Pennwood Village

Performance Report

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PENNINGTON SA 5013
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**Commission ID:** 6146

**Provider name:** Serbian Community Welfare Association of SA Inc

**Assessment Contact - Site date:** 9 September 2020

**Date of Performance Report:** 30 October 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** |  |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| 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 provider’s response to the Assessment Contact - Site report received on 6 October 2020.

# STANDARD 3 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 Requirement (3)(g) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The Assessment Team found the service did not demonstrate that all staff are following safe infection control practices in relation to the wearing of masks, good hand hygiene, distancing of 1.5 metres and spot cleaning of frequently touched areas, and recommended Requirement (3)(g) as not met.

I have considered the Assessment Team’s report and the approved provider’s response to come to a view that the service is Non-compliant with this Requirement. I have provided the reasons for my decision 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 was unable to demonstrate how they minimise infection related risks through the use of standard and transmission-based precautions to prevent and control infection.

The Assessment Team was not satisfied the service demonstrated there were appropriate infection control monitoring or other precautions in place for one consumer showing symptoms of upper respiratory tract infection.

* The Assessment Team noted from documentation that the consumer was unwell and not eating on 28 August 2020. The consumer continued to be unwell with symptoms of an upper respiratory tract infection. Clinical staff made a decision not to contact the Medical officer or family but to wait for the Medical officer’s weekly review on 3 September 2020. It was noted the consumer was not placed under appropriate infection control precautions, was not isolated from other consumers or from being in the common areas and had not been COVID tested prior to being reviewed by the Medical officer.
* The Assessment Team discussed with management why isolation and infection control procedures were not commenced for the consumer while awaiting medical review. Management was unable to clarify what additional cleaning precautions were taken for the five days while waiting for a medical review and could not clarify why the consumer had not been tested for COVID-19.

The Assessment Team was not satisfied that staff were following safe infection control practices in relation to staff not wearing of masks when attending to consumers or unable to maintain a 1.5 metre distance between themselves and consumers, not practising good hand hygiene and spot cleaning of frequently touched areas.

* The Assessment Team observed one staff member not wearing a mask when physically assisting consumers with mobility in corridors, and one staff member wearing a mask around their neck and then placing the mask over their mouth when seen by the Assessment Team when assisting a consumer in the corridor. The staff member was subsequently observed physically assisting another consumer without handwashing or using sanitising solution in between each consumer. Two staff members were observed entering consumer rooms without masks and gloves when placing morning tea on an over-way table or changing a water jug. The Assessment Team observed visitors not wearing masks and walking with consumers both inside and outside the service and conversing with other consumers in the communal areas.
* The above observations were discussed with management who acknowledged it is not always possible to adhere to the 1.5 metre distance rule in corridors when consumers are exiting their rooms and/or walking with their frames. Management said they were disappointed to hear staff not always wearing masks or using hand sanitiser as they had received training.
* While cleaning staff said the computer and telephone areas in each House are cleaned and wiped with disinfectant weekly, the Assessment Team noted a computer terminal in one of the Houses to be dirty and dusty. The Assessment Team discussed the observation with management who acknowledged this is an area which requires improvement and more frequent cleaning as it is used by staff on all shifts.

Consumer representatives said they were satisfied with cleaning and the assistance provided by staff when providing personal care to their family members.

Cleaning staff confirmed there were sufficient cleaning and PPE equipment. Care staff said there are masks and gloves in each consumer’s room which are worn when attending to consumer’s personal care needs. Staff said they have received Infection control and COVID-19 training and are reminded at handovers about maintaining good hand hygiene.

The approved provider submitted a response to the Assessment Team’s report and provided further supporting evidence and documentation on the improvements implemented since the Assessment Contact visit on 9 September 2020. These included:

* The introduction of personal protective equipment (PPE) donning and doffing competency assessments for staff who provide care and services to consumers. The approved provider said that as at 2 October 2020, 45 staff competencies had been completed, and the remainder will be completed by 16 October 2020.
* The approved provider said that the consumer who was unwell did not experience symptoms of an infectious respiratory illness and that the Medical officer on 3 September 2020 had stated that the consumer was for COVID testing if coughing. The service considered that isolating the consumer would trigger behaviours and increase their risk of falls.
* The service completed a recently introduced Infection Control audit which showed a compliance rating of 79%. Required actions are to be completed by the end of October 2020.
* A new process for monitoring that staff are correctly using PPE and washing and sanitising their hands has been created. Spot checks have been and will continue to be conducted by various staff across different shifts.
* The approved provider said when there was uncertainty about COVID-19 community transfer, the linen contractor was refused entry to the service, and staff were putting the linen away. Prior to entering, the contractor is screened on arrival and temperature checked. Management said with the reduction of risk, the contractor is putting linen away.

I acknowledge the service has been responsive by introducing donning and doffing competency assessments for staff and an additional process for monitoring that staff are correctly using PPE and washing and sanitising their hands. It is also noted that the Infection Control audit undertaken by the service showed 79% compliance and an action plan was created with actions to be completed by the end of October 2020. I also acknowledge that based on the Medical officer’s directive dated 3 September 2020, the consumer was not tested for COVID-19 and respiratory precautions were to be in place if the consumer was coughing.

However, based on the observations of staff practice made by the Assessment Team during the Assessment Contact visit in relation to infection control, including the wearing of masks, staff maintaining the 1.5 metre distance and using hand sanitising liquid between consumers, I find the service was unable to demonstrate an effective infection control system was in place.

For the reasons outlined above, I find the Serbian Community Welfare Association of SA, in relation to Pennwood Village, is Non-compliant with Standard 3, Requirement (3)(g).

# 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

The Assessment Team assessed Requirement (3)(c) in relation to Standard 8. All other Requirements in this Standard were not assessed.

The Assessment Team found the service did not demonstrate that all staff are following safe infection control practices in relation to the wearing of masks by staff, maintaining the 1.5 metre distance between themselves and consumers, and staff practising good hand hygiene and recommended Requirement (3)(c) as not met.

I have considered the Assessment Team’s report and the approved provider’s response to come to view that the service is Non-compliant with this Requirement. I have provided the reasons for my decision 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 found the organisation was not fully complying with the regulatory compliance obligations under the *Emergency Management (Residential Aged Care Facilities No 7) (COVID-19) Direction 2020* in relation to the use of personal protective equipment by staff.

In relation to regulatory compliance:

* The *Emergency Management (Residential Aged Care Facilities No 7) (COVID-19) Direction 2020* states that from 27 August 2020:
	+ “a personal who provides nursing, medical, allied health or personal care services to a resident at a RACF must wear appropriate personal protective equipment, in accordance with Australian Guidelines, at any time that they are providing those services and cannot maintain a distance of more than 1.5 metres from the resident”.
* During the Assessment Contact, the Assessment Team observed one staff member was not wearing a mask when physically assisting a consumer with mobility in the corridor and unable to maintain a 1.5 metre distance between themselves and the consumer. One staff member was seen with a mask around their neck and when coming out of the office to assist a consumer in the corridor, they placed the mask over their mouth when they noticed the Assessment Team. Two staff members were observed entering a consumer’s room without masks or gloves when providing a water jug and morning tea to the consumer. One staff member was observed to not use hand sanitiser between assisting consumers. Management stated to the Assessment Team it is difficult for staff to maintain a 1.5 metre distance between them and consumers while walking in corridors.
* The Assessment Team also observed two visitors who were not wearing masks walking around the service’s communal areas and corridors and within 1.5 metres of consumers. The service’s visiting policy is that visitors are to go directly to the room of the consumer they are visiting and enter the room via an external room. The policy is that visitors are not to go out into the service’s communal areas.

The approved provider submitted a response to the Assessment Team’s report and provided further supporting evidence and documentation on the improvements implemented since the Assessment Contact visit on 9 September 2020. These included:

* Management said staff had undergone training on infection control, COVID-19, and donning and doffing of PPE. Management said they were disappointed staff were not wearing masks.
* The service has introduced PPE donning and doffing competency assessments for staff. These are to be completed by 16 October 2020.
* The service has introduced a new Infection Control audit with an action plan. The audit had a compliance rate of 79% and actions are to be completed by the end of October 2020. The audit is scheduled to be redone in December 2020.
* A new process has been introduced for monitoring staff are correctly using PPE and washing and sanitising their hands. Spot checks have been and will be conducted to ensure staff are adhering to infection control processes.

In relation to Information Management:

* Hard copy information is uploaded into the service’s electronic consumer files and staff were observed by the Assessment Team accessing this information.
* Multi-lingual notices were observed at the entrance and throughout the service to provide information to consumers, visitors, staff and contractors on COVID-19 and various infection control requirements.
* Staff have access to COVID-19 information through Facebook, training and videos and the organisation’s Intranet site.

In relation to Continuous Improvement:

* The organisation has a Continuous Improvement Committee and Continuous Improvement Plan which captures suggestions from consumers, representatives and staff feedback.

In relation to Financial Governance:

* The organisation has a Business Manager who oversees financial governance with the assistance of a Financial Manager. Management said they can access funds to purchase required items quickly.

In relation to Workforce Governance:

* Management said the service has systems and processes which includes the recruitment of permanent and casual staff, as well as the contracting of Agency staff.
* On the day of the Assessment Contact visit, staff were undertaking one to one competency training, including hand sanitising and PPE donning and doffing.

In relation to Feedback and Complaints:

* The organisation has a feedback and complaints system which is used to improve care and services. Management said resident meetings provide an opportunity for consumers and representatives to provide feedback.

I acknowledge the service has been responsive by introducing competency assessments for staff and an additional process for monitoring that staff are correctly using PPE and washing and sanitising their hands. It is also noted that the Infection Control audit undertaken by the service showed 79% compliance and an action plan was created with actions to be completed by the end of October 2020.

During the Assessment Contact visit the Assessment Team observed staff were not always using masks when assisting consumers, and when they were unable to maintain a 1.5 metre distance in corridors or using hand sanitising liquid between consumers. The Assessment Team also observed visitors walking through communal areas, not wearing masks and not within a 1.5 metre distance of consumers. This was not in line with the service’s visiting policy which states visitors are to go directly to the room of the consumer they are visiting and enter the room via an external room, and that visitors are not to go out into the service’s communal areas.

Based on the above observations by the Assessment Team, I find the organisation was unable to demonstrate they were fully complying with the regulatory compliance obligations under the *Emergency Management (Residential Aged Care Facilities No 7) (COVID-19) Direction 2020* in relation to the use of personal protective equipment by staff. I also find that visitors were not complying with the service’s visiting policy of going directly to a consumers’ room and not going out in the communal aeras.

For the reasons outlined above, I find the Serbian Community Welfare Association of SA, in relation to Pennwood Village, is 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.

* Ensure staff wear masks when attending or assisting consumers.
* When staff are unable to maintain a distance of 1.5 metres between themselves and consumers, and especially in corridors, staff are to wear masks.
* Ensure visitors are made aware of and conform to the requirements in the service’s visiting policy.