St Anna's Residential Care Facility

Performance Report

41 Burley Griffin Boulevard
BROMPTON SA 5007
Phone number: 08 8346 0955

**Commission ID:** 6144

**Provider name:** Croatian Ukrainian and Belarusian Aged Care Association of SA Incorporated

**Assessment Contact - Site date:** 29 November 2021

**Date of Performance Report:** 23 December 2021

# Performance report prepared by

Kerry Rochow, delegate of the Aged Care Quality and Safety Commissioner.

# 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.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 Performance Assessment Report for the Site Audit conducted 19 to 21 January 2021
* email correspondence from the Approved Provider, received on 7 December 2021, indicating they would not be submitting a response to the Assessment Team’s report.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(a) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at the Assessment Contact conducted 29 November 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found to be Non-compliant following a Site Audit conducted on 19 to 21 January 2021. It was found the service was unable to demonstrate assessment and planning informed the delivery of safe and effective care and services.

The Assessment Team found at the Assessment Contact conducted on 29 November 2021 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate assessment and planning informed the delivery of safe and effective care and services.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and find Requirement (3)(a) in this Standard to be Compliant. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 19 to 21 January 2021. It was found the service was unable to demonstrate it considered risks during assessment and planning to inform the delivery of safe and effective care, particularly in relation to consumers who experienced recurrent urinary tract infections. While the service had policies and procedural flow charts to guide staff on the management of infections in relation to identifying consumers who are at risk of urinary tract infections, it was found this was not sufficient to inform the delivery of safe and effective care. The Assessment Team found at the Assessment Contact conducted on 29 November 2021 that actions and improvements to rectify these deficiencies have been implemented including (but not limited to):

* Updates made to the risk assessment tool to include the identification of the risk of recurrent urinary tract infections.
* The continence and toileting assessment has been updated to include the identification of consumers at risk of urinary tract infections or whom have a diagnosis or history of urinary tract infections.
* The nutrition and hydration assessment was updated to include identifying consumers at risk of urinary tract infections and care interventions to ensure maintenance of healthy levels of hydration.
* The implementation of a water jug symbol placed discretely on documentation to identify consumers who require additional hydration.

The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers and representatives indicated they were satisfied assessment and planning, including the identification of individual risks, had been conducted through regular care plan reviews or when changes occur in their care needs.
* Consumer care files sampled demonstrated a range of clinical, personal and lifestyle assessments were completed on entry to the service, including falls, pain and malnutrition, and had been routinely reviewed every six months, or when a change in consumers’ health and wellbeing was identified.
* Clinical and care staff were able to describe their role in the assessment and planning process, advised they had received training in the identification of high risk consumers and strategies to minimise those risks, and stated high risk consumers are discussed during each handover.
* Clinical staff complete all admissions, assessments and evaluations; the lifestyle team take responsibility for completing all social and lifestyle assessments and evaluations.

For the reasons detailed above, I find Croatian Ukrainian and Belarusian Aged Care Association of SA Incorporated, in relation to St Anna’s Residential Care Facility, to be Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# 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 Requirements (3)(b) and (3)(g) in this Standard, all other Requirements in this Standard were not assessed. Therefore, an overall assessment of this Standard was not completed at the Assessment Contact conducted on 29 November 2021.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(b) and (3)(g) in this Standard. These Requirements were found to be Non-compliant following a Site Audit conducted on 19 to 21 January 2021. It was found the service was unable to demonstrate it effectively managed high impact or high prevalence risks associated with consumers’ care or appropriate use and prescription of antibiotics to minimise infection related risks.

The Assessment Team found at the Assessment Contact conducted on 29 November 2021 that actions and improvements to rectify these deficiencies have been effective and the service was able to demonstrate effective management of high impact or high prevalence risks associated with consumers’ care, minimisation of infection related risks and appropriate prescription and use of antibiotics.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and find Requirements (3)(b) and (3)(g) in this Standard to be Compliant. I have provided reasons for my finding in the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

This Requirement was found to be Non-compliant following a Site Audit conducted on 19 to 21 January 2021. It was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of some consumers, specifically in relation to consumers with reoccurring urinary tract infections. While the service had risk assessment tools and flow charts to support assessment and planning and systems to trend clinical incidents, there were deficiencies identified in the procedures to equip staff to effectively manage high impact or high prevalent risks to consumers, particularly in relation to the management of reoccurring infections and hydration of the consumers sampled.

The Assessment Team found at the Assessment Contact conducted on 29 November 2021 that actions and improvements to rectify these deficiencies have been implemented including (but not limited to):

* A specialised nursing assessment was developed to identify high risk nursing areas including recurring urinary tract infections or chronic infections.
* Updating of care documentation including the 7-day handover and daily allocation sheet to include consumers at risk of urinary tract infections.
* Modification to the stop and watch monitoring chart to include monitoring of consumer fluid intake.

The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers and representatives indicated they were satisfied they received care that is right for them and is documented on their care plan. Two consumers advised if they feel unwell staff arrange the medical officer to visit them.
* Six files reviewed demonstrates the service effectively manages the high impact and high prevalence risks associated with consumer care including the effective management of infection related risks, wounds, diabetes, falls and the management of pain.
	+ Three of the six files reviewed demonstrated effective management of risks of urinary tract infection through staff monitoring and escalation when possible infections were identified.
* Clinical staff could describe processes and actions they would initiate if care staff or consumers reported consumers had pain or noted behaviour changes particularly in relation to urinary tract infections, falls, pain and swallowing difficulty.
* Documentation reviewed demonstrated the service considers high impact and high prevalence risks associated with consumers’ care including infection related risks, pain, pressure injuries and falls and this is documented in consumer care plans and on documentation to guide staff practice.

For the reasons detailed above, I find Croatian Ukrainian and Belarusian Aged Care Association of SA Incorporated, in relation to St Anna’s Residential Care Facility, to be Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### 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 to be Non-compliant following a Site Audit conducted on 19 to 21 January 2021. It was found the service was unable to demonstrate it had in place practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. It was also found that consumers who were at risk of or had ongoing urinary tract infections did not have their needs met or planned. Deficiencies were identified in staff practice, with staff not aware of practices to promote appropriate antibiotic prescribing through effective care planning for consumers who were at risk of urinary tract infections.

The Assessment Team found at the Assessment Contact conducted on 29 November 2021 that actions and improvements to rectify these deficiencies have been implemented including (but not limited to):

* A review of the service’s Antimicrobial Stewardship (AMS) policy was completed and distributed to all staff to ensure understanding of what it means to their role and delivery of care.
* The service updated their clinical indicators report to include antibiotic usage.
* Education provided to staff by an external clinical pharmacist in relation to Antimicrobial Stewardship and a presentation at a resident meeting with one-on-one consultations with consumers if requested.
* A monthly report has been implemented from the service’s Pharmacy to show antibiotic use and the identification of prescribers.

The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers and representatives indicated they were satisfied appropriate precautions are taken to minimise infection related risks and they receive antibiotics when appropriate.
* One file was reviewed and demonstrated staff effectively managed a consumer with a urinary tract infection.
* Staff demonstrated knowledge of antimicrobial stewardship principles describing strategies they implement to minimise the need for antibiotics including increased monitoring of consumers’ health and well-being, increasing fluid intake and attention to hygiene.
* All staff interviewed indicated they had received infection control training and are reminded of good infection control minimisation strategies during handover.
* The organisation has clinical policies, procedures and guidelines in relation to infection control, including outbreak management assessment and Antimicrobial Stewardship policies and principles.

For the reasons detailed above, I find Croatian Ukrainian and Belarusian Aged Care Association of SA Incorporated, in relation to St Anna’s Residential Care Facility, to be Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care.

# 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.