Heritage Botany

Performance Report

31-33 Edgehill Avenue
BOTANY NSW 2019
Phone number: 02 9316 9544

**Commission ID:** 0519

**Provider name:** Heritage Care Pty Ltd

**Assessment Contact - Site date:** 19 August 2020

**Date of Performance Report:** 24 September 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, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 11 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

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.

The service has not undertaken robust measures to minimise risk and respond to the COVID-19 pandemic.

The service does not demonstrate that it actively seeks to improve performance in relation to appropriate and safe use of antimicrobials.

The Assessment Team found that one specific requirement was not met.

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 found that the service has not undertaken robust measures to minimise risk and respond to the COVID-19 pandemic. The COVID-19 action plan is not individualised to the circumstances of the service and actions have not been taken to determine whether all aspects can be implemented. Significant risks related to COVID-19 such as consumers residing in shared bedrooms has not been identified, assessed and mitigated. The team identified gaps in mandatory education related to COVID-19 and deficits in staff knowledge. While the service is generally clean and well maintained this is not the case in some areas of the service and this impacts on infection control. The service does not demonstrate that it actively seeks to improve performance in relation to appropriate and safe use of antimicrobials. The review of medication advisory committee meeting minutes does not support that there are actions taken to improve the service’s performance in relation to antibiotic use. While an action meeting minutes template is used, there are no responsibilities assigned or actions to be taken in response to the number of antibiotics used and no evidence of analysis of the data.

In their response, the approved provider submitted their outbreak management plan and acknowledged that it is not developed by the service. While they state that they believe the Assessment Team is incorrect in saying that the plan is not individualised to the service, I note that elements of the plan are indeed not unique to the service. For example, the plan refers to the number of shared rooms being zero. This is not accurate. The plan states that the number of high care beds exceeds the number of total beds at the service. Many fields have been redacted so I am unable to confirm whether the names and contact details for the persons with assigned responsibility are unique to the service. While the outbreak management plan had a floor plan indicating co-horting, the General Manager was unable to describe to the Assessment Team at the time of the visit, the specific details of how this would be managed. While the approved provider states that they have taken into consideration the shared bedrooms and bathroom in the co-horting in the outbreak management plan, I am not satisfied that this is evident in the plan. This is supported by the fact that they summary details state that there are no shared rooms. I accept that the documentation provided by the approved provider in their response confirms that a risk assessment was undertaken on 5 August by the service and does consider risks associated with shared rooms and bathrooms. It appears this was not reviewed by the Assessment Team during the visit.

While the approved provider disputes the total number of staff that was described by the Assessment Team when referring to the low proportion of staff trained in handwashing, face mask application and online training, the documents submitted by the provider was unable to substantiate that an adequate proportion of staff have been trained. They confirmed that training was attended by staff re. PPE use; COVID-19 disease characteristics, symptoms, prevention, complications; outbreak management on 25 June & 29 June 2020. It is not possible to determine whether there are unique attendees as all details have been redacted. There are also attendance pages which are not sequential and as they’re not labelled I am not assured which session these relate to. True percentages of staff attending these sessions are not able to be ascertained. I have been presented with a list of attendees which seems to approximate 92% of staff who attended face shield training on 4 August, however I’m unable to confirm whether they’re unique attendees as details have been redacted. Page 2, 3 & 4 of the attendance list are not labelled so I’m not assured that the attendees relate to this session. The certificates of completion for COVID-19 Aged care Module 5 (PPE) were all dated after the visit. These do not support compliance with the requirement at the time of the visit. Of note, the approved provider confirmed that only 60% of staff have attended donning and doffing competency training.

The approved provider did not dispute the teams finding about the minutes from the Medication Advisory Committee meetings where actions and responsibilities are not documented. While the approved provider has implemented changes to this process following the visit, this error had not been detected by the service prior to the team’s visit and I’m not satisfied that they were compliant with the requirement at the time of the visit in how they manage actions taken to improve the service’s performance in relation to antibiotic use.

I have also considered that the response provided by the provider used language that indicated a defensive and inflammatory position. I have made my decision based on the facts presented by both the Assessment Team and the approved provider. I am of the view that the provider is not compliant with 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.

The approved provider must demonstrate that:

* Its outbreak management plan is tailored to the service and is understood by key staff, who can articulate how it operates.
* Training is provided to an increased proportion of staff about COVID 19 prevention and management; PPE use and outbreak management.
* Training records for the above training accurately reflect attendance.
* Actions and responsibilities are assigned and communicated regarding improving the services management of actions to improve the service’s performance in relation to antibiotic use.