Lions Haven For The Aged

Performance Report

9 Pendraat Parade
HOPE ISLAND QLD 4212
Phone number: 07 5530 8966

**Commission ID:** 5188

**Provider name:** Lions Haven for the Aged Limited

**Assessment Contact - Site date:** 17 November 2020

**Date of Performance Report:** 10 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | 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 9 and 10 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 Assessment Team did not assess all requirements of this Standard and therefore an overall summary for the Quality Standard is not provided. However, a recommendation of Not Met in one or more requirements results in a compliance rating of Not Met for the Quality Standard.

The Quality Standard is assessed as Non-compliant as Requirement 3(3)(g) has been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

Consumers and representatives are satisfied consumers receive safe and effective care that is right for them. Registered and care staff were aware of consumers’ care needs, and advised the service has policies and procedures to guide in the delivery of safe and effective care in relation to clinical and personal care needs including restraint, skin integrity and pain.

The Assessment Team reviewed clinical documentation including progress notes and care plans for consumers with varied clinical care needs such as diabetes, specialised dietary needs, swallowing deficits and chronic pain and identified that care delivered is individualised and supports the consumers’ health and well-being.

Clinical documentation evidenced staff providing assistance as required, medication being administered as prescribed, referrals to allied health specialists when a need is identified and the use of specialised equipment to support care delivery including the management of chronic pain and swallowing difficulties.

Staff interviewed by the Assessment Team demonstrated individual knowledge of consumers’ needs and preferences. For example, staff described how they assisted consumers who required specialised diets, pain management, and those who were at risk of falls.

Staff said they have ready access to consumer care plans and participate in staff handover. They advised that they escalate concerns to a registered nurse if the consumer’s condition changes or they have any concerns about the consumer’s care and well-being.

Registered nurses reported they have the knowledge, skills, equipment and support to provide safe and effective care. Policies and procedures are available to staff and are in line with best practice.

The organisation has implemented a number of improvements specific to this requirement, including:

* Management reported clinical and management staff were provided with training to support them in identifying and responding to changes in consumers’ clinical needs.
* Electronic prompts have been developed to alert staff to residents who may be unwell or who have experienced a change in their condition.
* Flow charts have been developed to support staff practice when a consumer experiences a deterioration in health, including for example, changes in mobility, recent hospitalisation and change in dietary needs.
* Increased involvement of senior clinical staff when reviewing those consumers who are identified as being at high risk.

For the reasons detailed, this requirement is Compliant.

### 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 organisation has policies and procedures relating to infection control and antimicrobial stewardship.

The Assessment Team found staff understood antimicrobial stewardship and could provide examples of how they applied this to their practice including working closely with medical officers to monitor and actively reduce antibiotic usage.

The organisation provided free influenza vaccinations to staff and the vaccination register confirmed 100% of staff have been vaccinated.

While the organisation was implementing a number of measures to reduce infection-related risks, the Assessment Team identified deficiencies in the service’s planning and preparedness for a potential outbreak of COVID-19.

The outbreak management plan had not been practiced and did not include a date when it had last been reviewed. The plan failed to provide sufficient information to guide staff (or a surge workforce) in the event of an outbreak of COVID-19. For example, details were lacking in relation to: key contacts, roles and responsibilities of the outbreak management team, communication processes, floor plans and donning and doffing stations, guidelines as to when to transfer a consumer to hospital should the consumer be positive for COVID-19.

The service could not demonstrate effective screening of staff and visitors prior to entering the service.

The Assessment Team observed inadequate signage relating to COVID-19 including information relating to symptoms, hand sanitising, social distancing and density signage. Information relating to visitor restrictions that was displayed, was not current.

Staff practices did not support minimisation of risk in relation to COVID-19. For example, social distancing was not being consistently practiced and staff were not wearing gloves or changing gloves when required.

Sanitiser wipes were not available in areas where equipment was shared, for example at computer stations or near telephones. The Assessment Team observed staff, sharing equipment without sanitising between use.

Limited supplies of personal protective equipment were accessible to staff and the Assessment Team noted goggles and face shields were not included in the outbreak kits they were shown.

I acknowledge the service has acted promptly to address these deficiencies including:

* revising and updating the outbreak management plan
* screening of consumers and staff who enter the service has recommenced
* signage has been implemented
* current COVID-19 fact sheets are available to visitors and staff
* increased hand sanitisers have been installed
* strategies to improve hand hygiene practices have been established
* sanitising of communal equipment is occurring
* staff have completed mandatory education in relation to COVID-19 and related infection control topics.

While these actions are occurring, I am concerned that at the time of the Assessment Contact, the service could not demonstrate capacity to effectively manage a potential outbreak of COVID-19. 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 must ensure that actions are taken to prevent and minimise infection-related risks, including the risk of a potential COVID-19 outbreak.