Casa D'amore Apartments

Performance Report

34 Park Street
COORPAROO QLD 4151
Phone number: 07 3849 0617

**Commission ID:** 5752

**Provider name:** Queensland Rehabilitation Services Pty Ltd

**Assessment Contact - Site date:** 3 November 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

|  |  |
| --- | --- |
| **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 infection control monitoring checklist completed 25 October 2020, and the infection control monitoring checklist completed 3 November 2020
* referral information received by the Commission.

# 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 decision or summary statement for the Standard 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 sampled by the Assessment Team advised they are confident in the service’s ability to manage an infectious outbreak should it occur and confirmed they have received information on how to minimise the spread of infections, such as handwashing and hand sanitising.

Staff interviewed by the Assessment Team demonstrated a knowledge of infection control practises relevant to their areas of responsibility. Staff advised they have received training in infection control and the donning and doffing of personal protective equipment (PPE), and have access to PPE and are aware of how to replenish stocks when required.

Registered staff and care staff advised the Assessment Team they encourage consumers to drink fluids, particularly those susceptible to urinary tract infections. Registered staff said that all consumers are offered annual influenza vaccination by their Medical officer. Staff advised they have had their annual influenza vaccination and were aware of the signs and symptoms of a consumer if unwell or have symptoms of a possible infection. Registered staff advised they monitor staff practice ensuring staff practice hand hygiene and use of PPE. Cleaning staff described increased cleaning schedules to maintain high touch point cleaning and how they are informed of any changes to consumers relating to infection risks. Care staff described the process followed when supporting someone in isolation and how they are updated at handover of all changes.

Registered staff interviewed by the Assessment Team were familiar with antimicrobial stewardship and advised pathology is collected, where possible, prior to the commencement of antibiotics. Consumers infections are reported and included in the service’s clinical incident data for analysis. Observation of the clinical handover by the Assessment Team demonstrated communication between staff regarding the conditions/changes in consumers.

The organisation has written policies and procedures relating to infection control management, including an Infection Control Policy and Plan and an Outbreak Management Plan. Management advised 93 out of 96 consumers and 100% of staff have received the 2020 influenza vaccination.

The Assessment Team observed signage and information on infection control is displayed throughout the service and hand washing stations and alcohol rub to be available throughout the service.

The Assessment Team interviewed a total of 16 consumers and representatives during the assessment visit, the majority of consumers/representatives were ‘understanding’ of the visiting restrictions in place due to COVID 19, visitation on Sundays is via appointment only. The CEO advised that whilst restrictions were in place for Sundays, the service rosters the Care Co-ordinator or an additional RN to screen visitors coming to the service. The CEO advised the organisation will continue to restrict visiting on Sundays until the Queensland borders are opened to all areas of New South Wales. The Assessment Team requested the visitation register for the four Sundays prior to the Assessment contact visit and noted an average of 15 visits by representatives or families had occurred.

On arriving at the service, the Assessment Team identified the scrolling information screen in administration was displaying inaccurate information. The Assessment Team identified the service had not updated the information to reflect Directive No.12, effective from 4.00pm, 16 October 2020 which advises the service is no longer in a ‘restricted area’ and visiting restrictions to Aged care facilities have been removed.

Consumers/representatives advised the Assessment Team the information about visitation was not consistent with what was advised by the media, what they have observed throughout the service on signage/notices or what is provided on the organisation’s media platforms. The Chief executive officer acknowledged they could understand how consumers and representatives/families would feel they are not receiving consistent information across all mediums and advised this will be reviewed.

Management advised a survey had been conducted in July 2020 in relation to consumer/representative satisfaction around the management of COVID-19 at the service. The Assessment Team were provided with results of the survey which identified 93 consumer/representatives completed the survey. Results identified a minority of consumers/representatives that disagree with the restrictions and on further discussion with management, it was acknowledged that the survey had been conducted in July 2020 when the restrictions had first been implemented and a follow up survey or evaluation had not been conducted.

The Assessment Team identified the service has processes in place to adequately address a potential COVID 19 outbreak. The service has also addressed deficits identified through an Infection control monitoring visit by the Commission on 25 October 2020.

Based on the information 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.