Strathalbyn & District Aged Care Facility

Performance Report

14 Alfred Place
STRATHALBYN SA 5255
Phone number: 08 8536 2426

**Commission ID:** 6181

**Provider name:** Barossa Hills Fleurieu Local Health Network Incorporated

**Assessment Contact - Desk date:** 17 September 2021 to 19 September 2021

**Date of Performance Report:** 22 October 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 3 Personal care and clinical care** |  |
| 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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with management, staff and representatives
* the Approved Provider’s response to the Assessment Contact - Desk report received 8 October 2021.

# 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 Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended this Requirement as met. All other Requirements in this Standard were not assessed. Therefore, an overall rating of the Standard has not been provided.

I have considered the Assessment Team’s findings and evidence documented in the Assessment Team’s report and the Approved Provider’s response, and based on this information, I find Barossa Hills Fleurieu Local Health Network Incorporated, in relation to Strathalbyn & District Aged Care Facility, to be Compliant with Requirement (3)(g) in Standard 3 Personal care and clinical care. 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 Assessment Team provided the following evidence and information collected via a desk-based audit through interviews and documents which are relevant to my finding. The information and evidence focus on subsection one of this Requirement, that is, minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection, specifically relating to actions in response to a gastroenteritis outbreak that was present at the service at the time of the Assessment Contact. Thus, my finding is specific to this element of the Requirement:

* The Assessment Team found the service was able to demonstrate appropriate actions were taken in response to the gastroenteritis outbreak.
	+ Seventeen representatives interviewed confirmed they have been informed the service was in ‘lockdown’ due to the gastroenteritis outbreak. They also confirmed there is an entry screening process in relation to COVID-19.
	+ Staff confirmed processes used to support minimisation of the spread of infection, including actions in relation to gastroenteritis. However, one staff was unaware of the outbreak management policy, indicated they had not participated in recent training relating to personal protective equipment and was unaware of the outbreak commenced in another area of the service in which they worked.
		- However, the Assessment Team found management were able to demonstrate training had been provided and communication was provided to staff.
	+ The service has a process/flowchart in relation to actions to take when there is suspected outbreak, however, it did not include timeframes for collecting relevant specimens.
	+ Three consumers’ files who had presented with gastroenteritis symptoms indicated staff had been unsuccessful in obtaining a specimen for two consumers but was successful in obtaining a specimen for one consumer.
	+ The service maintains an outbreak register, including monitoring consumers and staff with onset of symptoms, type of symptoms and specimen collected date/result.
	+ The service provided evidence of communication to the organisation’s management, however, noted a declaration of an outbreak was not declared in accordance with the service’s policy.

The Approved Provider submitted a response to the Assessment Team’s report and indicated that since the Assessment Contact, staff have been provided with education relating to outbreak management and infection control precautions. Additionally, the management team plan to review the outbreak management policy to ensure the specimen collection directives are in accordance with relevant infection control guidelines.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement.

In coming to my finding, I have considered that the service has policies and procedures to support management of an infectious outbreak, including the maintenance of an outbreak register. While staff did not declare an outbreak in accordance with the service’s procedure, I have considered the evidence does not suggest standard and transmission based precautions were not implemented when consumers presented with gastroenteritis symptoms, including that staff interviewed confirmed signage and personal protective equipment is placed outside of consumers’ rooms who are required to isolate.

Additionally, progress notes demonstrate that staff have attempted to collect specimens for testing for consumers who have presented with symptoms of gastroenteritis. However, specimen collection timeframes were not specified in the service’s guidelines. The Approved Provider indicated the policies and procedures in relation to this aspect of outbreak management are being reviewed.

I have also considered that effective communication processes were used with representatives, with all 17 representatives interviewed confirming that there were informed about the gastroenteritis outbreak. While one staff member was unaware of the outbreak, I have considered that it the outbreak did not affect the part of the service they were working in at the time. Additionally, the Approved Provider has indicated further education has been provided to staff in relation to outbreak management and infection control.

I consider staff were responsive to consumers who presented with symptoms of gastroenteritis and overall, implemented practices to support minimisation of infection related risk through the implementation of standard and transmission based precautions. Albeit, the Assessment Contact identified the opportunity for the service to refine and specify some policies and procedures, and ensure staff have comprehensive knowledge regarding outbreak management to effectively manage infection spread between consumers.

For the reasons detailed above I find Barossa Hills Fleurieu Local Health Network Incorporated, in relation to Strathalbyn & District Aged 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.

# Other relevant matters

The service was found to be Non-compliant with the following Requirements following a Site Audit conducted on 12 to 14 April 2021:

* Standard 3 Requirement (3)(a)
* Standard 4 Requirement (3)(b)
* Standard 7 Requirement (3)(a)
* Standard 8 Requirements (3)(c) and (3)(d)

The Assessment Team at this Assessment Contact – Desk, conducted 17 to 19 September 2021, did not assess the service’s performance in relation the current Non-compliant Requirements. The Assessment Team did monitor progress in relation to Standard 7 Requirement (3)(a) but did not consider progress with the other four Non-compliant Requirements.