Dunbar Homes Salisbury

Performance Report

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**Commission ID:** 6139

**Provider name:** Dunbar Homes Incorporated

**Assessment Contact - Site date:** 20 November 2020

**Date of Performance Report:** 8 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff
* the provider’s response to the Assessment Contact - Site report received 14 December 2020
* the Performance Assessment Report for the Assessment Contact conducted on 31 August 2020.

# STANDARD 3 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant. All other Requirements in this Standard were not assessed.

The Assessment Team assessed Requirement (3)(g) in this Standard and have recommended this Requirement as not met. The Assessment Team found the service was unable to demonstrate effective standard and transmission-based precautions to prevent and control infection. Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with Standard 3 Requirement (3)(g). I have provided reasons for my findings in the respective Requirement below.

This Quality Standard was assessed as Non-compliant following an Assessment Contact conducted on 31 August 2020 as Requirement (3)(b) was assessed as Non-compliant. However, this Requirement was not re-assessed or considered at this Assessment Contact and remains Non-compliant.

### Assessment of Standard 3 Requirements

### 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 found the service was unable to demonstrate effective standard and transmission-based precautions to prevent and control infection. The Assessment Team provided the following information and evidence relevant to my finding:

* There was inadequate supply of personal protective equipment (PPE) and associated disposal equipment for staff to use, and monitoring processes to control and ensure adequate stock of PPE were ineffective.
* Staff interviewed were unfamiliar with the location and storage of PPE and if current supplies were adequate in the event of an infectious outbreak.
* The Assessment Team observed PPE trolleys, being used for consumers in isolation for infection control purposes, did not contain appropriate or sufficient PPE.
* Staff were observed entering two consumers’ rooms who had been isolated due to potential infections without using the correct procedure for putting on and taking off PPE to minimise infection risks. Staff were observed to not be wearing PPE or using hand sanitiser in accordance with best practice and recommended guidelines.
  + Not all staff have completed PPE competency assessment or handwashing assessment, nor were familiar with the service’s outbreak management in the event of a COVID-19 outbreak.
* Staff observed incorrect or inadequate signage in relation to infection control information and practices.
* The service’s entry screening processes in relation to COVID-19 were not utilised for all people entering from the community.
* Clinical documentation was inadequate in relation to COVID-19 swabs taken for consumers following a SA Health directive for facility-wide testing.
* Clinical documentation indicated two consumers who displayed signs/symptoms of COVID-19 and were tested for this infection, were not isolated in their rooms in accordance with relevant infection control guidelines.
* The service’s outbreak management plan for COVID-19 did not contain all relevant information to support the effective management of an outbreak.

The Approved Provider’s response indicates they accept the Assessment Team’s findings and provided information about remedial actions taken to date and indicated further actions to improve infection control practices will be forthcoming. These actions include (but are not limited to):

* Engaged a consultant to improve the service’s outbreak management plan and understanding of appropriate prevention and management strategies in relation to a COVID-19 outbreak.
* Completed a service-wide PPE stocktake, developed a PPE monitoring spreadsheet and ordered required PPE supplies.
* Staff have participated in several training sessions in relation to correct PPE usage and infection control and spot check audits have been completed to monitor staff knowledge.
* Signage and information in relation to infection control information has been placed around the service.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

While I acknowledge the Approved Provider’s commitment and responsiveness to the deficiencies identified by the Assessment Team, I find that at the time of the Assessment Contact, the service did not have effective staff practices and processes to minimise infection related risks. In coming to my finding, I have considered the Assessment Team observed staff practices which were inconsistent with guidelines for standard and transmission-based infection control precautions and did not ensure appropriate isolation of consumers who were potentially infectious with COVID-19. I have also considered that the service was found Non-compliant in relation to Standard 8 Requirement (3)(e) following an Assessment Contact on 31 August 2020 where it was found the service did not have an appropriate outbreak management plan to ensure effective management of a COVID-19 outbreak. At this Assessment Contact it was identified that the outbreak management plan for COVID-19 remained insufficient, including inadequate processes to ensure sufficient PPE supplies and that staff practices have been monitored and competency-tested to ensure the effective management of a potential COVID-19 outbreak.

For the reasons detailed above, I find Dunbar Homes Incorporated, in relation to Dunbar Homes Salisbury, Non-compliant with Standard 3 Requirement (3)(g).

# 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.

* The service has implemented an action plan to address the deficiencies identified by the Assessment Team and have included improvements which directly address the issues identified by the Assessment Team.
* In relation to Standard 3 Requirement (3)(g):
  + Ensure staff have appropriate and adequate training and monitoring in relation to PPE usage and infection control practices.
  + Ensure adequate supply and monitoring of PPE.
  + Ensure consumers are supported and monitored to isolate in their rooms where clinically indicated.
  + Ensure the service’s outbreak management plan contains all relevant information and processes to effectively manage a COVID-19 infectious outbreak.

# Other relevant matters

* Quality Standard 8 was assessed as Non-compliant following an Assessment Contact conducted on 31 August 2020 as Requirement (3)(e) in Standard 8 was assessed as Non-compliant. This service’s performance in relation to the Requirement has not yet been re-assessed.