Villa Maria Centre

Performance Report

33B Robertson Rd
Eastern Heights QLD 4305
Phone number: 07 3281 4400

**Commission ID:** 5056

**Provider name:** Catholic Healthcare Limited

**Assessment Contact - Site date:** 18 September 2020

**Date of Performance Report:** 20 October 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)(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
* the provider’s response to the Assessment Contact - Site report received 16 October 2020
* the Infection control monitoring checklist dated 18 September 2020.

# STANDARD 3 NON-COMPLIANTPersonal 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

The Assessment Team did not assess all Requirements in Standard 3, therefore an overall summary is not provided.

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)(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 identified the service did not have processes in place to prevent or minimise the risk of a COVID 19 outbreak. The service did not have processes relating to the screening of consumers for signs and symptoms of COVID 19. The Assessment Team observed staff and consumers not practicing social distancing. Staff practices relating to hand hygiene do not support effective infection control. Supplies of personal protective equipment were observed by the Assessment Team to be inadequate to support effective infection control processes. Staff at the service were unable to describe to the Assessment Team how they would safely cohort staff and consumers in the event of an outbreak. Signage was observed by the Assessment Team to be inappropriate to guide staff, consumers and visitors in minimising infection risks and preventing cross-infection.

In relation to monitoring consumers for signs and symptoms of COVID-19 symptoms, the Assessment Team were informed that consumers are not screened for signs and symptoms of COVID-19 on a daily basis. In its written response to the Assessment Team’s findings, the Approved provider has stated consumers are screened daily and care staff escalate any concerns of consumers’ changed condition. The Approved provider has attached a screening tool for use in residential aged care services to monitor consumers. It is not possible to determine from the Approved provider’s response if this tool was in use during the Assessment contact or if this monitoring tool has been implemented based on the feedback from the Assessment Team.

Relating to the lack of social distancing observed by the Assessment Team, the Approved provider in its response has stated social distancing is discussed as an agenda item at all meetings. Minutes of meetings were not provided in the Approved provider response to validate the discussion of social distancing at all meetings. Social distancing and density signage has been placed on walls throughout the service. The Approved provider has not provided evidence how social distancing will be monitored or enforced at the service. The Approved provider has not responded to the observations of the Assessment Team of communal areas where the environment does not support social distancing, for example, placement of furniture.

Management advised the Assessment Team some staff work across other residential aged care services and they had not considered this as a risk for COVID-19 and potential cross infection. In its written response the Approved provider has disputed the finding of the Assessment Team stating the service had implemented strategies to reduce the risk in July 2020, and provided evidence of a list (not dated) of staff who work in other aged care facilities or health care services, and an email dated 2 September 2020, which instructed managers of Catholic Healthcare services are to ensure staff who work at other services are to wear face masks.

During the Assessment contact, the Assessment Team observed staff moving between consumers providing care without washing or sanitising their hands. In its response the Approved provider has stated all staff have completed hand hygiene education. A review of the list provided to indicate staff have completed hand hygiene training indicated there are18 staff yet to complete their hand hygiene training, which is not in accordance with the Approved provider’s response to the Assessment Team’s observations. The Approved provider has stated staff know they must use hand sanitiser between consumer interactions and staff are monitored to ensure best practice. The Approved provider has not indicated how staff are monitored or who is responsible for monitoring staff practice.

Management advised the Assessment Team they do not have enough aprons available in the event of an outbreak and had placed an order for these. The Approved provider in its response has indicated stocks of personal protective equipment (PPE) are managed and monitored organisationally. The service is able to update its PPE levels and order stock at any time. The Approved provider in its response has not addressed the information provided to the Assessment Team regarding the lack of aprons at the time of the Assessment contact.

Management advised the Assessment Team that in the event of a suspected COVID-19 positive consumer, all consumers would be isolated to their rooms which are single and ensuited. The Assessment Team stated feedback was provided consumers would not be cohorted in the event of an outbreak due to security of tenure concerns. The Approved provider has disputed this information and has stated this comment was taken out of context. The Approved provider has provided evidence of a compartmentalisation strategy which was developed in April 2020 to support its cohorting strategies of consumers. Management had not considered the need to cohort staff or consumers in the event of an outbreak and cited security of tenure as a reason not to cohort consumers.

The Assessment Team did not observe appropriate signage within the facility in regard to cough etiquette, social distancing, hand hygiene or density signage or for high risk spaces including, the lift, staff meeting spaces, shared and separate bathrooms, kitchen and laundry. The Approved provider in its written response has stated appropriate signage has been sought, an audit has been completed regarding signage and missing signs have been installed. Weekly audits will continue to identify any missing signs which will be replaced immediately.

While I acknowledge the actions the Approved provider has taken in response to the deficits identified by the Assessment Team, at the time of the Assessment contact the service did not have effective processes in place to manage a possible COVID 19 outbreak. It is therefore my decision this Requirement is 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.

* The service is required to implement effective processes to minimise the risk of infections including a potential COVID 19 outbreak.