Japara Noosa

Performance Report

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**Commission ID:** 5972

**Provider name:** Japara Aged Care Services Pty Ltd

**Assessment Contact - Site date:** 10 September 2020

**Date of Performance Report:** 13 October 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 |

# 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
* the provider’s response to the Assessment Contact - Site report received 2 October 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 in Standard 3 and therefore an overall summary of the Standard is not provided.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as 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 identified the service had not implemented an effective infection control program in relation to its preparedness for a potential COVID 19 outbreak. Staff practices did not support effective infection control processes. A staff member was observed by the Assessment Team leaving a consumer’s room, without undertaking hand sanitising or hand washing prior to entering another consumer’s room. Another staff member was observed to open a rubbish bin using their hand as the foot pedal to the rubbish bin was broken. Staff were observed by the Assessment Team to be gathered in a designated smoking area and the staff members were not following social distancing practices.

The Approved provider in its written response to the Assessment Team’s findings has not disputed the observations of the Assessment Team. The Approved provider has expressed regret regarding the conduct of the two staff members and stated counselling and further training on infection control and hand washing competencies have been undertaken. The Approved provider has acknowledged signage at the service was inconsistent and insufficient and additional signage has been installed including density and social distancing signage. A memorandum was sent to staff on 10 September 2020 reminding staff of their social distancing responsibilities in the smoking area.

Pre-entry screening and entry processes were not effective in ensuring staff and visitors do not pose infection risk to consumers. While the Assessment Team were informed and observed a screening process exists at the main entrance of the service, the Assessment Team identified two alternative entrances to the service which were not supervised and did not contain screening equipment or declaration documentation. The Approved provider in its written response to the Assessment Team’s findings has acknowledged there may be confusion for visitors as there are many entry points to the service. The Approved provider has stated three additional check in stations have been established, each station contains a sign-in register, a health declaration form, thermometer, hand sanitiser and sanitising wipes. Communication has been provided to consumer representatives regarding the check in stations. I note however, the responsibility of completing the sign-in register, recording of temperature and completion of health declaration forms rests entirely with the visitor to the service, and the Approved provider has not considered or documented how compliance with these instructions will be undertaken or considered who will be reviewing the information completed by visitors prior to them entering the service and potentially putting consumers at risk of a COVIC 19 outbreak. The Approved provider has stated in its written response to the Assessment Team’s findings that an exit keypad has been installed in one wing of the service (noted to be a separate building by the Assessment Team) to ‘enhance the safety and security’ of consumers who live in the wing. I note however, the Approved provider has not documented consideration has been given to this additional security measure and the impact for consumers in relation to environmental restraint.

The Assessment Team noted staff do not enter the service through the main entrance and use an alternate entrance in order to access the electronic payroll system, which allows for staff to walk through consumer areas prior to being monitored for their health status. The Approved provider in its written response has stated the staff sign-in desk has been relocated to beside the electronic payroll system and staff have been reminded of the requirement to complete their temperature and sign-in documentation. I note however, the Approved provider has not documented that it has considered by moving the staff sign-in desk the risk of staff having access to consumer communal areas prior to completing screening processes has been eliminated. I am also concerned the Approved provider has not provided information to support how the monitoring of staff temperatures and health declarations will be undertaken or by whom.

The service had insufficient supplies of hand sanitiser and personal protective equipment to support safe work practices. The Assessment Team observed hand sanitiser stations throughout the service were empty and did not contain sanitising product. The Approved provider in its written response to the Assessment Team’s findings has documented a further 30 wall mounted sanitiser units have been installed throughout the service, and the service has an adequate supply of sanitising product. Hospitality staff have received further education regarding the dispensers and will be responsible for checking the dispensers daily. The Assessment Team observed the service did not have a supply of face shields or N95 masks at the time of the Assessment contact. The Approved provider in its written response to the Assessment Team’s findings states 25 face shields were secured on the day of the Assessment contact and 600 N95 masks were delivered 28 September 2020. A stock supply has been developed to ensure sufficient staff is located at the service.

The Assessment Team observed signage was not displayed in relation to density, social distancing or proper cough etiquette. Staff communal areas, including offices, elevators and staff tea rooms, did not contain density signage. The Assessment Team observed a group of staff members in the smoking area who were not practicing social distancing. The Approved provider in its written response to the Assessment Team’s findings has acknowledged signage around the service was inconsistent and insufficient. The Approved provider has placed additional signage around the service, including density, social distancing and cough etiquette signage.

While the service has an Outbreak management plan, the Assessment Team identified the service was not fully implementing the strategies of the Outbreak management plan, including controlled entry screening processes, sufficient personal protective equipment, appropriate hand hygiene practices, social distancing and appropriate signage throughout the service. The Approved provider in its written response to the Assessment Team’s findings has committed to refining and updating the service’s Outbreak management plan.

I acknowledge the actions the Approved provider has taken in relation to protecting the safety of its consumers and preparing the service for a potential COVID19 outbreak. These actions however have been implemented following the Assessment Team’s findings and observations 10 September 2020. These actions will require time to be implemented and evaluated for their effectiveness. It is my decision the minimisation of infection related risks was not in place at the time of the Assessment contact. The Approved provider’s monitoring processes had not identified the deficiencies noted by the Assessment Team. It is my decision therefore; this Requirement is non-compliant.

# 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 is required to fully implement the strategies of the Outbreak management plan to ensure the safety of consumers by decreasing the risk of a COVID19 outbreak.