CIMAS Nursing Service

Performance Report

23 Brisbane Road Newtown
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**Commission ID:** 700993

**Provider name:** CIMAS Nursing Services Pty Ltd

**Assessment Contact - Site date:** 7 October 2020

**Date of Performance Report:** 3 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 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **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.

# STANDARD 2 COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall sampled consumers and representatives interviewed by the Assessment Team confirmed that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives interviewed reported being involved in the initial assessment and ongoing planning of their care.

Consumers and representatives interviewed reported they are informed about the outcomes of assessment and planning and have access to their care and services plan if they wish. Consumers and representatives confirmed the service seeks input from others who contribute to the consumers’ care including their medical practitioner, allied health practitioners and family members.

Care plans reviewed by the Assessment Team demonstrated they are developed in consultation with the consumer and/or their representative and that they have been reviewed regularly and updated when changes have been required. Care plans demonstrated outcomes of assessment and planning are documented in a care and services plan that is available to the consumer. Staff interviewed are aware of the consumers’ needs and preferences and strategies to follow to ensure needs and preferences are met.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*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.*

# 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 Standard 3, therefore on overall compliance rating or summary statement 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.*

Consumers and representatives interviewed by the Assessment Team provided examples of infection control practices in accordance to the care provided to them. These examples were in accordance with infection control processes.

The service monitor consumer infections through ongoing review of progress notes and changes identified through the weekly clinical meetings and handover reports. Consumers are monitored for signs of infection which include changes in consumers behaviours and/or confusion. Staff receive education and reminders on ways to minimise infection including the correct use of skin wipes and ensuring consumers receive adequate hydration. The Nurse practitioner can prescribe antibiotics as needed in consultation with the consumer’s Medical officer and following results of pathology testing. The service is currently developing a clinical indicator and report form to monitor infections and anticipates this process will be introduced prior to the end of October 2020. Clinical resources include the service’s anti-microbial and infection control policy

The administration team identified staff are unable to work if they are unable to present at work and must be tested if they are symptomatic of COVID-19. Staff advised they screen all consumers prior to commencing services, however management confirmed staff do not complete a formal screening questionnaire prior to commencing services. Management said staff would report if a consumer is unwell and they would provide guidance to staff regarding commencing services. Management advised all staff are aware they are unable to present at work and must be tested if they are symptomatic of COVID-19. Management advised the service has appropriate stocks of personal protective equipment (PPE) available and staff have received training on the use of PPE and undertaken on-line training regarding hand hygiene and infection control. Management advised staff receive updates through the services intranet site which accessible through the staff members mobile phone.

Management provided a copy of the service’s COVID-19 infection control management plan for home and community care which includes specific details related to comprehensive actions in relation to COVID-19. Review of documentation by the Assessment Team and interview with management confirms the service’s preparedness and management in the event of an outbreak.

Consumers and their representatives have been encouraged to be vaccinated the 2020 influenza vaccination. Staff influenza vaccinations are not mandatory; however, the service has promoted vaccination and said 99% of staff received the influenza vaccination in 2020. Management also reported a small number of staff who displayed symptoms and were tested for COVID-19 and were not able to provide services to consumers until they tested negative.

The service provides online education on hand hygiene, use of PPE and infection control. Management are aware of State and Commonwealth legislative alerts and updates regarding COVID-19. This information is readily accessed by key personnel at each service. COVID-19 fact sheets are located in the outbreak management plan. Infection control documentation fact sheets include ‘5 moments for hand hygiene’ and how to access on-line learning including the ‘COVID Work Safe-And-Clean Training Program’. Observation of the service’s office environment by the Assessment Team identified an entry and exit register for all visitors to the premises, access and availability to hand sanitiser and wipes, cough etiquette signage on display in the kitchen and meeting room and PPE signage on display in the kitchen.

The Assessment Team noted there was no screening for COVID-19 on entry to the service and no evidence of a screening tool at reception as identified as a requirement in the service COVID-19 outbreak management plan. Also, there was no evidence of density signage or social distancing signage on display. In response to this feedback management identified entry screening should be completed for all visitors including the Aged Care Quality and Safety Commission Assessment Team and this process will commence. Management advised they are aware of social distancing requirements and they arranged desks in each room to meet social distancing requirements, however they did not display any signage as all staff are aware of the requirements. While the Assessment Team was on site management put up density signage.

# 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.