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:** 6 April 2021

**Date of Performance Report:** 10 August 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** |  |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 27 April 2021
* the Performance Report dated 30 October 2020 for Assessment Contact conducted on 9 September 2020
* the Assessment Team’s report for the assessment contacted on 9 September 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 Standard 3. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(g) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact on 9 September 2020. The Assessment Team have recommended Requirement (3)(g) in this Standard as not met but have also included evidence of actions taken to address deficiencies identified which are detailed in the Requirement below.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and provider’s response to come to a view of Compliance with Requirement (3)(g) and find the service Compliant with Requirement (3)(g). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) 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.*

This Requirement was found Non-compliant following an Assessment Contact on 9 September 2020. The service was unable to demonstrate an effective infection control system based on observations of staff practice made by the Assessment Team which included the wearing of masks, staff maintaining the 1.5 metre distance and using hand sanitising liquid between consumers.

The Assessment Team’s report dated 6 April 2021 provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Training provided to all staff on infection control procedures.
* Purchased personal protective equipment (PPE) door hangers which are to be used when a consumer has been isolated to store appropriate PPE.
* Implemented observation of staff practice in relation to the wearing of PPE.
* All consumers had their infection care plans updated.

However, at the Assessment Contact conducted 6 April 2021, the Assessment Team found the service was unable to demonstrate they act in a timely manner when consumer’s display signs and symptoms of infection. This was evidenced by;

* Progress notes in the four months preceding the Assessment Contact show Consumer A experiencing a range of signs and symptoms, including laboured breathing, drowsiness, reduction in appetite and offensive smelling urine.
* While a urine sample was sent for pathology testing in December 2020, there is no documentation of follow up and outcome.
* A urine sample at the service in January 2021 indicated an underlying infection. A sample was sent for pathology testing the following day and actions recorded were for the doctor to review Consumer A.
* A Medical Officer review occurred 13 days later and an antibiotic was prescribed.
* A further Medical Officer review 27 days later indicated the infection had not resolved with the prescribed antibiotic and further antibiotic treatment was commenced.

The Assessment Team also presented evidence which indicated practices and processes to relation to standard and transmission based-precautions to prevent and control infection, including:

* The Assessment Team interviewed clinical and care staff who were able to demonstrate knowledge of managing infection related risks.
* The Assessment Team viewed a range of policies and procedures relating to infection control and staff confirmed they were easily accessible on the intranet.
* The Assessment Team viewed evidence the service has processes, such as daily progress note reviews, monthly clinical meetings to identify, monitor, trend and analyse infection risks for consumers
* The service has a policy on the ‘Process for suspected viral infection and isolation of a resident.
* Visitors are required to follow COVID-19 screening processes which include signing in, temperature check, relevant health declarations, evidence of flu vaccination and use hand sanitiser.
* Personal Protective Equipment (PPE) trolleys are located in each of the six areas, as well as additional PPE storage cupboards.
* Care staff are designated into areas, in order to minimise the potential spread of infection across the facility.
* Signage is located throughout the service regarding hand hygiene, cough etiquette, density and social distancing. Hand washing signs have been placed in each consumer’s bathroom above the basin.
* The service has conducted a second round of PPE competency training for all staff in line with current legislation. All staff have also completed additional hand washing training.

The provider submitted a response to the Assessment Team’s report and refutes the information in relation to Consumer A as being inaccurate and provided further information:

* Stated over the four month period, Consumer A had five urine samples sent for pathology testing, was reviewed by the Medical Officer and Locum four times in this period and commenced on antibiotics.
* The pathology report in December 2020 indicated to repeat testing if clinically indicated and the response indicates it was not clinically indicated.
* Provided a copy of the Minimising Infection Risks policy which contains information on antimicrobial stewardship, vaccinations and infection control practices.
* Outbreak evaluation which shows the service had analysed an infection related outbreak which occurred in February 2021.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a differing view to that of the Assessment Team. I find at the time of the Assessment Contact, the service was able to demonstrate minimisation of infection related risks through standard and transmission-based precautions to prevent and control infections and effective practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

In coming to my decision, I have considered how the service had managed Consumer A’s ongoing urinary tract infections and had undertaken relevant pathology testing to promote appropriate antibiotic prescribing. In addition, I have considered the response from clinical staff to the Assessment Team who were able to demonstrate knowledge of managing infection related risks through standard and transmission based precautions. In addition, I have considered the organisation’s policy and procedures which provides guidance to staff on antimicrobial stewardship, vaccinations and infection control practices.

For the reasons outlined above, I find Serbian Community Welfare Association of SA, in relation to Pennwood Village, is 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 Standard 8. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in Standard 8. This Requirement was found Non-compliant following an Assessment Contact on 9 September 2020. The Assessment Team’s report for the Assessment Contact dated 6 April 2021 included evidence of actions taken to address deficiencies identified which are detailed in the Requirement below.

The Assessment Team have recommended Requirement (3)(c) as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and provider’s response to come to a view of compliance with Requirement (3)(c) in this Standard and find the service Compliant with Requirement (3)(c). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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.*

This Requirement was found Non-compliant following am Assessment Contact on 6 April 2021. The service was unable to demonstrate they were fully complying with 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 (PPE) by staff. In addition, visitors were not complying with the service’s visiting policy.

The Assessment Team’s report for the Assessment Contact conducted 6 April 2021 provided evidence of actions taken to address the Non-compliance, including, but not limited to:

* Senior clinical staff conducted regular spot checks of staff and visitor practice to ensure appropriate use of PPE and maintaining appropriate social distancing.
* Updated policy and processes for suspected viral infections and isolation of consumers which are distributed to all nursing staff.
* Provided visitors information in relation to current restrictions.

In relation to other aspect of this Requirement, the Assessment Team found the organisation was able to demonstrate established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

Consumers receive information through resident and relative meetings, newsletters, activity planners and posters located throughout the facility. Information is provided in a variety of languages, primarily in Serbian as the service has a large population of consumers with Serbian heritage. The service provides a report to the Board prior to each meeting which includes information relating to issues, consumers, staff and quality management.

The service has a Plan for Continuous Improvement with improvements from a range of sources, including staff, consumers and/or representative feedback, management initiatives, audits and Commission visits.

In relation to financial governance, the service benchmarks financial expenditure and management states the Board is supportive when additional financial support is required and were able to provide examples.

The service has a process to manage the workforce. Overall, staff said they had enough time to complete their duties, there are enough staff and they do not feel rushed when providing care to consumers.

#### In relation to regulatory compliance, the service is subscribed to a range of subscription services and the service is aware of their responsibilities in relation to the Emergency Management (Residential Aged Care Facilities No 34) (COVID-19) Direction 2021.

Management provided examples of compliments and complaints from consumers and how the service responded. The service has a range of policies and procedures to support the capturing, actioning and analysing feedback to identify opportunities for improvement.

For the reasons outlined above, I find Serbian Community Welfare Association of SA, in relation to Pennwood Village, Compliant with Standard 8 Requirement (3)(c).

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.