Kingia/Tandara High Care Facility

Performance Report

5 Allen Court
BENTLEY WA 6102
Phone number: 08 6250 0101

**Commission ID:** 7846

**Provider name:** SwanCare Group (Inc)

**Assessment Contact - Site date:** 25 November 2020

**Date of Performance Report:** 10 March 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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.

# 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)(b) and (3)(g) in relation to Standard 3 Personal care and clinical care, which were found Non-compliant following an Assessment Contact conducted in July 2020. The Assessment Team found the service implemented improvements to address the deficits and recommended the service meets both these Requirements. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(b) and (3)(g) and have provided reasons below.

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Representatives of consumers said staff informed them of risks to consumers’ well-being and they were consulted on ways to reduce such risks. Consumers said they received good care and staff attended to their needs.

The Assessment Team reviewed consumer records and identified that the service had effectively managed high impact and high prevalence risks associated with consumer care, particularly in relation to diabetes management, falls risk, behaviour and pain management. For example:

* The Assessment Team noted that a diabetic care plan provided guidance for staff in monitoring blood glucose levels and administering insulin in accordance with directives from a medical officer. The documentation demonstrated that diabetes management for the consumer was discussed at a family meeting involving a multidisciplinary team and a medical officer resulting in a diabetes management plan that provided clear directions for staff in the event that blood glucose monitoring was declined by the consumer.
* In relation to a consumer who experienced weight loss, staff initiated a review by a medical officer and a plan for ongoing monitoring which included a food and fluid chart to monitor intake, re-weighing and communication with the consumer’s family.
* The condition of one consumer was variable and resulted in the consumer’s needs varying on a daily basis. The consumer’s documentation evidenced staff monitoring the consumer’s daily functional ability and requirements. Progress notes and care plans confirmed a multidisciplinary team worked with the consumer to develop strategies to meet specific care needs and mitigate the risk of harm. Case records showed a collaborative approach, involving internal and external health care providers, to assist in managing high impact risks to the consumer’s health and well-being.

Clinical staff were aware of policies and procedures and understood the role of handovers and clinical care updates in enabling them to recognise and respond to changes or deterioration in consumers. Non-clinical staff said they had received training in recognising deterioration in consumers, including their responsibilities in escalating information to clinical staff.

Alerts were used on the electronic care management system to highlight consumers’ changes in condition, deterioration or any updates in care plans. Changes in a consumer’s condition were discussed at each shift handover.

The service used validated assessment tools to identify and monitor risks for consumers, including pain management, skin integrity, medication administration, falls risk, diabetes management, nutritional and hydration, continence and wound care.

Minutes of monthly clinical meetings confirmed staff were analysing trends in incidents and referring consumers to other health professionals for preventative interventions. Minutes of clinical governance meetings demonstrated that trends were analysed and discussed and, where appropriate, actions were linked to the organisation’s continuous improvement plan.

Based on the findings of the Assessment Team summarised above, I find the service Compliant in this Requirement.

### 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.*

Staff interviewed demonstrated an understanding of how they minimised the need for and use of antibiotics. Care plans identified consumer infections and any transmission-based precautions to be implemented by staff.

The organisation had procedures relating to infection control and practices to reduce the risk of resistance to antibiotics. The service maintained a register of infections to monitor the number of infections and resolution rates. The service’s pharmacy provided monthly reports on the use of antibiotics at the service and the report was shared with visiting medical officers for their consideration.

Documentation established that all staff had been vaccinated against Influenza in 2020.

Mandatory training attendance records showed staff had undertaken food safety training, hand hygiene and Covid-19 modules. Care staff have undertaken training in infection control and the use of personal protective equipment (PPE) and staff have been competency assessed at donning and doffing PPE. The organisation developed an education and competency manual for infection control that included early identification and management of infectious diseases.

The organisation has an outbreak management plan that instructed how the organisation would prepare for, identify, escalate, manage, monitor and resolve infectious disease outbreaks. The plan included a flowchart on staff responsibilities, alert posters, associated notification and tracking forms, a daily audit form and post outbreak review checklist and evaluation. The organisation also had a current pandemic outbreak operational management plan for Covid-19.

Based on the findings of the Assessment Team summarised above, I find the service Compliant in this Requirement.

# STANDARD 8 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

The Assessment Team assessed Requirement (3)(c) in relation to Standard 8 Organisational governance, which was found Non-compliant following an Assessment Contact conducted in July 2020. The Assessment Team found the service implemented improvements to address the deficits and recommended the service meets this Requirement. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(c) and have provided reasons below.

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team assessed this requirement in the context of the service’s capability in managing infectious disease outbreaks and reporting incidents in accordance with regulatory requirements.

Staff and management demonstrated their knowledge of the organisation’s legislative requirements to report notifiable infections and incidents or suspected incidents of harm and abuse. Staff described the reporting systems for clinical incidents, notifiable infections, reportable assaults and unexplained absences. They described their roles and responsibilities in managing such risks within the organisation.

The Assessment Team found that the service’s response to a notifiable infectious disease outbreak at the service demonstrated that the service had complied with its legislative responsibilities. Infection control records established that the service reported suspected outbreaks to the Metropolitan Communicable Disease Control promptly and illness reports and tracking forms were reported in accordance with requirements.

Records demonstrated that the organisation’s risk management system identified, actioned and evaluated infectious outbreaks and incidents, including allegations or evidence of harm. The service maintained consolidated records of alleged or suspected elder abuse. The documentation established that the service fulfilled its mandatory reporting responsibilities.

Based on the findings of the Assessment Team summarised above, I find the service Compliant in this Requirement.

# 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.