St Georges Park Nursing Home

Performance Report

13 Fitzroy Terrace
FITZROY SA 5082
Phone number: 08 8344 2709

**Commission ID:** 6814

**Provider name:** Etnor Pty Ltd

**Assessment Contact - Site date:** 10 June 2021

**Date of Performance Report:** 20 July 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.

# 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 consumers, representatives, staff and others
* the provider chose not to respond to the Assessment Team’s report
* the Performance Report dated 9 April 2021 for the Assessment Contact – Site conducted 26 November 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 Quality Standard is assessed as Compliant as one of the seven specific Requirements has been assessed as Compliant. The Assessment Team assessed Requirement (3)(g) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess Requirement (3)(g) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact conducted 26 November 2020 where it was found the service did not demonstrate effective standard and transmission based precautions to prevent and control infection. The service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(g) met. 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). I have provided reasons for my finding 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 service was found Non-compliant with Requirement (3)(g) following an Assessment Contact conducted 26 November 2020 where it was found that staff did not demonstrate sufficient knowledge, competency or appropriate implementation of infection control practices and the service did not demonstrate infection related risks would be minimised in the event of a positive COVID-19 case detected at the service. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Revised the Outbreak management plan and provided training to staff to ensure familiarity with the plan.
* Staff training through a third-party organisation completed in relation to infection control practices, including screening processes, hand hygiene, personal protective equipment and isolation protocols.
* Undertaken monthly team discussions in relation to hygiene vigilance and infection control practices.
* Increased tough-point cleaning and regular infection control and cleaning audits.

Information provided to the Assessment Team by consumers, representatives and staff through interviews, observations and documentation sampled demonstrated:

Consumers and representatives sampled indicated the service ensures infection related risks are minimised, including through vigilant cleaning and other risk based precautions. Consumers stated staff remind them to wash their hands and use hand sanitiser prior to and after meals and expressed satisfaction with cleaning of the service environment and equipment. Representatives confirmed the service’s infection control procedures, including signing in protocols.

The service’s infection control program and practices to promote appropriate antibiotic use are underpinned by a range of policies, procedures and guidelines. These include an up-to-date COVID-19 outbreak management plan and Antimicrobial stewardship policy. The service’s training program includes infection control and antimicrobial stewardship, and staff practice is monitored through competency assessments and ongoing observations to ensure appropriate infection control practices are maintained.

Clinical staff stated alternatives to antibiotics are considered prior to use in consultation with Medical officers and Medical officers review antibiotic use regularly. Care staff described additional measures they implement to reduce the incidence of infections.

Staff were observed implementing practices to minimise the spread of infection, including completing screening processes with visitors entering the service, and washing and sanitising their hands regularly. The service has sufficient stock of personal protective equipment and hand hygiene stations and sanitiser dispensers were located throughout the service. The service has an annual influenza vaccination program for consumers and staff and the service’s COVID-19 vaccination program for consumers has commenced.

For the reasons detailed above, I find Etnor Pty Ltd, in relation to St Georges Park Nursing Home, 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.