Marcus Loane House

Performance Report

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**Commission ID:** 0887

**Provider name:** Anglican Community Services

**Assessment Contact - Site date:** 27 January 2021

**Date of Performance Report:** 9 March 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
* The Assessment Team’s infection control monitoring checklist completed during the site assessment 27 January 2021.
* The provider’s response to the Assessment Contact - Site report received 18 February 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The Assessment Team identified while there are some precautions in place to prevent and control infections, deficits were identified with the service’s infection control program generally, and in relation to COVID-19.

The appointed infection prevention and control (IPC) leads interviewed by the Assessment Team were unaware of their designated role at the time of the site assessment and they did not have the required skills or knowledge to be competent at their job in providing advice and oversight as part of ongoing, day-to-day operations of infection prevention and control at the service.

The organisation has policy and procedures in place to support antimicrobial stewardship and appropriate antibiotic prescribing however application of the policy was limited in clinical files sampled by the Assessment Team.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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 while there are some precautions in place to prevent and control infections, deficits were identified with the service’s infection control program including the designated infection prevention and control lead, staff personal protective equipment practices, hand hygiene. Observed staff practices regarding appropriate antibiotic prescribing and use for optimal consumer care does not reflect best practice in consumers sampled.

The Assessment Team’s report includes most staff interviewed in relation to standard and transmission-based precautions were able to describe how they apply infection control practices in their day to day work however deficits were observed in staff practices.

The Assessment Team observed the organisation has a designated infection prevention and control lead, however staff interviewed were not aware of who the designated infection prevention and control lead was.

The organisation has a policy for antimicrobial stewardship with interviewed staff demonstrating an understanding of appropriate antibiotic use however there were gaps identified in the electronic documentation system for infection alerts and a review of clinical documentation indicated staff practices are not always in line with the policy.

The approved provider provided a response that acknowledges there is opportunity to improve practices tominimise infection related risks. The response included clarifying information to the report including the implementation of continuous improvement plans to develop the infection control lead role to assist the lead in their role and to enable them to have the skills, qualifications and knowledge to be competent in their role.

Following the assessment contact the approved provider has trained all staff on hand hygiene, donning and doffing and cough etiquette.

The approved provider has implemented a continuous improvement plan for antimicrobial stewardship that includes education to staff to promote appropriate antibiotic prescribing.

I have considered the Assessment Teams report and the approved provider response and I acknowledge the improvements being undertaken by the approved provider however, I find at the time of the performance assessment infection related risks were not being minimised through implementation of standard and transmission-based precautions to prevent and control infection.

I find this requirement 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 approved provider is required to:

Accreditation Standard 3: Personal care and clinical care

* Ensure minimisation of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection.
* Review and improve the processes for monitoring and addressing staff practices in relation to infection prevention and control.
* Ensure staff practices are in line with the organisational policy for antimicrobial stewardship.