Bindaree Care Centre

Performance Report

1 Beacon Avenue
BOYNE ISLAND QLD 4680
Phone number: 07 4975 2999

**Commission ID:** 5290

**Provider name:** Sundale Ltd

**Assessment Contact - Site date:** 24 September 2020

**Date of Performance Report:** 23 November 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)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the Assessment Team’s report for the Infection Control Monitoring Checklist.
* the request for information (Section 67) issued to the Approved Provider and its response to the Infection Control Monitoring Checklist received on 17 October 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

Consumers and their representatives said to the Assessment Team that consumers received the care they needed from staff who knew the consumers and their care needs. They stated they had been involved in discussions with staff about end of life care and advance care planning. Consumers who had experienced a deterioration in condition or health advised the Assessment Team that staff had recognised and responded to their changing condition in a timely manner. Consumers and representatives stated that consumers had access to medical officers or other health professionals when they needed it and the service made referrals that were timely and appropriate. They stated they were satisfied that information about their conditions, needs and preferences was effectively communicated between staff and others.

The Assessment Team reviewed the care documentation of several consumers and identified that the documentation evidenced staff recognising and responding to changes in consumers’ health and well-being in a timely manner. The documentation confirmed referrals were made when needed and evidenced the involvement of medical officers and other health professional. The documents demonstrated registered nurses notified medical officers and relevant representatives when consumers experienced a change in condition or were transferred to or from hospital. Care documents provided adequate information to support effective and safe sharing of the consumers’ care.

#### The documentation identified information relating to the consumers’ end of life wishes, including completed Advanced Health Directives and Statements of Choice, were completed with the involvement of the consumers and their representatives.

The service was supported by external advisory services such as dementia advisory services, wound specialists and palliative care advisory services. Registered and care staff demonstrated knowledge of the service’s palliative care process and pathways. Registered staff were available on site 24 hours a day and senior clinical staff were available on call to support and monitor care delivered to consumers nearing the end of life.

Staff have access to clinical pathways, policies and procedures to guide them in recognising and responding to a deterioration or change in a consumer’s condition.  The service has policies to guide staff in restraint, skin care and integrity, pain management and palliative care. Staff were able to describe the high impact and high prevalence risks for consumers within the service.

Registered staff completed all wound care. Registered nurses stated they received education on wound care and had the knowledge, skills and equipment to provide safe effective wound care. A review of wound care demonstrated wounds were attended according to directives.

Consumers’ files demonstrated pain assessments were completed and pain management strategies were reviewed and evaluated. Where appropriate, consumers were referred to specialists. Pain assessments, pain level monitoring records, medication documentation demonstrated effective pain management. Care plans and progress notes evidenced the use of both pharmacological and non- pharmacological strategies.

Consumer care documentation demonstrated that all consumers who had a physical or chemical restraint had been reviewed by a medical officer and had current authorisations in place. Restraint authorisations identified the reasons for restraint, the risks involved, and the alternative interventions that had been attempted. Although staff were able to provide examples of alternative strategies implemented for consumers, the Assessment Team identified some inconsistencies in the documentation of alternatives including the effectiveness of medications. At the time of the visit, the service committed to following up with to ensure this is documented. Representatives confirmed restraints were discussed with them before they provided consent for the restraint.

Clinical Managers and registered staff advised they consulted with medical officers to reduce psychotropic use where possible. Documentation evidenced regular review of medications.

Clinical incidents were recorded on the service’s electronic care management system and were included in monthly clinical indicator reports. Data was used to inform improvements.

The organisation had policies to guide infection control practices. Registered and care staff were able explain strategies to minimise use of antibiotics. Incidents of consumer infection were recorded on the electronic care management system and the data contributed to the monthly clinical indicator reports. Staff vaccination records for staff were maintained.

The Assessment Team completed an Infection Control Monitoring Checklist as part of the Assessment Contact and found the service’s outbreak management plan was incomplete and efforts to minimise the risk of COVID-19 infection were compromised.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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 completed an Infection Control Monitoring checklist and identified a range of deficiencies in relation to the service’s preparedness for a COVID-19 outbreak, including in relation to the service’s outbreak management plan, staff practices and signage. For example:

* The service’s outbreak management plan did not contain list of allocated roles and contact details, a floor plan, key points of contacts other than Public Health Unit. The plan also did not include a process for clinical handover and guidelines or protocols for communication, contingency plans for electronic records and the transfer of consumers to hospital.
* Staff were not observed to be social distancing in communal and work areas.
* There was minimal signage located throughout the building in relation to density and donning and doffing of personal protective equipment.
* Management advised that the service had an informal surge workforce contingency plan in the event of an outbreak. Additional cleaning staff and cleaning supplies would be sourced from the organisation’s other residential services. The service was reviewing its emergency response plan and would update its emergency workforce planning as part of the review.

The Approved Provider’s response received on 17 October 2020 provided both additional clarifying information and a range of actions implemented to address the deficiencies identified by the Assessment Team in relation to the service’s preparedness for a COVID-19 outbreak, including (but not limited to):

* The service’s Outbreak Management Plan and associated folders have been or will be updated to include the information identified in the Infection Control Monitoring Checklist, such as rosters, staff roles and contact details, consumer details, updated floor plans and processes for clinical handover.
* Prepared additional signage in relation to social distancing and density relevant to COVID-19.
* A business continuity plan is in development and will include education for staff.

Whilst I acknowledge the Approved Provider’s submission and the information relating to the service’s updated COVID-19 outbreak management plan and additional infection control measures recently implemented, these were not adequately in place during the Assessment Contact visit to minimise risk. Therefore, I find 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.

* Requirement 3(3)(g) – Ensure that infection-related risks are minimised through implementing standard and transmission-based precautions to prevent and control infection, particularly in relation to COVID-19 outbreak management.