Sheoak Lodge

Performance Report

Towers Road
MILLICENT SA 5280
Phone number: 08 8733 0150

**Commission ID:** 6510

**Provider name:** Limestone Coast Local Health Network Incorporated

**Assessment Contact - Desk date:** 18 May 2021 to 21 May 2021

**Date of Performance Report:** 10 June 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | 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 following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others.

# 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 and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 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.*

The Assessment Team were satisfied the service had an effective infection control system in place to prevent and control infection at a service level. However, deficiencies were identified in the analysis and organisational reporting of infections.

The service has implemented strategies for the management of infection related risks and has appropriate policies and procedures to guide staff practice with regard to the management of consumers’ infections, antimicrobial stewardship, including the use of antibiotics, and outbreaks, including COVID-19. Screening of all visitors to the service is undertaken and influenza and COVID-19 vaccination promoted. Staff described infection control processes, including the use of personal protective equipment (PPE), handwashing and cleaning of shared equipment. Staff and volunteer education programmes include infection control, hand hygiene and the use of PPE.

Consumer representatives interviewed are satisfied with staff adherence to infection control practices, including washing their hands, wearing gloves and ensuring the environment is regularly cleaned. Consumer representatives said they are provided appropriate information relevant to outbreak procedures and consumer infection.

Clinical and care staff demonstrated knowledge and understanding of antimicrobial stewardship principles and described practical strategies initiated to minimise the spread of infection, including the use of broad-spectrum antibiotics when clinically indicated. An example was provided of a consumer with a diagnosis of recurrent urinary tract infections who exhibited kidney pain and was prescribed a broad-spectrum antibiotic while awaiting a diagnostic culture result. The culture indicated colonisation of a specific bacteria and a change to a narrow spectrum antibiotic was implemented.

The service has an Environmental Hygiene Program, including a transmission-based precautions program which addresses additional cleaning requirements implemented where cohorting prevents the service from isolating consumers with potentially infectious symptoms in single rooms.

The Assessment Team was not provided evidence of governance reporting related to infections, trending or improvement actions in response to clinical data related to infections. Review of Infection Prevention Control reports reflected and increase in urinary tract infections in April 2021 compared to previous months. Management advised such trends are discussed verbally by the management team. The Assessment Team noted although data is collated regarding antibiotic usage, evidence of how this data is reviewed and analysed to inform antimicrobial stewardship was not provided.

Based on the information detailed above, I find Limestone Coast Local Health Network Incorporated, in relation to Sheoak Lodge, Compliant with Requirement (3)(g) in Standard 3.

**Areas for Improvement**

There are no specific areas 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.