SummitCare Randwick

Performance Report

15 Frenchmans Road
RANDWICK NSW 2031
Phone number: 02 9398 4511

**Commission ID:** 2332

**Provider name:** Frenchmans Lodge Nursing Home Pty Limited

**Assessment Contact - Site date:** 23 October 2020

**Date of Performance Report:** 04 December 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** | **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 13 November 2020.

# STANDARD 3 NON-COMPLIANTPersonal 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The service has policies and procedures in place and education has been provided to staff. However, staff practice and knowledge in relation to infection control is not always consistent with the policies, procedures and training provided. There was also inconsistency or lack of clarity in the way consumers are identified as having an infection is managed, and/or isolation is provided. Shared ablution areas were not always left in a hygienic and safe state.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### 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 Assessment Team found the service does not demonstrate a consistent approach to the minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection. The Assessment Team also noted that some staff were not aware of their responsibilities to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics*.*

The Assessment Team provided information related to infection control practice, care and isolation of consumers with infection, staff education, COVID-19 outbreak management, and antimicrobial stewardship.

Infection prevention and control – Staff were unable to demonstrate a consistent approach to the identification of consumers with infection and how that information is distributed to relevant staff. Equipment is shared between consumers unless infection has been clearly identified. Staff seemed unfamiliar with isolation protocols for consumers identified with infection, and allocation of an ablution area for their sole usage to assist in infection control. Observations of shared ablution facilities identified staff practice in cleaning and removal of personal items for these areas did not demonstrate best practice for effective infection control.

Staff education – Management and staff identified that staff required further education in relation to infection control, antimicrobial stewardship, and personal infection control practice.

COVID-19 – Staff seemed unaware of what recent changes in consumer occupancy had influenced their outbreak management plan in regard to isolation, and bathroom use. The service outbreak management plan did not have details required for surge workforce staff and their integration to the environment.

Promotion of appropriate antibiotic prescribing – documentation appeared to be inconsistent in recognising consumers with infection, or prescribed antibiotics. It was identified that the service policies do not include responsibilities for staff to promote the reduction in use of antibiotics.

The approved provider submitted a response to the assessment teams report which included additional material clarifying matters raised in the report. This information provided some additional context and refuted some information in the Assessment Teams report. The approved provider’s response also included evidence of corrective actions taken since the assessment contact to address the gaps identified.

I have considered and accept evidence supplied by the approved provider that shows management and staff at the service are aware and understand their responsibilities related to isolation of consumers due to infection, in a facility with limitations of personal spaces. I have also accepted the evidence on the toilet brushes. The approved provider acknowledged the issues identified in relation to infection control, antimicrobial stewardship and staff education and has commenced a number of improvement activities, since the audit, to address these. The approved provider will need to monitor and evaluate these changes carefully to ensure they are effective and are sustainable.

For the requirement, minimisation of infection related risks through implementing standard and transmission-based precautions to prevent and control infection, and practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics, I find this requirement non-compliant.

# 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.

### Requirement 3(3)(g)

*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.*
* Management and staff understand, apply, monitor and review best practice guidelines for infection control and preparedness for COVID-19.
* Ensure staff utilise personal protective equipment and hygiene protocols in accordance with best practice guidelines and the service policies.
* Promote appropriate antibiotic prescribing through staff education and monitor use to support optimal care and reduce the risk of increasing resistance to antibiotics.