Disability SA Northgate

Performance Report

78-96 Dumfries Avenue
NORTHGATE SA 5085
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**Commission ID:** 6203

**Provider name:** Department of Human Services

**Assessment Contact - Site date:** 15 December 2020

**Date of Performance Report:** 15 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)(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 consumers, representatives, staff and others.

# 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 assessed Requirements (3)(b) and (3)(g) in Standard 3 as part of the Assessment Contact and have recommended these Requirements as met. All other Requirements were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirements (3)(b) and (3)(g) and find the service Compliant with these Requirements.

In relation to Requirement (3)(b), most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team found the service generally identified, assessed and managed high impact or high prevalence risks associated with the care of each consumer. Clinical assessment, including a range of risk assessment tools, and planning processes assist to identify consumer risks on entry and on an ongoing basis, including when incidents and changes to consumers’ health and well-being occur.

Five of six consumer files sampled demonstrated multiple key high impact and/or high prevalence risks, including in relation to behaviour, falls, skin, continence and nutrition had been identified. Care planning documents included individualised strategies for staff to minimise and/or manage identified risks for consumers.

The Assessment Team’s report indicates one consumer has an ongoing, stage three pressure injury to the ankle which the service did not classify prior to a specialist review which occurred eight days preceding the Assessment Contact. The Assessment Team also identified the service has not completed wound management charting in line with the service’s process, updated skin and pain management care plans following alterations in the consumer’s skin integrity or staff consistently reviewed the consumer’s pain levels in relation to the pressure injury.

I have considered that the Assessment Team’s report indicates a ‘lesion’ to the consumer’s ankle was identified in August 2020 with the description changing to an ‘ankle wound’ eight days later. The Assessment Team’s report indicates the Medical officer has regularly reviewed the consumer’s wounds and appropriate treatment strategies have been initiated. The consumer’s care plan includes strategies to minimise skin integrity risks, including use of pressure relieving devices. Whilst two wound assessment records indicate the consumer complained of pain, the Assessment Team notes the consumer is prescribed regular pain relief and twice daily massages to assist with management of pain.

Whilst the service had not classified the wound, evidence in the Assessment Team’s report indicates issues relate to documentation. The Assessment Team’s report does not indicate the wound has deteriorated or that the wound was not well managed, treated or reviewed. Additionally, the Assessment Team’s report does not indicate that by the service not classifying the wound as a stage three pressure injury this has impacted on the consumer’s clinical care.

In relation to Requirement (3)(g), the service demonstrated practices to support the minimisation of infection related risks through standard and transmission based precautions to prevent and control infections, including COVID-19. A sample of consumer files viewed demonstrated staff utilise appropriate measures to minimise the use of antibiotics and staff interviewed demonstrated an awareness of antimicrobial stewardship principles.

Observations generally demonstrated appropriate staff practices in relation to handwashing and use of personal protective equipment. Staff have undertaken a range of infection control training, including COVID-19 and use of personal protective equipment. There are processes to monitor staff, volunteer and visitor influenza vaccination records.

Clinical indicators, including medication, skin, behaviour, falls and infections are reported monthly and trended quarterly. Data is discussed, including strategies and interventions for individual consumers, through monthly meeting forums.

Based on the information detailed above, I find the provider, in relation to Disability SA Northgate, does comply with Requirements (3)(b) and (3)(g) in Standard 3.

### 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.*

### 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.*

# 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.