Japara Trevu House

Performance Report

1-13 Deland Avenue
Gawler East SA 5118
Phone number: 08 8522 1045

**Commission ID:** 6843

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

**Assessment Contact - Site date:** 1 December 2020

**Date of Performance Report:** 5 January 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 and others
* the Infection control monitoring checklist completed at the Assessment Contact – Site 1 December 2020
* the approved provider’s response to the Assessment Contact - Site report received 16 December 2020.

# STANDARD 3 NON-COMPLIANTPersonal 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 relation to Standard 3. All other Requirements in this Standard were not assessed.

The Assessment Team found the service’s standard and transmission based precautions to prevent and control infections were not effective. Additionally, the Assessment Team found the service was not adequately prepared for an outbreak of COVID-19.

The Assessment Team recommended Requirement (3)(g) in Standard 3 as not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 3 Requirement (3)(g) and find the service Non-compliant with Requirement (3)(g). I have provided reasons for my findings in the specific 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 did not have effective standard and transmission based precautions to prevent and control infections and was not adequately prepared for an outbreak of COVID-19. This was evidenced by the following:

* The outbreak management plan did not contain site specific or sufficient detail to guide staff practice in the event of a COVID-19 outbreak.
* The floor plan did not identify personal protective equipment donning and doffing stations, bathrooms or how staff would be apportioned to each area.
* Staff interviewed confirmed they had not sighted the outbreak management plan and could not outline their roles and responsibilities or associated risks in the event of a confirmed COVID-19 case.
* Volunteers have not been provided infection control training and there is no oversight of volunteer competencies.
* Entry screening processes were not in line with best practice and included outdated material.
* Staff were observed not to be wearing personal protective equipment in line with State directives and poor infection control practices were observed.
* Three consumer files viewed demonstrated signs of infection are not consistently identified and swabs and/or samples for pathology are not obtained in a timely manner resulting in a delay of treatment of infections.

The approved provider’s response consisted of a Plan for continuous improvement and associated documentation demonstrating the approved provider is proactively addressing the issues identified in the Assessment Team’s report. The plan includes actions and outcomes and indicates most actions have been implemented, including:

* Reviewed and updated the COVID safe plan, Outbreak management resource folder, floor plan and screening process.
* Education for staff in relation to the COVID safe plan, personal protective equipment, including competencies, antimicrobial stewardship and recognising deteriorating residents.
* Infection control training, including personal protective equipment for volunteers.

I acknowledge the approved provider’s response and the associated documentation provided. However, based on the Assessment Team’s report and the approved provider’s response, I find that at the time of the Assessment Contact the service’s infection control processes, specifically in relation to prevention and management of COVID-19 were not effective. Outbreak management plan information was not sufficient to guide staff practice in the event of a COVID-19 outbreak, staff had not sighted the pan and were not aware of their roles and responsibilities in the event of a confirmed COVID-19 case. Additionally, the Assessment Team observed poor staff infection control practices, including in relation to use of personal protective equipment. Whilst the approved provider’s response demonstrates the service have been proactive in addressing the issues identified in the Assessment Team’s report, the service’s own monitoring processes had not identified the issues highlighted by the Assessment Team.

For the reasons detailed above, I find the approved provider, in relation to Japara Trevu House, Non-compliant with Requirement (3)(g) in 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 have the skills and knowledge to:
* Identify, report and appropriately manage signs and symptoms of infection for consumers.
* Ensure policies, procedures and guidelines in relation to infection control and management, in particular COVID-19 are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to infection control and management, including COVID-19.
* Review the service’s infection control preparedness monitoring processes, including in relation to infection control documentation, staff practices and regulatory compliance.