Berrinba Greens Care Community

Performance Report

1-15 Greenfern Drive
BROWNS PLAINS QLD 4118
Phone number: 07 3809 1400

**Commission ID:** 5562

**Provider name:** DPG Services Pty Ltd

**Assessment Contact - Site date:** 13 January 2021

**Date of Performance Report:** 8 February 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 |

# 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 a request for information received 19 January 2021
* the infection control monitoring checklist completed 13 January 2021
* the monitoring assessment contact record completed 22 January 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

The Assessment Team did not assess all Requirements under this Standard, therefore an overall 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 Assessment Team identified the service demonstrated it had systems and processes to minimise the risks of infections. The service had documented infection control policies and a COVID-19 outbreak management plan.

Consumers sampled said staff washed their hands prior to providing care and services and used gloves and face masks. Consumers said their rooms and bathrooms were kept clean.

Staff interviewed confirmed they received training in the management of antimicrobials, infection minimisation strategies including hand hygiene, the use of appropriate personal protective equipment, cough etiquette and cleaning processes at orientation and mandatory education.

Staff interviewed described how infection related risks were minimised. Staff demonstrated knowledge of infection control practises relevant to their roles, including hospitality staff.

Registered nurses provided examples of how they minimised infection related risks including safe hand hygiene practice and encouraging hand hygiene amongst consumers, use of the appropriate personal protective equipment when there is a risk of contamination from body fluids and encouraging influenza vaccinations amongst consumers and representatives.

Registered nurses provided examples of how they minimised antimicrobial usage at the service. For example ensuring adequate hydration was provided to all consumers by encouraging fluids and recording of fluid intake and output as required, appropriate hygiene practises when toileting consumers, monitoring consumers for changes in behaviour and performing urine tests if behaviour changes are observed and ensuring pathology results are available prior to commencing antibiotics

Care staff reported they observed consumers for changes in behaviour and signs of infection and these are reported to the Registered nurse.

The organisation had policies and procedures related to infection control and antimicrobial stewardship. The Assessment Team observed handwashing stations and hand sanitiser throughout the service. Staff were observed maintaining social distancing and using personal protective equipment where appropriate. The service maintains a record of staff and consumer influenza vaccinations. All consumers were monitored daily for signs and symptoms of COVID-19. Staff and visitors (when permitted by Queensland Health Direction) were required to answer COVID-19 screening questions and have their temperature checked on entry to the service.

In relation to the service’s preparedness for a potential COVID-19 outbreak, the service had a single point of entry, screening questions and temperature checking for visitors, an electronic sign-in process for staff and visitors, hand sanitiser and signage posted at the entry and throughout the service. Management advised they had appointed two Infection Control Leads and updated their infection control policy manual.

The service documented clinical indicators monthly. There were five infections for December 2020, consisting of three urinary tract infections, one consumer with conjunctivitis and one consumer with an upper respiratory tract infection. These infections had been resolved. Infections and antibiotic prescribing were tracked through the electronic care system. The Clinical manager monitored infections monthly using clinical incident reports.

# 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.