARD 5 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The service was unable to demonstrate the overall environment was clean and well maintained. The Assessment Team observed furniture which was not adequately cleaned or maintained. Equipment had not been cleaned, maintained or updated to support the increasing frailty of consumers. Cleaning and maintenance of the service were not seen to be adequate.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found that the service environment was not safe, clean, well maintained or comfortable.

The Assessment Team observed that the service did not have a satisfactory level of cleanliness and maintenance of consumer areas was not completed to a satisfactory or safe level. Staff were unable to demonstrate that the service had an effective system to maintain the service environment. Equipment, furniture and table surfaces required cleaning. Maintenance, including equipment currently in use and handrails, had not been attended to.

The approved provider provided a response that included evidence of corrective actions that have occurred since the assessment contact, including education provided, new maintenance staff and cleaning schedules with reviewed and updated processes. The approved provider indicated that a number of matters identified were rectified at the time of the assessment contact.

While I acknowledge these improvements and note actions taken by the approved provider, including those on the day of the assessment contact, I consider that the approved provider requires time to demonstrate that these improvements are embedded and sustainable.

I find this requirement non-compliant.

# 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.*

* Demonstrate that best practice guidelines for infection control are understood and applied, including but not limited to proper use of personal protective equipment and effective hygiene protocols, and cleanliness and serviceability of the service environment
* Ensure all improvements implemented are monitored and reviewed for effectiveness.

### Requirement 5(3)(b)

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

* Ensure that the service environment is safe, clean, well maintained and comfortable, including, but not limited, through an effective preventative and reactive maintenance program.
* Ensure all improvements implemented are monitored and reviewed for effectiveness.