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:** 26 November 2020

**Date of Performance Report:** 9 April 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** | **Non-compliant** |
| Requirement 3(3)(g) | Non-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 on 1 December 2020
* an Infection Control Monitoring Checklist for the service completed on 26 November 2020.

# STANDARD 3 NON-COMPLIANT 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 Non-compliant as one of the seven specific Requirements in this Standard has been assessed as Non-complaint.

The Assessment Team assessed Requirement (3)(g) in the Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team have recommended Requirement (3)(g) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective standard and transmission-based precautions to prevent and control infection.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report, the provider’s response and the Infection Control Monitoring Checklist to come to a view of Compliance with Standard 3 Requirement (3)(g) and find the service is Non-compliant with Requirement (3)(g). I have provided reasons for my finding in the specific Requirement.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) Non-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 demonstrated it had infection control and antimicrobial policies to guide practice and hired a Consultant to perform an assessment of infection control practices and staff training for infection prevention and control. The consultant had not identified any issues. The Assessment Team found the service had appropriate practices and processes for promoting antimicrobial stewardship and the service was proactively monitoring antibiotic prescriptions and infections for consumers.

However, the Assessment Team were not satisfied that the service adequately demonstrated minimisation of infection related risks, as:

* The screening process on entry to the service was inadequate including that evidence of influenza vaccinations was not requested from the Assessment Team, and equipment used was not cleaned between use.
* The service had a COVID-19 Outbreak Management Plan, however, this was inadequate to guide staff in the event of an outbreak, for example:
* The floor plan did not identify isolation zones, donning/doffing stations or outbreak designated areas.
* The plan did not provide sufficient detail to inform staff practice in the event of an outbreak.
* Staff interviewed indicated they had not been provided education or training in relation to the Outbreak Management Plan and were unable to describe actions to take in the event of positive COVID-19 case detected at the service.
* Six staff interviewed were unable to demonstrate knowledge of best practice PPE usage and the Assessment team observed frequent breaches of infection control practices by all staff, such as:
* lack of hand hygiene by staff after providing care to consumers,
* improper use of face masks,
* improper use of gloves by cleaning staff,
* sharing of equipment without cleaning the equipment between or after use. Equipment was also observed to be dirty
* The service was unable to demonstrate how they monitor that all staff had been competency assessed in relation to PPE or completed mandatory government online infection control training.
* The hand hygiene competency assessment utilised by the service did not meet World Health Organisation recommended steps for hand hygiene.
* The Assessment Team observed, and management were unable to demonstrate sufficient and correct supplies and storage of PPE.
* The Assessment Team observed a lack of clinical waste bins, empty alcohol gel (hand sanitizer) dispensers and lack of designated clean or dirty zones in the laundry.
* Review of records for one consumer (Consumer A) indicated delays in commencing antibiotics and obtaining a urine sample following antibiotic treatment of a urinary tract infection (UTI).

The Approved Provider submitted a response to the Assessment Teams’ report on 1 December 2020, which demonstrates a commitment to addressing the issues identified in the Assessment Teams’ report.

* The service indicated that PPE is stored primarily off site and are not visible on site due to storage practices to promote the safety of consumers living with dementia. However, improvements have been made to onsite PPE storage.
* Made improvements to the entry screening process, including cleaning of equipment.
* Implemented a schedule for cleaning shared equipment.
* External Consultant has provided two-day training to all staff, including 100% competency in PPE and hand hygiene for staff.
* A new and comprehensive COVID-19 Outbreak Management Plan has been developed.
* A new matrix was implemented to monitor staff completion of mandatory Department of Health and SA Health online training modules.

In relation to the delay commencing antibiotics and obtaining a urine sample following oral antibiotic treatment for Consumer A, the Approved Provider has disagreed with the Assessment Team’s findings. The response states the management of Consumer A’s urinary tract infection aligned with the General Practitioner’s orders and appropriate antimicrobial stewardship.

I have considered the Approved Provider’s response, including in relation to the specific consumers mentioned in the Assessment Team Report and find that there was no delay in commencing antibiotics and obtaining a urine sample following antibiotic treatment of a urinary tract infection (UTI) for Consumer A as:

* Consumer A was asymptomatic, as such it was appropriate to wait for culture and sensitivities to come back from testing and for Consumer A’s General Practitioner (GP) to then make a clinical decision as to the necessity and prescription of the most effective oral antibiotic.
* Testing following completion of antibiotic treatment is not routinely required.
* However, I consider that on the day of the assessment contact, the service did not demonstrate effective standard and transmission based precautions to prevent and control infection. In coming to my finding I have considered that staff did not demonstrate sufficient knowledge, competency or appropriate implementation of infection control practices and the service did not demonstrate that infection related risks would be minimised in the event of a positive COVID-19 case detected at the service.

For the reasons detailed above I find the service Non-compliant in this Requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure that all staff have sufficient skills and knowledge regarding standard and transmission- based precautions to prevent and control infection.
* The service ensures staff implement standard and transmission based precautions to prevent and control infection.