SummitCare Smithfield

Performance Report

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**Commission ID:** 2822

**Provider name:** Stelcom Pty Limited

**Assessment Contact - Site date:** 3 September 2020

**Date of Performance Report:** 19 November 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 considered 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 12 October 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

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; staff were asked how they ensure consumers receive safe and effective care and relevant documents were reviewed. The team also examined relevant documentation and drew information from other consumer interviews. Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team assessed Requirement 3(3)(g). The service could demonstrate practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. The organisation has responded to the COVID-19 pandemic requirements with increased infection control training; risk strategies to minimise infection transmission to enhance the safety of consumers and the COVID-19 outbreak first 24 hours checklist as key to how it would manage a potential outbreak at the service. However, the checklist and other documentation provided did not provide a sufficiently detailed outbreak response plan specific to the service, and the overall COVID-19 plan is generic. The key person on site on the day of the assessment contact was unable to describe lockdown procedures or roles as to how the service would address management of a potential COVID-19 outbreak.

One (1) of the seven specific requirements of this Quality Standard was assessed and I have found it to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### 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 that the service could demonstrate practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics and I agree with this finding.

The Assessment Team identified that overall staff were able to demonstrate an understanding and practice of effective infection control, including an understanding of COVID-19 management requirements and procedures. The service showed it had sufficient personal protective equipment in place, including to manage a potential COVID-19 outbreak.

However, the Assessment Team reported that interviews with management and review of documentation review showed the service does not have a site-specific COVID-19 outbreak management plan in place. They identified the service would apply the COVID-19 outbreak first 24 hours checklist as its initial management plan, but that it does not include details of infection control procedures, preventative strategies, ongoing processes after the first 24 hours or review or auditing processes after the outbreak is declared over. In addition, while the checklist provides some contact numbers for external departments, it does not provide contact numbers for key organisational supports or personnel to be contacted which will assist with timely communication if an outbreak occurs. Further, the Assessment Team reported that the COVID-19 management plans in place were set at organisational level and not site specific for the service.

The approved provider provided a comprehensive response showing the documentation and plans supporting their organisation wide COVID-19 plan and how a COVID-19 outbreak would be managed at the service, including the process for lockdown procedures, the outbreak roles of managers and the recently implemented floor plan for cohorting consumers if an outbreak is declared. However, the approved provider did not address or provide a service-based outbreak management plan. In addition, while the approved provider submitted information about support for each service, I am concerned that leadership on site was unable to articulate key aspects of the service’s response.

I find that the approved provider is Non-compliant with this requirement

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

One (1) of the three specific requirements of this Quality Standard was assessed and I have found it to be compliant. Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

I have reviewed the information submitted by the Assessment Team and find that the approved provider is compliant with this requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To gain an understanding of how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the identifying and management of risks, risk mitigation and care delivery. Specifically, the Assessment Teams reviewed the systems and processes for managing high impact or high prevalence risks to consumers; how the organisation identifies and responds to elder abuse and how consumers are supported to live the best life they can.

The Assessment Team found that the service did not have a fully developed outbreak management plan in the event of a COVID 19 outbreak and that it was not specific to the site.

One (1) of the five specific requirements of this Quality Standard was assessed and I have found it to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team reported that the service’s systems support the identification of and response to abuse and neglect of consumers and that such systems also support consumers to live the best life they can. I agree with these findings.

However, the Assessment Team found that the organisation did not identify the COVID-19 outbreak management plan was not sufficiently detailed to meet the environmental needs of the service.

In its response the Approved Provider submitted that its corporate plan was more than adequate to meet any potential COVID-19 outbreak. However, and as detailed under Standard 3, Requirement 3(3)(g) I am not persuaded this is effective and specific to the service.

I find that the approved provider is Non-compliant with 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.

### 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.*

* Demonstrate that infection related risks in relation to COVID19 are minimised through a site specific COVID-19 management plan that takes into account the environmental factors relevant to the service
* Ensure key staff on site have sufficient knowledge to articulate COVID-19 preparedness.

### Requirement 8(3)(d)

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

* Implement effective risk management systems and practices in relation to COVID19 which take into account site specific considerations.