Akooramak Care of Older Persons

Performance Report

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**Commission ID:** 5084

**Provider name:** Warwick Benevolent Society Inc

**Assessment Contact - Site date:** 16 February 2022

**Date of Performance Report:** 14 March 2022

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |

# Detailed assessment

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 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
* other information and intelligence held by the Commission in relation to the service.

# 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

The Assessment Team did not assess all Requirements in this Standard; therefore, a compliance rating or summary is not provided.

### 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 service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service demonstrated preparedness in the event of an infectious outbreak including for COVID-19.

Consumers and representatives stated the service’s management of COVID-19 precautions, communication and infection control practices was well coordinated and managed and they had received regular communications from management regarding COVID-19. Consumers and representatives had confidence in the organisation’s ability to manage an infectious outbreak, including an outbreak of COVID-19. Consumers and representatives confirmed the staff provided excellent service regarding infection control, cleanliness and wound care.

Staff received training in the management of antimicrobials and infection minimisation strategies, including hand hygiene, the use of appropriate personal protective equipment, cough etiquette and cleaning processes, at orientation and at mandatory education. Staff were able to describe how infection related risks were minimised, through the use of personal protective equipment and good hand hygiene practice. Staff ensured adequate hydration was provided to all consumers, especially those consumer prescribed antibiotics and had identified infections, such as wounds or urinary tract infections. Registered staff reported in relation to antimicrobial stewardship, they encouraged fluids, ensured pathology results were available prior to commencing antibiotics and undertook monitoring when consumers are prescribed antibiotics. Care staff observed consumers for changes in behaviour and signs of infection and these are reported to the registered staff

Staff have received extensive education and training in relation to infection control and COVID-19. The service appointed an Infection prevention control lead who completed mandatory training for the role in January 2021 and has held the position of infection control at the service for 12 years. The Infection prevention control lead described their role and responsibilities including monitoring staff practices to ensure staff practice safe hand hygiene and appropriate use of personal protective equipment. The Infection prevention control lead monitored infections through their clinical indicator reporting and supported staff to understand the need to minimise the use of antibiotics to ensure they are prescribed appropriately.

Cleaning staff ensured all consumers’ bathrooms were thoroughly cleaned daily with a disinfectant, and all high touch point areas around the service were cleaned as part of the service’s cleaning schedule. Care staff ensured cleaning of shared equipment between consumers using alcohol wipes.

The Assessment Team confirmed 100 percent of staff including Management and Board members have received their COVID-19 vaccinations including both doses and 48 staff have received a booster vaccination. The Assessment Team were able to sight and confirm the vaccination status of staff, management and Board members.

Eighty-eight of 95 consumers have received two doses of COVID-19 vaccinations and 78 consumers have received their third booster vaccination. Seven consumers refused to be vaccinated against COVID-19. The service worked with the Public health unit who provided advice, support and direction in relation to infection control and management of infection outbreaks at the service. There were two recent outbreaks at the service, requiring the service to go into lockdown.

The organisation had written policies and procedures relating to infection control prevention, outbreak management and antimicrobial stewardship. The service has a site-specific Outbreak management plan which outlined roles and responsibilities, key contact information, work instructions and other processes to follow in the event of a COVID-19 outbreak. Training records identified staff received training in infection control and COVID-19 outbreak preparedness in 2021.

Observations made by the Assessment Team during the audit included staff donning face masks, face shields or goggles, density signage and hand hygiene facilities were available throughout the service. The service conducted screening of all visitors to the service on entry using an electronic screening system to capture temperature checks and health screening questions. The service environment was observed to be clean and tidy during the audit.

Based on the information contained above, it is my decision this Requirement is Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not assess all Requirements in this Standard; therefore, a summary or compliance rating is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The organisation had effective organisation wide governance systems including information management systems. Consumers and representatives were satisfied with the provision of information from the service. Consumers’ care documentation evidenced there was regular discussion with consumers and their representatives regarding changes in care needs and when incidents occurred. Information was effectively communicated between the Chief Executive Officer, consumers, Board, staff and contractors. The organisation implemented policies and practices to ensure the security of its information management systems to control access and minimise the risk of unauthorised use. Incidents were accurately reported, and the organisation monitored the service’s performance. Information was transferred within the service, between the service and the organisation and with other parties. Staff could access the information they required to deliver safe and quality care and services, and to support them to undertake their respective roles.

The organisation had effective continuous improvement processes. The continuous improvement system identified opportunities for improvement and the service took appropriate action following the identification of opportunities for improvement. The service maintains a Plan for continuous improvement which includes details of the service’s improvement activities. Recent improvement activities at the service included the installation of new air conditioning units in the communal areas of the service and the implementation of a new training system with the purchase a subscription to online training for staff. To monitor the performance of the service in relation to the Quality Standards, the organisation collects and monitors a range of information and data and conducts audits.

The organisation developed financial management procedures and practices that included an annual budget for the service. The Chief Executive Officer had capacity to use funds to meet the short term needs of the service and consumers.

Systems were in place to monitor workforce competency and ensure the workforce was appropriately planned to facilitate the delivery of safe and effective consumer care. A Director of Nursing commenced in the role on 14 February 2022.

The Organisation tracked changes in aged care legislation and staff were updated weekly on legislative changes and strategies to inform service management of current requirements. The service’s quality team was directed to manage changes in policies, to update policies and procedures, to communicate changes and if required organise training. Compliance was monitored through audits, clinical monitoring reports to analyse and identify trends, audits by other organisations for example medication audits completed by the pharmacy and consumer feedback.

Staff were aware of recent changes in regulation such as the Serious incident response scheme, restrictive practices and behaviour support plans. There was a system to ensure all staff had a current police certificate. There was also a process to ensure all staff have had the COVID-19 vaccination. The Assessment Team reviewed the service’s vaccination register and identified staff vaccination records are up to date and stored securely. Management advised two staff members have elected not to have their vaccination records kept on the service’s database and they had sighted the vaccination records for all staff and Board members. The service had a Food safety program that was accredited.

The organisation had effective systems to document feedback and complaints and to regularly communicate complaint issues to the Board.

Based on the information contained above, it is my decision this Requirement is Compliant.

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