St Andrew's Village Ballina

Performance Report

59 Bentinck Street
BALLINA NSW 2478
Phone number: 02 6620 5800

**Commission ID:** 2709

**Provider name:** St Andrew's Village Ballina Limited

**Assessment Contact - Site date:** 7 October 2020

**Date of Performance Report:** 10 November 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) | 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 26 October 2020
* the infection control monitoring checklist completed 7 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 did not assess all Requirements under this Standard, therefore an overall compliance statement or summary is not provided.

### 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.*

#### Consumers interviewed by the Assessment Team reported satisfaction with the responsiveness and management of infection related risks.

Staff demonstrated an understanding of how they assess risk and take steps to prevent, detect and control the spread of infections and minimise the need for or use of antibiotics. Staff described how they encourage hydration and monitor fluid consumption and complete an initial test for a urinary tract infection prior to commencement of antibiotics. Registered and care staff demonstrated knowledge of antimicrobial stewardship, infection control and infection minimisation strategies and reported they have received training that includes hand hygiene and the use of appropriate personal protective equipment (PPE) and receive ongoing annual mandatory education. Registered staff and management stated there are processes in place to monitor the use of antimicrobials and to actively reduce the use of antibiotics; such as working closely with the Medical officers and discussing antimicrobial stewardship through medication advisory committee meetings.

The service has written procedures related to the prevention and management of COVID-19. An Infection Control Monitoring Checklist in relation to a service risk assessment: COVID-19 status was completed by the Assessment Team, which included a review of the service’s Outbreak Management Plan.

The Assessment Team identified six volunteers’ vaccination records were not recorded on the register. Management advised they would follow up the vaccination register to ensure all records are entered.

Upon the Assessment Team’s entry to the service the staff member providing the screening did not request the Assessment Team to undertake a health screening, nor were the pre-entry screening questions about travel to areas including hotspots asked. The staff member also advised that visitors who did not have their influenza vaccination record could enter the service and provide the evidence electronically to the service by completing a form and providing a copy of proof of influenza vaccination to the administration office at a later date. Management advised no visitors to the service are permitted to enter the service if they do not provide evidence of a current influenza vaccination and clarified that the service provides a system where a regular visitor is provided with a card identifying the visitor has a current influenza vaccination record.

The service currently supports four staff members who work across multiple aged care services and/or multiple sites. management has risk assessed these staff as currently not required to wear additional precautionary PPE when working at the service, based on information provided by the local public health unit.

The Assessment Team observed one staff member cross from one consumer’s room to another consumer’s room without sanitising their hands and then shaking the hand of a visitor, who did not appear to be socially distanced when sitting at the bedside of a consumer. However, further observation demonstrated other staff across the service were regularly sanitising their hands after touching high touch points such as entering through doors, before and following care provided to consumers and following the handling of dirty linen. The Assessment Team also observed consumers and visitors in other areas of the service practising social distancing including in common areas, staff rooms and nurse’s stations.

While the Assessment Team observed no density signage throughout the service upon observation, consumers, visitors and staff were observed to be socially distanced within areas of the service. Management provided the Assessment Team with a drafted audit schedule to undertake measurements within the service and implement density signage. During the Assessment Team’s initial discussions with management regarding handover procedures in the event of an outbreak, management identified the service’s Outbreak management plan (OMP) did not address clinical handover arrangements, this was addressed by management prior to the Assessment Team leaving site.

Despite the Assessment Team identifying some deficiencies in the service’s preparedness for a COVID-19 outbreak, management at the service were able to rectify these issues while the Assessment Team were onsite. Therefore it is my decision, this Requirement is compliant.

# 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.