Kingia/Tandara High Care Facility

Performance Report

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**Commission ID:** 7846

**Provider name:** SwanCare Group (Inc)

**Assessment Contact - Site date:** 28 July 2020

**Date of Performance Report:** 4 September 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)(b) | Non-compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 11 August 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 assessed Standard 3 Requirements (3)(b) and (g) as part of this Assessment Contact visit. No other Requirements within this Standard were assessed.

The Assessment Team have recommended Requirement (3)(b) is met. Based on the information collected by the Assessment Team’s in relation to this Requirement and Standard 3 Requirement (3)(g) I consider this Requirement is Non-compliant. While the Approved Provider’s response made no reference to this Requirement specifically it did include evidence of remedial action taken since the Assessment Contact visit to address gaps in relation to managing high impact risks associated with the care of consumers showing symptoms of gastroenteritis.

The Assessment Team have recommended Requirement (3)(g) is not met. Based on the Assessment Team’s report and the Approved Provider’s response I consider Requirement (3)(g) is Non-compliant. I have detailed the reasons for my decisions under the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found the service has policies and procedures in place to support the workforce to deliver safe and effective personal care and clinical care.

Documents reviewed by the Assessment Team confirm there is regular assessment and planning of consumer’s clinical and personal care. Care plans are updated following an incident or decline in health.

During interviews with the Assessment Team clinical and care staff described the high impact and high prevalence risks for specific consumers (including those who experienced frequent falls, displayed behaviours, and had weight loss) and described the strategies in place to manage the risks – which ones were effective and what was done when they were ineffective. Registered nurses reported that staff are able to include alerts on the electronic care management system including the need to monitor consumers’ dietary intake or the need to ensure bed rails are in place and monitored in line with the service’s policies and procedures. Care staff advised handover sessions at the commencement of each shift are used to share information with them about changes to a consumer’s condition. Cleaning staff spoke of how they alert care staff when they see a consumer in a high-risk situation.

The Assessment Team observed staff in the secure unit continued to monitor consumers as they went about their required tasks and on several occasions were noted to approach a consumer to distract them to avoid conflict or intrusion into other peoples’ spaces. Staff were noted to be respectful and caring towards consumers.

During interviews with the Assessment Team consumers and representatives generally confirmed they consider they receive timely personal and clinical care that is safe and right for them, provided in the manner they have requested, for example:

* Two representatives said staff always inform them when there is a change in the consumers’ condition (such as when they experience a fall, an injury or weight loss is identified). Staff also provide them with information regarding the outcome of specialist reviews. One representative gave the following example:
  + One consumer with limited mobility and a high risk of developing pressure-related injuries has been reviewed by the allied health team and a customised wheelchair provided. The representative stated they have confidence staff will manage the consumer’s physical needs and they consider their mental health by ensuring they are still able to get outdoors for walks and enjoying the company of their large family.
* Two consumers stated staff answer the call bells promptly and provide assistance when requested to ensure their safety when walking, going to the toilet or getting in and out of bed.
* Consumers and representatives confirmed they have access to appropriate clinical and other specialists to manage their complex health needs, including when there has been an incident affecting them.

A representative of a deceased consumer contacted by telephone expressed concern about the clinical care provided to the consumer when they developed symptoms of gastroenteritis in February 2020.

The Assessment Team reviewed records relating to this consumer who first developed diarrhoea on 20 February 2020. Bowel charts record the consumer had more than 20 bowel motions between 20 and 25 February, the majority of which were described as large and loose. A stool sample collected on 22 February confirmed the presence of a gastroenteritis pathogen on 25 February. Records of care for this consumer made between 20 and 25 February indicate staff were not sufficiently monitoring their hydration status, considering the increased frequency of large loose bowel motions, to minimise the risk of dehydration which presented a high impact risk to their health. The consumer was transferred to hospital on 26 February and died on 28 February.

The Approved Provider submitted a response to the Assessment Team’s report on 11 August 2020. The Approved Provider’s response acknowledges there is room for improvement in the areas identified by the Assessment Team. The Approved Provider:

* Confirmed the outbreak of gastroenteritis was contained to seven consumers and was declared over in 16 days, and noted an investigation identified the source of the infection was external to the service.
* Submitted evidence of clinical meetings held in March and April 2020 which made mention of encouraging nurses to educate assistants in nursing to use the ‘Stop and Watch’ tool to identify deteriorating consumers (April allied health meeting – three nurse attendees) and encouraging nurses to familiarise themselves with infection control requirements in relation to COVID-19 (March meeting – 20 clinical attendees).
* Appointed an infection control portfolio holder on 17 July 2020 whose role includes assisting the outbreak coordinator as required.
* Included evidence of action initiated after this Assessment Contact visit including but not limited to providing education to staff about identifying and responding to a consumer experiencing diarrhoea and identifying and managing clinical deterioration.

While the Assessment Team did collect information relating to the service effectively managing routine, expected high impact or high prevalence risks associated with the care of each consumer (such as falls, weight loss, challenging behaviour and impaired swallowing) I am not satisfied the high impact risk of dehydration associated with the unexpected outbreak of gastroenteritis in February 2020 was effectively managed or that the action taken between February and the Assessment Contact visit has sufficiently addressed this. Discussions at meetings prior to the Assessment Contact visit did include infection control and the role of assistants in nursing in identifying the deteriorating consumer but neither were linked to discussion about the outbreak.

For the reasons detailed above I find at the time of the Assessment Contact visit the service is Non-compliant with Standard 3 Requirement (3)(b).

### 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 demonstrated effective management of infection related risks in relation to (3)(g)(ii) above however, the service did not demonstrate effective systems were in place to minimise infection related risks through implementing standard and transmission-based precautions to prevent and control infection specifically in relation to an outbreak of gastroenteritis in February 2020.

The Assessment Team found that although the service has an infection prevention and control program that is in line with national guidelines, they did not recognise and manage the outbreak of gastroenteritis according to the organisation’s infection prevention and control policies and procedures. Specifically, the Assessment Team found the service did not activate the organisation’s outbreak management plan when two consumers showed gastrointestinal symptoms from 16 February or when both stool specimens from these consumers returned positive for a pathogen causing gastroenteritis on 20 and 21 February 2020 and did not conduct a formal review of how the outbreak was managed to identify opportunities for improvement. The service declared the outbreak on 25 February 2020 when seven consumers had returned positive pathology confirming the presence of a gastroenteritis causing pathogen.

During interviews with the Assessment Team clinical management confirmed toolbox training was commenced on 17 February to remind staff about infection control practices such as hand washing and the use of personal protective equipment. Diary entries confirmed these informal education sessions occurred however no attendance lists were available for review.

Documentation reviewed by the Assessment Team confirmed attendees at a clinical meeting on 21 February recognised an outbreak situation and the need to isolate affected consumers. On 26 February the outbreak was discussed at an organisational heads of department meeting. Attendees discussed the need to limit staff movement across multiple sites (as is normal practice) and to continue with infection control training. In general, records of the outbreak timeline were not chronological or consistent, contained incorrect dates, and were difficult to follow in relation to what infection control measures were put in place and when.

The Approved Provider submitted a response to the Assessment Team’s report on 11 August 2020. As referred to above the Approved Provider’s response acknowledges there is room for improvement in the areas identified by the Assessment Team. The Approved Provider advised the outbreak was declared on 25 February 2020 (at which time seven consumers had been confirmed as having gastroenteritis) and was declared over on 3 March 2020. The Approved Provider maintains staff were trained to be diligent with their infection control measures which limited the spread to the seven known symptomatic consumers as at 25 February 2020. The Approved Provider submitted evidence of remedial action initiated after the Assessment Contact visit including revising their outbreak management policy, developing an easy to follow flowchart to guide staff in managing suspected or confirmed outbreak situations and providing staff with training on the updated policy and new flowchart.

I acknowledge the Approved Provider’s position that the outbreak was restricted to seven consumers, and that they have been proactive in making improvements since the Assessment Contact visit. Despite this, I consider the service was Non-compliant with Requirement (3)(g) at the time of the Assessment Contact visit for the following reasons:

* An outbreak of gastroenteritis was not declared until 25 February 2020 when seven consumers were affected despite information indicating the organisation’s criteria for declaring an outbreak was met on 17 February, when two consumers were symptomatic. A delay in recognising an outbreak situation can result in a delay in implementing a comprehensive infection control management plan to minimise infection-related risks to consumers.
* Available records suggest action taken to assess, detect, prevent and control the infectious outbreak was not immediate and comprehensive, occurring over nine days. Diary records indicate staff were reminded of the importance of handwashing and infection control processes, including use of PPE, from 17 February. Meeting minutes indicate the need to isolate symptomatic consumers was considered at a clinical meeting on 21 February, and the need to stop staff movement across multiple sites was included in minutes of a heads of department meeting on 26 February. The outbreak was restricted to the seven known symptomatic consumers on the date the outbreak was declared (25 February) suggesting what was in place from that date was effective.
* The service’s own monitoring systems did not identify gaps in how promptly transmission-based precautions were implemented to prevent and control infection. As a result, remedial action was not taken prior to the Assessment Contact visit occurring.

For the reasons detailed above I find the service Non-compliant with Standard 3 Requirement (3)(g).

I consider the Assessment Team’s concerns about the absence of a formal review of how this outbreak was managed, and record keeping in relation to infection control management strategies and the outbreak’s timeline of events more closely align with aspects of Standard 8 Requirement (3)(c) and are considered below.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Standard 8 Requirement (3)(c) as part of this Assessment Contact visit. No other Requirements within this Standard were assessed.

The Assessment Team have recommended Requirement (3)(c) is not met. Based on the Assessment Team’s report and the Approved Provider’s response I consider Requirement (3)(g) is Non-compliant. I have detailed the reasons for my decision under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team identified concerns in relation to the information management and regulatory compliance aspects of this Requirement.

The Assessment Team found that although the service has an infection prevention and control program that is in line with national guidelines, they did not follow important aspects of the relevant policies and procedures in relation to this outbreak. Specifically, the Assessment Team found the service did not report the outbreak to the Metropolitan Communicable Disease Control (MCDC) as required, did not conduct a formal review of how the outbreak was managed to identify opportunities for improvement, did not maintain sufficient records of action taken in response to the outbreak, and did not maintain thorough, chronological records of the outbreak for the purposes of reporting to the MCDC.

Documentation reviewed by the Assessment Team included the organisation’s policy on management of gastroenteritis outbreaks which states in part *“a gastroenteritis outbreak is defined as two (2) or more cases of vomiting or diarrhoea over a 24-hour period”*. The organisation’s Post Outbreak Review document indicates the MCDC should be notified within 24 hours of an outbreak being identified.

The Assessment Team found the service did not inform the MCDC of the outbreak until 25 February 2020 despite two consumers displaying symptoms of gastroenteritis on 16 February, and both returning positive pathology for a gastroenteritis pathogen by 22 February. The service indicated they had a number of telephone conversations with staff at the MCDC between 20 and 25 February but records of these discussions were not made.

The Approved Provider submitted a response to the Assessment Team’s report on 11 August 2020 which included the completed formal review of the February outbreak which confirmed the delay in recognising the outbreak and delay in reporting it to the MCDC, and gaps in uploading outbreak-related documents.

I acknowledge verbal advice that staff liaised with the MCDC from 20 February 2020, and documentary evidence of the service being proactive in making improvements since the Assessment Contact visit. Despite this, I consider the service was Non-compliant with Standard 8 Requirement (3)(c) specifically in relation to information management, regulatory compliance and continuous improvement, at the time of the Assessment Contact visit for the following reasons:

* The service did not report an outbreak of gastroenteritis to the MCDC as required by their infection control policy and procedure and did not identify and address this as part of their own quality monitoring processes.
* The service did not document discussions with the MCDC which occurred between 20 and 25 February, during one of which staff were directed to monitor for further cases and did not identify and address this as part of their own quality monitoring processes.
* The service did not make thorough records of when their outbreak management plan was implemented, including maintaining clear records of the sequence of events and action taken to manage the spread of infection before 25 February 2020 and did not identify and address this as part of their own quality monitoring processes.
* The service did not conduct a formal review of how the outbreak was managed to identify opportunities for improvement and did not identify and address this as part of their own quality monitoring processes.

For the reasons detailed above I find the service Non-compliant with Standard 8 Requirement (3)(c).

# 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)(b)**

* Ensure care staff can demonstrate an accurate understanding of how vomiting and/or diarrhoea associated with gastroenteritis can affect consumers.
* Ensure care staff can demonstrate an accurate understanding of the requirement to promptly report vomiting and/or diarrhoea to clinical staff and continue to monitor and report until a clinical review occurs.
* Ensure clinical staff can demonstrate an accurate understanding of what action should be taken to monitor a consumer’s hydration status when they have vomiting and/or diarrhoea associated with gastroenteritis.
* Ensure clinical staff can demonstrate an accurate understanding of when vomiting and/or diarrhoea associated with gastroenteritis should be escalated to a medical practitioner for review.

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

* Ensure care staff can demonstrate an accurate understanding of what symptoms are associated with gastroenteritis and that they should be reported to clinical staff promptly.
* Ensure clinical staff understand the requirement to declare an outbreak of gastroenteritis as directed by the organisation’s relevant policy.
* Ensure relevant staff conduct a thorough assessment of the outbreak situation and implement a comprehensive management plan to minimise infection-related risks to consumers and staff.

**Standard 8 Requirement (3)(c)**

* Ensure clinical and management staff can demonstrate an accurate understanding of when an outbreak of gastroenteritis should be declared, and who this information should be escalated to.
* Ensure comprehensive records are made of the assessment of the outbreak situation and of the management plan.
* Ensure thorough and accurate records are made of all action taken in response to the outbreak situation, including communication with the Metropolitan Communicable Disease Control (MCDC) and training attendance records.
* Ensure relevant staff complete a formal review of the outbreak once it has been declared over, as required by the organisation’s relevant policy, to identify areas for improvement, if any.