Northcourt Nursing Home

Performance Report

7 Saunders Street
NORTH PARRAMATTA NSW 2151
Phone number: 02 9683 8034

**Commission ID:** 2604

**Provider name:** Christadelphian Homes Limited

**Assessment Contact - Site date:** 3 September 2020

**Date of Performance Report:** 30 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 provider’s response to the Assessment Contact - Site report received 24 September 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

Overall the representatives of the sampled consumers considered that the consumers receive personal care and clinical care that is safe and right for them. Consumers generally get care and services that supports their health and wellbeing. The assessment Team raised issues to do with identified deficiencies in the services preparedness to manage a potential COVID-19 outbreak.

One of the seven specific requirements was assessed and is non-compliant, therefore this Standard is also 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 found this requirement to be non-compliant. Although they were satisfied with practices around antibiotic prescribing, they did raise concerns regarding infection control precautions and practices.

They identified the service was not adequately prepared to respond effectively to a potential COVID-19 infectious outbreak. They identified the following areas of concern:

* While the service was developing an action plan, they did not have a comprehensive or detailed COVID-19 outbreak management program or plan in place.
* While additional infection control education and training support is planned, staff were not seen to be adequately trained or equipped on key aspects of COVID-19 infectious outbreak management on the day of this assessment contact. For example, some staff were not able to describe specific processes or procedures that would be put in place to respond to a COVID-19 infectious outbreak.
* The observations of some staff practices raised concerns about their ability to minimise cross contamination risks in the event of a COVID-19 infectious outbreak. They also observed poor practices in the storage of contaminated materials. They also observed personal protective equipment (PPE) was not being replaced as required for available use.

In their response, the approved provider submitted information to address the team’s findings:

* They believe their COVID-19 management/ response plan is detailed. It is specific to the requirements of the service and that it has been viewed by other agencies (including Public Health Unit - PHU). They said the PHU continues to provide ongoing support to maintain the plan’s currency.
* They have current information available to staff on COVID-19 and a recent ‘mock’ COVID-19 outbreak on 23 September has reinforced staff knowledge and education. Toolbox talks and education on infection control practices and COVID-19 responses remain ongoing. Including donning and doffing of masks and use of PPE.
* They will ensure PPE is replaced and readily available to staff. They have advised staff on correct processes to follow in wearing PPE.

Whereas I acknowledge the actions taken by the service since the date of the assessment contact to address issues raised by the Assessment Team, I am not satisfied this sufficiently addresses the observations of staff infection control practices and the safe storage of contaminated materials. The service must demonstrate it has addressed these issues sufficiently to minimise the risks of cross contamination and that staff are using PPE appropriately and following required infection control practices. This will require a period for the service to monitor these areas and ensure practices are sustained. This requirement is non-compliant.

# STANDARD 8 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

This Quality Standard is not assessed as one of the five specific requirements were assessed. The requirement assessed is found as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team were satisfied relevant systems and processes relating to the organisational governance underpinning the effective management of high-prevalence risks associated with the care of consumers is in place. Representatives of the sampled consumers expressed satisfaction with the way the service is run. Effective risk management systems and practices were generally seen to be in place. Evidence provided to the team showed that consumers are generally supported to live the best life they can. This requirement is 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.

# Ensure staff infection control practices are safe and effective, PPE is accessible, available and replaced and contaminated materials are stored safely. That these areas are monitored and reviewed to ensure consist practices are sustained.