Performance

Report

**1800 951 822**

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| Name of service: | The Alexander Aged Care Centre |
| Service address: | 1720 Dandenong Road CLAYTON VIC 3168 |
| Commission ID: | 3516 |
| Approved provider: | Premier Aged Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 April 2023 |
| Performance report date: | 23 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the Commission) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for The Alexander Aged Care Centre (the service) has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The service was found non-compliant with Requirement 2(3)(e) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate that incidents are always effectively recorded and actioned, as the service did not consistently consider further assessment following an incident. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including implementing a shorter timeframe for reviewing incidents and updating consumer care plans and assessments.

During this assessment contact assessors drew on evidence from seven sampled consumers and found that care documentation evidenced timely and responsive review of care and services following incidents. Sampled care staff advised they escalate changes in consumer condition to clinical staff. Clinical staff stated they regularly review assessments and care plans during the resident of the day process and when circumstances change. Accordingly, I find the service compliant with Requirement 2(3)(e).

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| 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. | Compliant |

Findings

The service was found non-compliant with Requirement 3(3)(a) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate that it delivers safe and effective care as the service had not consistently identified, monitored or reviewed the use of restrictive practices. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including implementing a psychotropic medication register. All consumers subject to mechanical and environmental restraint have been identified and care plans have been reviewed by a medical officer.

During this assessment contact assessors drew on evidence from five sampled consumers and found the service demonstrated safe and effective care in relation to restrictive practices including identifying, monitoring reviewing restrictive practices and ensuring documentation, including consent authorisations are in place. Accordingly, I find the service compliant with Requirement 3(3)(a).

The service was found non-compliant with Requirement 3(3)(b) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate that it consistently monitored or analysed high impact risks associated with the care of each consumer, specifically in relation to falls, in-dwelling catheters and choking risks. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including updating care plans, additional charting and consistently reviewing falls.

During this assessment contact assessors drew on evidence from three sampled consumers and found that the service demonstrated effective management of risks relating to choking, falls and in-dwelling catheters. Accordingly, I find the service compliant with Requirement 3(3)(b).

The service was found non-compliant with Requirement 3(3)(g) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate effective strategies to minimise infection-related risks through standard precautions and other infection prevention strategies including correct personal protective equipment (PPE) use by staff and a lack of cleaning supplies for high touch points and shared equipment. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including staff training on PPE use and conducting an infection prevention and control audit.

During this assessment contact, assessors observed adequate cleaning supplies at high touch point areas and at nurses stations, and also observed staff using PPE correctly. Accordingly, I find the service compliant with Requirement 3(3)(g).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The service was found non-compliant with Requirement 4(3)(a) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate sufficient language supports and activities for consumers. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including reviewing the lifestyle program with an emphasis on offering cultural activities, appointment of additional lifestyle staff and the introduction of additional language supports.

During this assessment contact assessors drew on evidence from four sampled consumers who provided positive feedback regarding the lifestyle activities and language supports now offered. Assessors reviewed a specific activity calendar for the memory support unit and observed staff providing activities and engaging with consumers in the unit. Accordingly, I find the service compliant with Requirement 4(3)(a).

The service was found non-compliant with Requirement 4(3)(b) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate that consumers were provided with services, supports and activities to promote well-being. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including referring consumers to allied health services, the introduction of additional language supports and recommencing religious services.

During this assessment contact assessors drew on evidence from four sampled consumers who indicated that the service has taken action to improve consumer access to interpreter services, and have scheduled cultural events to assist consumers to maintain their well-being. Assessors also observed consumers socialising. Accordingly, I find the service compliant with Requirement 4(3)(b).

The service was found non-compliant with Requirement 4(3)(f) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate that all consumers were provided with a choice of meals. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including appointing a new chef, reviewing the menu, and reviewing and updating consumer dietary preferences.

During this assessment contact assessors drew on evidence from four sampled consumers who provided positive feedback regarding meal size and meal choice. File reviews for these consumers reflect their dietary preferences accurately. Accordingly, I find the service compliant with Requirement 4(3)(f).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was found non-compliant with Requirement 7(3)(d) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate medication competencies for nursing and medication endorsed staff were completed and monitored. The service have provided staff training in response to the non-compliance identified at the site audit in March 2022. During this assessment contact, the service demonstrated all relevant staff have completed these competencies. Documentation reviewed by assessors identified all medication endorsed staff have completed medication competencies. Accordingly, I find the service compliant with Requirement 7(3)(d).

The service was found non-compliant with Requirement 7(3)(e) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate that regular performance reviews are undertaken for staff and management could not provide evidence of how they monitor and ensure staff performance. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including implementing a new performance appraisal process. During this assessment contact, the service demonstrated monitoring and review of staff performance. Newer staff complete performance appraisals six months after commencing employment and sampled records reviewed by assessors identified performance appraisals are completed. Accordingly, I find the service compliant with Requirement 7(3)(e).

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The service was found non-compliant with Requirement 8(3)(e) following a site audit conducted from 8 March 2022 to 11 March 2022. The service at the time did not demonstrate service-wide identification, review and management of restrictive practices and antimicrobial stewardship. The service has implemented remedial action in response to the non-compliance identified at the site audit in March 2022 including staff training. During this assessment contact, the service demonstrated a range of improvements in response to the deficits previously identified, with management demonstrating effective governance processes are in place to monitor and minimise the use of restrictive practices, and promote effective antimicrobial stewardship. Assessors also reviewed meeting minutes which discussed medication incidents and the management and control of antibiotic use. Accordingly, I find the service compliant with Requirement 8(3)(e).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)