Dunbar Homes Salisbury

Performance Report

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**Commission ID:** 6139

**Provider name:** Dunbar Homes Incorporated

**Assessment Contact - Site date:** 11 February 2021

**Date of Performance Report:** 3 April 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** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 provider did not submit a response to the Assessment Contact - Site report.

# 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) as part of the Assessment Contact. All other Requirements in this Standard were not assessed.

The compliance of the Quality Standard is not assessed as the only two requirements assessed were assessed as Compliant.

### 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.*

This Requirement was found Non-compliant following an Assessment Contact on 31 August 2020. The Assessment Team found the organisation was unable to demonstrate blood glucose levels (BGL) were reviewed, monitored and documentation was completed in line with the diabetic management plan for a sampled consumer.

I am of the view that the Approved Provider complies with this requirement for the following reasons:

* The organisation has implemented several actions in response to the Non-compliance identified at the Assessment Contact undertaken on 31 August 2020 including implementing a risk register for consumers who are at risk - including consumers at low risk. High risk consumers are discussed at meetings and strategies are implemented when needed; and
* The Assessment Team viewed care planning documentation for six consumers who were identified as having high impact or high prevalence risks, including diabetes management, behaviours and swallowing management. The documentation demonstrated that strategies had been implemented, charted and evaluated; and
* Consumers interviewed confirmed the care provided was safe and right for them and involved strategies for minimising harm and optimising their health and well-being; and
* All staff interviewed were able to describe what is considered as high risk for consumers during all care needs and clinical care, including high falls, pressure area care, wound care, behaviours and medication management; and
* The service has discussed the risks associated with diabetes management with the consumer sampled in the previous assessment contact and completed a risk assessment.

### 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted 20 November 2020. The Assessment Team found the service had effective clinical governance systems in relation to the provision of clinical are and minimising the use of restraint. However, the service was unable to demonstrate effective standard and transmission-based precautions to prevent and control infection.

I am of the view that the Approved Provider complies with this requirement for the following reasons:

* actions to address the non-compliance have been undertaken since the non-compliance was identified at the previous Assessment Contact including stock take of PPE, all staff trained in correct use of PPE and competency assessed including conducting scenario’s; and
* Consumers and representatives interviewed said they were happy with the way the service manages any infections consumers have had; and
* Staff were able to demonstrate an understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately. Staff used examples, including “pushing fluids when someone may have a urinary tract infection but doesn’t have any symptoms”.
* Clinical indicators show all infections are recorded and analysed every month to monitor for any potential spread of infection.
* Antibiotic usage is analysed, collated and trended within the service and reflected in the monthly clinical report. This is discussed at Clinical governance meetings and clinical staff work with the pharmacy and Medical Officer to minimise overuse and ensure the correct antibiotic is used.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(e) in relation to Standard 8. All other Requirements were not assessed and, therefore, an overall rating of the Standard is not provided.

The Requirement assessed is assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

Requirement (3)(e) was found Non-compliant following an Assessment Contact conducted 21 August 2020.

I am of the view that the Approved Provider complies with this requirement for the following reasons:

* The Assessment Team discussed the service’s plan for continuous improvement in relation to Requirement (3)(e) which demonstrated the service have implemented improvements to address the issues identified; and
* The service engaged an external Consult to provide independent guidance to complete the development of their COVID-19 Outbreak Management Plan. On the 23 November 2020, the service management team met with the external consultants and undertook a review and audit of their processes, including the COVID-19. Management Plan. The COVID-19 Outbreak Management Plan was finalised on 30 December 2020 and all staff have received the relevant training; and
* The Clinical Governance Framework was again revised in late 2020. The framework incorporates clinical care, quality and safety, financial viability, risk, complaints, antimicrobial stewardship, minimising use of restraint and open disclosure; and
* The service has a culture of open disclosure and admitting errors. This was confirmed by staff and examples were provided where open disclosure was used; and
* Staff could describe strategies in relation to antimicrobial stewardship which have been implemented to ensure consumers finish their tablets. The service was in the process of developing an information tool/presentation for consumers to help education about the importance of completing 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.