Eldercare Allambi

Performance Report

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**Commission ID:** 6183

**Provider name:** Eldercare Inc

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

**Date of Performance Report:** 19 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** | **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, consumers/representatives and others
* the Approved Provider’s response to the Assessment Contact - Site report received 2 March 2021
* the infection control monitoring checklist completed 11 February 2021.

# 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.

The Assessment Team assessed Requirement (3)(g) in this Standard, all other Requirements in this Standard were not assessed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(g) in this Standard as not met. The Assessment Team found the service was unable to demonstrate minimisation of infection related risks through standard and transmission-based precautions. The Approved Provider submitted a response to the Assessment Team’s report.

Based on the Assessment Team’s report and the Approved Provider’s response I find Eldercare Inc, in relation to Eldercare Allambi, to be Non-compliant with Requirement (3)(g) in this Standard. I have provided reasons for my finding in the respective Requirement below.

### 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 minimisation of infection related risks through standard and transmission-based precautions. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed staff practices do not always support effective infection control to prevent and control infection, including:
  + A staff member was observed to enter a consumer’s room without using personal protective equipment (PPE) with the knowledge that PPE may be required.
  + Several linen skips had PPE stored inappropriately and a staff member used a linen skip without undertaking appropriate hand hygiene prior to undertaking further care activities.
* A consumer (Consumer A) was diagnosed with a respiratory infection which required them to be isolated to prevent the spread of infection. However, progress notes and staff interviews indicate Consumer A was not effectively isolated during their infectious period.
  + A further seven consumers residing in the same area as Consumer A also tested positive to the same respiratory infection during the same period Consumer A was exhibiting signs of the respiratory infection and was not effectively isolated.
* Seven consumers residing in the same area presented with same and/or similar symptoms of a respiratory infection. However, two of the seven consumers did not have additional pathology testing outside of COVID-19 to confirm presence of a respiratory infection. A specific respiratory infection was confirmed in two other consumers in this group.
* Three consumers residing in the same area presented with the same and/or similar symptoms of a respiratory infection, however, did not have additional pathology testing outside of COVID-19 to confirm infection. One of these three consumers did not have isolation precautions implemented when the consumer continued to present with symptoms of a respiratory infection.
* Several consumers tested positive for an infection which required consumers to be isolated. While actions were taken by staff to isolate the consumers when symptoms presented, clinical documentation did not include information as to when consumers had recovered from their illnesses or guidance for staff as to when PPE was no longer required.
* Four consumer files which indicated these consumers had histories of urinary tract infections and/or recurrent urinary tract infections, did not always have alternative or preventative strategies to prevent/manage the infections.
* The Approved Provider submitted a response to the Assessment Team’s report and acknowledged some deficiencies in some areas required improvement. However, the Approved Provider provided further information and clarification to some evidence and findings in the Assessment Team’s report and assert this demonstrates effective systems to minimise infection related risks through implementing standard and transmission-based precautions. The Approved Provider included the following information and evidence relevant to my finding:
* In relation to staff practices associated with PPE, a memorandum has been sent to staff to reinforce that staff are required to wear PPE if clinically indicated and that gloves are not be placed on or under linen skips. The service has implemented a new process to monitor staff compliance with these instructions.
* In relation to consumers who were not tested for respiratory infections outside of COVID-19, the SA Health Disease Surveillance Unit indicated that all consumers pathology tested for COVID-19 up until August 2020 were automatically tested for other respiratory infections. However, since that time, it is determined by the medical officer as to what pathology testing is required for individual consumers.
* In relation to clinical documentation which did not guide staff as to when PPE was no longer required for consumers isolating due to symptoms of respiratory infections or confirmed respiratory infections, a progress note was submitted for one consumer indicating directions for isolation to cease.
* In relation to consumers with histories of and/or recurrent urinary tract infections, the Assessment Team’s report highlights staff interviewed were able to articulate how they detect, treat, communicate and monitor consumers with infections, with care plans including relevant information. This included care plans providing staff with strategies to support minimisation of risk of reoccurring urinary tract infections and progress notes indicating appropriate action is taken in response to potential urinary tract infections.
* Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

In coming to my finding, I have considered that the Approved Provider has demonstrated effective practices to support consumers with recurrent urinary tract infections, including practices to support appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. However, in relation to the management of potential and actual respiratory infections, I find the staff practices have not supported minimisation of infection related risks through standard and transmission-based precautions.

In coming to my finding, I have considered that Consumer A, who was diagnosed with a respiratory infection which required them to be isolated to prevent the spread of infection, was not effectively isolated during their infectious period, potentially exposing other consumers residing in the area to an infectious risk. Seven other consumers residing in this same area were diagnosed with the same respiratory illness. I have also considered that another consumer residing in a different area and who was exhibiting signs and symptoms of respiratory infection was not effectively isolated.

I have also considered that while the Approved Provider asserts pathology testing is prescribed by the medical officer, I find the number of consumers presenting with signs and symptoms of respiratory infections, in the context of confirmed respiratory infections, should indicate to clinical staff potential infectious outbreaks which require confirmation of infection pathology. In these instances, while clinical staff are not responsible for the prescription of pathology tests, they are responsible for ensuring medical officers are provided with all relevant information, including knowledge of positive infections for consumers who are exhibiting the same and/or similar signs and symptoms of infections.

While the Approved Provider submitted evidence to support that directions to cease additional PPE usage for a consumer who was isolating due to a respiratory infection, I find there were several other consumers identified in the Assessment Team’s report who did not have this information documented to support appropriate staff practices in relation to infection control.

I acknowledge that since the Assessment Contact, the service has sent a memorandum and introduced monitoring of staff practices relating to PPE usage, however, at the time of the Assessment Contact, staff practices did not support expected practice to prevent and control the spread of infection.

For the reasons detailed above, I find Eldercare Inc, in relation to Eldercare Allambi, to be 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.

* In relation to Standard 3 Requirement (3)(g), the service should seek to ensure:
* Where consumers are required to be isolated due to confirmed and/or potential infections, staff practices support effective isolation of the consumer to prevent and control the spread of infection.
* Support and encourage medical officers to prescribe pathology testing in accordance with confirmed infections for consumers residing in the same area who are presenting with the same and/or similar signs or symptoms of infection.
* Documentation clearly outlines cessation of PPE where infections have resolved.
* Day-to-day staff practices support effective infection control.