 TriCare Toowoomba Aged Care Residence

Performance Report

15 Curzon Street   
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**Commission ID:** 5947

**Provider name:** TriCare Toowoomba Aged Care Pty Ltd

**Assessment Contact date:** 13 August 2020

**Date of Performance Report:** 7 September 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 |

# 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; the Assessment contact 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 report received 26 August 2020
* referral information received by the Commission.

# 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 Assessment Team did not assess all Requirement in Standard 3, therefore a summary statement is not provided.

The Quality Standard is assessed as Non-compliant as one of the 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 Approved provider has not implemented an effective infection control program. The Outbreak Management Plan COVID 19 is not being implemented at the service. Pre-entry screening processes are inconsistent and not effective. Personal protective equipment is not being used appropriately. Management state they are monitoring staff practice however this is not effective. Whilst staff education in relation to infection control (and specifically COVID 19) has been conducted; this has not been effective.

The Assessment Team identified deficiencies in staff practice, staff knowledge, screening processes, information contained in the Outbreak management plan, personal protective equipment usage, infection control measures, signage and social distancing practices of consumers, relating to minimising the risks of a COVD 19 outbreak at the service. These deficiencies do not support an effective infection control program.

Deficiencies in pre-entry processes identified by the Assessment Team include the following:

* Visitors to the service are required to perform their own temperature, there are no directions as to how to use the equipment or cleaning instructions and supplies to support cleaning between each use.
* The Assessment Team noted the visitor entry screening register was incomplete and did not include all required information, including if visitors to the service had a current influenza vaccination.
* A folder of vaccination records and a spreadsheet utilised by the service to track visitors and their currency of vaccination was also identified by the Assessment Team as incomplete and inaccurate. Management at the service agreed the tracking mechanisms were incomplete and required updating.
* The Assessment Team noted information displayed on entry to the service in relation to visiting hours and current State government directions was inaccurate and did not reflect current directions.
* The Assessment Team observed the entry foyer (where two consumers were seated) to be crowded on a number of occasions and staff not practicing social distancing.

The Approved provider in its written response to the Assessment Team’s findings, stated the following:

* Cleaning staff had removed instructions for the use of the digital thermometer and had not notified management it required replacing. Instructions have now been laminated and are placed alongside the sign-in register.
* Social distancing procedures have been implemented in the entry foyer, including crosses on the floor and sanitising wipes placed on the sign-in table.
* Visitors and representatives have been notified via email of their responsibilities relating to entry to the service.
* The tracking mechanism for influenza vaccines for visitors has been updated to reflect accurate information.
* Outdated signage had not been removed from the service’s entry foyer after visiting restrictions were lifted on 11 August 2020. The signage has been removed and the relevant signage has been placed in the entry foyer.

While I acknowledge the actions the Approved provider has taken to ensure entry screening processes are effective to reduce the risk of consumers coming into contact with visitors who may increase the risk of consumers being exposed to the COVID 19 virus, these processes were not in place or effective during the Assessment contact conducted 13 August 2020. Therefore, consumers and staff at the service were potentially exposed to visitors who may have had the COVID 19 virus or visitors who were not vaccinated against the influenza virus.

The Approved provider has noted in its written response if visiting was restricted at the time of the Assessment contact, staff would attend the entry screening and documentation processes. It is my decision staff should be attending these procedures regardless of the restrictions in place at the service, to ensure accuracy of information gathered prior to visitors entering the service. I am concerned the validity of temperature screening and vaccination identification is the responsibility of visitors who have not had training in completing these procedures.

The Assessment Team identified the following deficits in the Outbreak management plan utilised by the service:

* The outbreak management is not site specific. It does not include the site coordinator’s name, designation, contact details. Details of the contact person after hours, were not included in the outbreak management plan.
* The outbreak management plan (which includes a Site preparedness checklist) was incomplete in a number of areas including signage and contact details for other parties. Management stated that signage was in place in March 2020, however since that time, this had been removed by staff.
* Resource guidance is not included in the Outbreak management plan, for example the contact details for Department of Health or resource guidance material such as the Communicable Diseases Network Australia (CDNA) guidelines.
* Medicare numbers for consumers is contained on the electronic care documentation system; management could not confirm if a report including consumer names and Medicare details could be generated.
* Management at the service were unable to articulate how a surge workforce would be operationalised in the event of an outbreak.
* The floor plan included in the Outbreak management plan does not detail staffing requirements apportioned to each area; nor are donning and doffing stations identified.
* Cohorting processes have been considered by management at the service, however the Assessment Team identified detailed information regarding how this would be operationalised was not evident.
* Contained in the Outbreak management plan are lists identifying those staff who work across different sites however information on the lists is incomplete; the information available does not consistently identify the other sites where staff have worked or if personal protective equipment was worn at the time.
* Agency staff are to complete a specific Agency Orientation Checklist- COVID 19. This process had not been completed for an agency staff member who worked on the day of the Assessment Contact.

The Approved provider in its written response to the Assessment Team’s findings, stated the following:

* The outbreak management plan has been updated to include details of the site coordinator’s details. Contact details for other parties including the Department of Health and clinical suppliers.
* The Site preparedness checklist is now complete, and signage has been placed throughout the service, including social distancing guidance.
* Medicare numbers for consumers has been added to the evacuation list.
* In relation to staffing, casual and permanent would be contacted for duties for the surge workforce, and two nursing agencies are available to assist the service with a surge workforce. As the service is in a regional area assistance with staffing would be provided through the Public Health Unit within the first 12-24 hours.
* The service has access to an Acute Geriatric Evaluation service in the region to provide assistance, advice and education.
* A list of staff available for surge workforce duties and shifts has been completed and is now included in the Outbreak management plan. Instruction are included on how and when to action surge workforce procedures.
* The floor plan of the service has been reviewed to identify isolation and cohorting zones.
* Signage has been placed in areas to indicate the recommended number of people in each area.
* Staff have been reminded to complete all areas of the cross-facility form if they work at other services. A register has been updated to include all staff who work at other health providers.
* All Agency staff have now completed the COVID 19 checklist and registered staff have been reminded of the importance in completing this form.

While I acknowledge the actions taken by the Approved provider in relation to the Outbreak management plan, these deficiencies were not identified by the Approved provider prior to the Assessment contact. It is my decision, at the time of the Assessment contact the Outbreak management plan was ineffective.

The Assessment Team identified the following deficiencies in relation to Personal protective equipment (PPE):

* There was no supply of face shields at the service during the Assessment contact
* The service utilises cloth masks and has provided staff with laundering and changing processes. Staff interviewed by the Assessment Team did not provide consistent information about laundering practices or when the cloth masks should be worn. One staff member indicated they would wear a cloth mask when handling infectious material.
* The Assessment Team observed multiple instances of staff wearing cloth and surgical masks inappropriately, soiled masks were observed to be worn by staff, masks were worn under staff members’ chins or pulled down to speak to consumers.
* The Assessment Team observed inappropriate use of gloves, including staff not changing gloves between cleaning tasks, including removal of rubbish.

The Approved provider in its written response to the Assessment Team’s findings, stated the following:

* Online learning modules for COVID 19 have been completed by all staff. Additional training sessions have commenced in relation to appropriate PPE usage.
* Individual training has been provided to staff observed by the Assessment Team to wearing the incorrect mask.
* Cleaning processes have been provided to staff again regarding the laundering processes for cloth masks.
* Donning and doffing of PPE training was provided on 13 and 14 August 2020, and further education has been planned

While I acknowledge the actions the Approved provider has taken in relation to the appropriate use of PPE, at the time of the Assessment contact staff were not wearing or using PPE appropriately or safely.

The Assessment Team identified the following deficiencies in relation to Infection control measures:

* Duties lists had not been updated to reflect an increased need for cleaning of high touch surfaces. Cleaning staff did not have a shared understanding of the frequency of high touch surface cleaning.
* There are no processes for cleaning of shared equipment such as computers and keyboards between usage.

The Approved provider in its written response to the Assessment Team’s findings, stated the following:

* The cleaning regime has been updated to include high touch surfaces for cleaning.
* Signage, photographs, cleaning wipes and instructions have been placed at all computers and keyboard stations.

While I acknowledge the actions the Approved provider has taken in relation to infection control measures, these were not in place prior to the Assessment contact and had not been identified by the Approved provider as appropriate infection control measures.

The Approved provider has committed to a number of actions to ensure the service has an effective infection control program, in particular relating to the Outbreak management plan for COVID 19. These actions will require time to be implemented and evaluated for their effectiveness. The Approved provider’s monitoring processes had not identified the deficiencies noted by the Assessment Team. It is my decision therefore; this Requirement is 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.

* To implement and effective infection control program including an Outbreak management plan for COVID 19.

**Other relevant matters**

On 5 September 2020 following and Assessment contact conducted 5 August 2020 the Approved provider was assessed as non-compliant with the following requirement of the Quality Standards: this non-compliant requirement was not assessed during this Performance assessment.

* Standard 3 Requirement 3 a).