Estia Health Toorak Gardens

Performance Report

401 Portrush Road   
TOORAK GARDENS SA 5065  
Phone number: 08 8431 5399

**Commission ID:** 6185

**Provider name:** Estia Investments Pty Ltd

**Assessment Contact - Site date:** 3 September 2020

**Date of Performance Report:** 6 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| 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 provider’s response to the Assessment Contact - Site report received on 29 September 2020.

# 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 Requirement (3)(g) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The Assessment Team found the service did not isolate one consumer who returned from hospital and who was awaiting a COVID-19 test in line with the organisation’s policy and their obligations under the *Emergency Management (Residential Aged Care Facilities No 7) (COVID-19) Direction 2020.* The Assessment Team alsoobserved staff preparing to enter the consumer’s room not adhering to donning and doffing instructions posted on the wall. The Assessment Team recommended Requirement (3)(g) as not met.

I have considered the Assessment Team’s report and the approved provider’s response to come to a view that the service is Non-compliant with this Requirement. I have provided the reasons for my decision 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 how they minimise infection related risks through the use of standard and transmission-based precautions to prevent and control and infection. In particular, the service did not ensure that one consumer who had returned from hospital and who was awaiting the results of a COVID-19 test remained in their room and isolated from other consumers. Further, the service did not demonstrate that all staff were following safe practices regarding donning and doffing personal protective equipment (PPE).

The Assessment Team provided the following evidence and observations in relation to the consumer who was isolating:

* The Assessment Team was advised by management that one consumer had returned from hospital on the morning of the Assessment Contact visit and was currently isolating in their room while awaiting COVID-19 test results. Management said the consumer was not exhibiting any signs or symptoms of COVID-19 or other respiratory illness but was being isolated in accordance with the organisation’s policy for consumers who had returned from hospital.
* The consumer is accommodated in a single room with shared bathroom facilities, which can be shared by up to three people. The Assessment Team observed a trolley outside of the consumer’s room with PPE, including gowns, masks and gloves and signage indicating the consumer was isolating.
* The Assessment Team observed the consumer to leave their room unescorted, walk down the corridor holding onto the handrail and into the shared bathroom.
* The Assessment Team was advised by management that the consumer has a commode in their room and the consumer was aware not to leave their room. The Assessment Team observed staff cleaning the shared bathroom and handrail after the consumer was returned to their room.

The Assessment Team observed two staff preparing to enter the consumer’s room not adhering to donning and doffing instructions posted on the wall. One staff member assisted the other staff member with their gown and then did up their own gown without hand sanitising in between.

The Assessment Team conducted interviews with staff and management and reviewed relevant documentation. Information provided included:

* Staff interviewed described how infection control processes have been implemented since COVID-19, including increased cleaning practices, the wearing of masks by staff when within 1.5 metres distance of consumers, social distancing, and the requirement to work at one aged care service.
* Clinical staff described the processes to be initiated in the event of an outbreak and said they have access to policies and procedures on the Intranet site.
* The service has documented infection control and outbreak management policies and procedures, including a COVID-19 management plan.
* Training records confirmed staff have participated in on-line learning related to infection control, the identification of COVID-19 and its management in an aged care setting.
* Infection control records showed 100% of staff and approximately 96% of consumers have had influenza vaccinations in 2020.

The approved provider’s response indicates they do not agree with the Assessment Team’s findings and provided further supporting evidence and documentation. This information included:

* The approved provider said the consumer has no cognitive impairment and had agreed to stay in their room. The approved provider said the consumer was not isolated in the normal sense of the word and that the term was misleading. There was no statutory requirement or Government Direction nor guidance for the consumer to be ‘isolated’; and nor is it Estia Health policy. The approved provider said remaining in the room as a general proposition was a risk minimisation strategy and implementing a physical barrier to the consumer leaving their room would be an infringement to her rights.
* The service said they had not placed signage on the door stating the consumer was isolating.
* Strategies for isolation of consumers is included in the service’s COVID-19 Companion Resource for Self-Assessment. The approved provider outlined the strategies which may be used if consumers were being isolated; however, none of these were in place for the consumer. If isolation is required, the consumer is issued with a commode (with dispensable pan).
* Staff undertook cleaning of the bathroom and handrail as a precautionary measure and was initiated by the service’s Infection Prevention and Control Champion.

The approved provider agreed there was a failure by staff to follow infection control procedures. While staff had already completed an on-line learning module, a skills assessment on donning and doffing was released by the organisation on 25 August 2020. The skills assessment has been completed by the Infection Prevention and Control champion by 100% of the staff.

* An infection control audit was undertaken by the Quality Business Partner and found the service to be compliant in all required areas.

I acknowledge the service has been responsive by staff completing the ‘Skills assessment – donning and doffing’, and an infection control audit.

I note from the submission by the approved provider that it is not Estia policy for consumers to be isolated in their room following their return from hospital. I also note, however, that this is contrary to the information provided to the Assessment Team by management of the service.

I find that at the time of the Assessment Contact visit, the service was not fully complying with their obligations under the *Emergency Management (Residential Aged Care Facilities No 7) (COVID-19) Direction 2020*. The Direction dated 14 August 2020 states:

*“The operator of a RACF must ensure that a resident of the RACF who has undertaken a COVID-19 test remains isolated and segregated from other persons in accordance with the directions of an authorised officer until the result of the test is known.”*

This Direction was in place in South Australia and dated 14 August 2020, which was prior to the Assessment Contact visit. Given this Direction, the consumer should have remained isolated until the results of their COVID-19 test was known.

For the reasons outlined above, I find Estia Investments Pty Ltd, in relation to Estia Health Toorak Gardens, is Non-compliant with Requirement (3)(g) of Standard 3.

# 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.

**Standard 3 Requirement (3)(g)**

* Ensure staff continue to be aware of the circumstances under which consumers are to be isolated.
* Ensure staff continue to maintain appropriate practices for the donning and doffing of PPE.