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:** 7 April 2021

**Date of Performance Report:** 17 May 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 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 conducted 7 April 2021, 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 4 May 2021

# 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.

The Assessment Team found that overall sampled consumer representatives considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team found that the service has comprehensive policies and procedures for infection control related issues. The service demonstrated systems are in place for managing consumers with suspected and known infections. Infection prevention and control is promoted and the service has a plan to manage an infectious outbreak. The Assessment Team observed staff regularly washing their hands and using hand sanitising gel after attending to consumers’ needs.

### 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 overall the service demonstrated that it minimises infection related risks. There were some cleaning issues observed, including wet floors that had not been dry mopped and equipment stored in bathrooms. Refer to Standard 5(3)(b). However, on balance the service displayed effective infection risk minimisation practices in relation to antimicrobial stewardship and standard and transmission-based infection control precautions.

The Assessment Team interviewed staff who could demonstrate that they understood the importance of infection control and could describe infection control processes in their work. The Assessment Team asked Registered nurses about antimicrobial stewardship and found that they were familiar with the terminology and could describe how to reduce the risk of increasing resistance to antibiotics. For example, collecting swabs for pathology test prior to use of antibiotics, conducting urinalysis to rule out urinary tract infection, and promoting adequate nutrition and hydration.

The Assessment Team found that the previous issues identified in relation to minimisation of infection control risk had been addressed and all staff interviewed said that they had completed the mandatory training for infection control and COVID-19 as per NSW Health guidelines and training records confirmed this. This was also observed to be happening in practice. There is an infection prevention control lead role in place.

I find that the approved provider is compliant with this requirement at the time of assessment.

# 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 Assessment Team interviewed consumer’s representatives who advised consumers feel safe and comfortable at the service and that the service environment is generally clean and well maintained. Maintenance issues are addressed immediately when they are raised by consumers and representatives. There are always cleaners at the service cleaning, mopping and wiping things down and there is never any rubbish left on the floor.

The Assessment Team’s findings indicated that some issues of concern identified in previous assessment and performance report for the site visit of 29 October 2020 and 30 October 2020 and outlined in the Commission’s Directions Notice dated 15 January 2021 continue to be of concern. These issues of concern are that service environment is not always safe and well maintained. Improvements to the systems to address these concerns are not yet embedded and not yet demonstrated to be sustainable. Staff did not always effectively implement cleaning processes or safe storage of equipment in accordance with best practice infection control guidelines. New subcontracted cleaning arrangements commenced 1 March 2021 are not yet embedded with a formal evaluation yet to occur as per the service’s improvement plan.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

## 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 staff did not always effectively implement cleaning processes or safe storage of equipment in accordance with best practice infection control guidelines.

The Assessment Team observed that the cleaning staff (newly subcontracted) are not dry mopping consumer rooms, shared toilets and shower rooms in a timely manner. Floor surfaces are left wet for periods of time increasing falls risk and severity of risk of harm for consumers and staff. Cleanliness of these areas are compromised with people walking over wet areas and spreading soil load as they walk with wet shoes.

The Assessment Team observed a consumer to be sitting on a toilet with the door open in plain view of anyone walking past. It was found that this toilet and other shared toilets and shower rooms are being used to store equipment such as wheelchairs, lifters, bin trolleys, red and yellow laundry bags and excess toilet/shower commodes. In three of the toilets, equipment was blocking access to the handwashing basin.

The Assessment Team identified that several consumers that are environmentally restrained (cannot independently operate key codes) do not have free access to any external areas and are limited to the level of the service that their room is on.

The approved provider responded and advised that the issues identified in the Assessment Team report will be addressed including that cleaners will be reminded of mopping arrangements and storage of equipment will be minimised.

I have found that the approved provider is not compliant with this requirement as the service does not demonstrate that the environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.

# 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 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.*

* All hard surfaces are dry mopped to prevent consumers from slipping
* Environment is free from storage to enable consumers to move freely
* Consumers are free to move freely indoors and outdoors.