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:** 14 April 2021

**Date of Performance Report:** 27 May 2021

# 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)(b) | Compliant |
| 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
* 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

The service demonstrated they conducted regular risk assessments to determine the most appropriate care to be provided to their consumers, which enabled high impact or high prevalence risks associated with care of the consumers to be effectively managed.

Consumers and representatives reported satisfaction with the safe care and attention provided by the service, which included being kept informed of assessments required following consumers’ changed health status, and/or care and services provided, by allied health professionals.

Care planning documents reflected the service identified risks associated with the care of the consumer and actions to remove or minimise the risk were implemented. Risks and actions were documented in care plans and communicated to staff.

Consumers administered psychotropic medications as a restraint were assessed and authorisations were generally obtained from medical officers and representatives. However, the Assessment Team identified that some of these consumers receiving psychotropic medications did not have a current signed authorisation from their representatives, only the initial authorisation; the Assessment Team concluded the lack of current authorisations does not increase consumer risk. Management advised some staff did not have a shared understanding of when a representative was required to sign a restraint authorisation form. I note management undertook to contact each identified representative and the medical officer, and ensure authorisations were up to date. I also note management committed to provide toolbox talks with staff to explain the organisation’s policy and reiterate the need for authorisations to be current.

Staff were aware of individual consumer’s risks and the risk management strategies which were being implemented; including managing risks associated with food allergies, transferring or mobilising, falls, weight loss and physical aggressive behaviours.

The service conducts clinical audits and analyses risks such as falls, medication incidents, pressure injuries and weight loss. Monthly clinical indicator data is completed at a service level, discussed at meetings and reported at an organisational level.

For the reasons detailed, I find this requirement is Compliant.

### 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 demonstrated infection related risks were minimised through the implementation of standard and transmission-based precautions and the implementation of practices that promoted appropriate antibiotic prescribing. The service had effective processes to reduce the risk of a COVID 19 outbreak.

Consumers were satisfied with care delivery, including the service’s practices to minimise and manage infections.

Reviewed care planning documentation verified clinical assessments had identified consumers who are at risk from infections and infection minimising care strategies were documented in care plans. Infection surveillance records noted actions taken in response to each individual consumer infection including medical officer referral and specimen testing. Monthly records tracked the total number of infections and the number of infections per infection type.

Management said infections were identified and documented, and each month infections were collated and analysed by registered staff. Clinical staff reported on organisational procedures and practices to promote appropriate antibiotic prescribing, which included checks undertaken by registered staff of prescribed antibiotic medication prior to administration and communication/monitoring by staff of consumers who have been prescribed antibiotics, for effectiveness and any adverse reactions.

Staff demonstrated a shared understanding of infection control/minimisation practices. Staff advised the critical strategy in infection control was hand hygiene, either by hand washing or by using hand sanitiser gel. Staff said they also wear personal protective equipment (PPE) and clean equipment after use.

The organisation had written procedures relating to infection control and practices to reduce the risk of resistance to antibiotics; an infection prevention and control handbook guides staff in standard and transmission-based precautions, hand hygiene, the use of PPE, waste management, outbreak management, infection surveillance, and there is a procedure to guide staff in how to manage multi-resistant organisms.

In response to the deficiencies identified at an Assessment Contact – Desk on 12 October 2021, management provided the Assessment Team with information about updates made to the service’s outbreak management plan and associated procedures. These included:

* A COVID-19 response plan had been developed.
* Checklists had been developed to guide and assist management and staff in the event of an outbreak; these checklists included the management of the outbreak response, the allocation of roles, for rostering and for required signage.
* The Outbreak management plan was updated in October 2020 and included information about allocated roles in the event of an outbreak, key contacts, the process for clinical handover, communication processes for consumers, consumers’ representatives and other organisations, the process to be used to transfer a consumer to hospital, and contingency plans for the loss of electronic information.

While the organisation offers influenza vaccinations to consumers each year and influenza vaccinations are mandatory for all staff, these had not yet been administered for 2021. Management said they had not yet been informed of the schedule to administer the COVID-19 vaccine to consumers.

Care staff were observed washing/sanitising their hands after providing consumer care, wearing appropriate PPE and wiping down equipment after use.

Restricted access for visitors had been implemented by the service as per Queensland Health Directive No. 25 and management acknowledged the lockdown period was due to conclude 15 April 2021. Management advised the service had no pending risks that would require the continuation of lockdown but said they would be required to follow the directions from their Head Office.

I note the service’s plan for continuous improvement, first prepared on 11 November 2020 and updated on 4 December 2020, further evidenced the service’s commitment to actions planned in relation to the outbreak management plan and associated procedures, which included a business continuity plan and ongoing education for staff on updated documents and hand hygiene and correct use of PPE.

 For the reasons detailed, I find 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.