James Grimes Care Centre

Performance Report

35 Doolan Street   
NAMBOUR QLD 4560  
Phone number: 0754410708

**Commission ID:** 5959

**Provider name:** Sundale Ltd

**Assessment Contact - Site date:** 14 October 2020

**Date of Performance Report:** 8 December 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** | **Non-compliant** |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | 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 Infection Control Monitoring Checklist completed by the Assessment Team on 14 October 2020.
* The provider’s responses to the Assessment Contact - Site report and Infection Control Monitoring Checklist received on 2 November 2020 and 9 November 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 Assessment Team did not assess all requirements specific to this Standard. However, one specific requirements has been found non-compliant, therefore the overall rating for the Standard is 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.*

Consumers interviewed by the Assessment Team gave positive feedback about the service’s management of screening, infection control and communication relating to COVID-19. Consumers stated they were satisfied with the infection control hygiene practiced by staff, such as hand washing.

Staff demonstrated an understanding of how they assessed risk and took steps to prevent, detect and control the spread of infections and minimise the need for or use of antibiotics. Registered and care staff demonstrated knowledge of antimicrobial stewardship, infection control and infection minimisation strategies. They stated they have received training on COVID-19, hand hygiene and the use of appropriate personal protective equipment.

The organisation had written policies and procedures relating to infection control and practices to reduce the risk of resistance to antibiotics. Registered staff and management stated there were processes in place to monitor the use of antimicrobials and to actively reduce the use of antibiotics.

Staff were aware of the actions they must follow if they present with influenza type symptoms, including staying home and completing a COVID-19 test, informing the service manager of the results and not returning to work until cleared to do so.

The service maintained an influenza vaccination register. The Assessment Team identified all staff have received an influenza vaccination.

The Assessment Team observed a number of COVID-19 prevention strategies had been implemented at the service, including use of hand sanitiser, appropriate signage, screening processes, social distancing and use of personal protective equipment.

Whilst the organisation had developed an organisation-wide Outbreak Management Plan (OMP), the Assessment Team found that the service had not developed a site specific COVID-19 Outbreak Management Plan and was unable to demonstrate that the service was prepared and could manage a COVID-19 outbreak. The service’s management confirmed this and further noted the organisation’s OMP had not been reviewed since March 2020 and is not specific to COVID-19, and they were unable to identify the service’s nominated outbreak coordinator.

The service’s management advised the Assessment Team they would prepare service specific information to enable the service to manage a COVID-19 outbreak.

The Approved Provider’s response received on 9 November 2020 referred to documentation created by the Approved Provider to address the deficiencies identified by the Assessment Team. The submission included a service specific Infection Control Plan to be read in conjunction with the organisation’s Outbreak Management Plan and Emergency Response Plan. The Infection Control Plan contained relevant contact details for the service in the event of a COVID-19 outbreak at the service.

While the Approved Provider has implemented some actions to address the findings of the Assessment Team, including the creation of a service specific Infection Control Plan, at the time of the Assessment Contact visit the service had not developed a service specific COVID-19 Outbreak Management Plan. Furthermore, the newly created and revised documents provided by the Approved Provider have not adequately addressed all the recent deficiencies identified in the Assessment Team’s Assessment Contact Report and Infection Control Monitoring Checklist. Therefore, the service is non-compliant in this requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers interviewed by the Assessment Team stated they were supported by the service to do the things they liked to do and to keep in touch with people who were important to them. They had access to equipment and resources to enable them to be as independent as possible and participate in activities. Consumers indicated they were satisfied with the quality and quantity of the food and they could get snacks between meals if they were hungry.

Care plans included information about consumers’ emotional, spiritual and psychological well-being and identified consumers’ preferences for activities and outings. The care planning documents also reflected consumers’ dietary needs and preferences.

Staff advised the Assessment Team they knew the consumers because the service was relatively small and they felt able to provide extra support to consumers and assist them to engage in activities. Staff said there was additional support from a social worker if consumers required such support. Staff advised they were informed about changes to a consumer’s condition, needs or preferences either verbally, electronically or in progress notes and at handover. Care staff stated any changes to dietary needs was communicated through action alerts, handover and updated care plans.

Lifestyle care documentation was individualised and provided a life story about the consumer and their likes and dislikes. The Lifestyle coordinator said lifestyle staff tailor activities to suit the preferences of consumers. Lifestyle and care staff stated the service’s management was responsive to requests for additional lifestyle items and equipment. A range of lifestyle activities were available and the activities were reviewed quarterly and discussed at monthly consumer meetings.

The chef attended the monthly consumer meetings to receive feedback on the meals. The menu was seasonal and changed every quarter. The Assessment team found the kitchen and servery areas were clean and tidy and staff were employing appropriate food safety protocols.

Maintenance staff advised electronic maintenance systems were in place and the service had a reactive and preventive schedule to ensure consumer equipment was maintained and fit for purpose.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers interviewed by the Assessment Team stated they felt safe in the service and found the environment comfortable and homely. They said their visitors felt welcome. Consumers and representatives stated they could find their way around the service and were free to go outdoors when they wanted to. They said staff were available if they needed assistance.

The Assessment Team found the environment was clean, well-maintained and easy to navigate around. They observed that consumers could freely access indoor and outdoor areas such as the internal courtyards, lounge areas, the computer lounge, and the movie room. The Assessment Team found the furniture, fittings and equipment at the service was safe, clean and well-maintained. Mobility aids and hoists were in good condition and stored securely. Equipment in the kitchen and laundry was clean and appeared to be well-maintained.

Maintenance staff said they ensured the environment was safe and well-maintained with scheduled preventative maintenance and reactive maintenance. Maintenance issues were reported and actioned in a timely manner. Maintenance staff had contact numbers for contractors to manage after hours maintenance. Maintenance staff said mobility equipment such as hoists and chairs were regularly checked and serviced to ensure they were safe and fit for use. A review of the preventative maintenance records demonstrated regular maintenance of equipment was completed.

Cleaning staff advised the Assessment Team that they clean consumers’ rooms and high-touch areas more often as part of the service’s infection control measures.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# 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.

* Requirement 3(3)(g) – ensure infection related risks are minimised through implementing a site specific Outbreak Management Plan.