Trinder Park

Performance Report

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**Commission ID:** 5130

**Provider name:** Lutheran Church of Australia - Queensland District

**Assessment Contact - Site date:** 24 January 2021

**Date of Performance Report:** 18 February 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

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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** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | 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 on 15 February 2021
* the Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# 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

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 service was unable to demonstrate infection-related risks were minimised through the implementation of standard and transmission-based precautions. The service could not demonstrate it had a coordinated approach to the management of a possible outbreak of COVID-19, or that it managed environmental factors that constituted infection control risks for consumers.

Most consumers interviewed by the Assessment Team said they were satisfied with the service’s management of COVID-19 precautions. Consumers and representatives said staff wore gloves and washed their hands.

#### Staff interviewed said they received training in infection minimisation strategies including hand hygiene and the use of appropriate personal protective equipment (PPE). However, they advised, and the training coordinator confirmed, that the training involved staff observing a trainer donning and doffing PPE. The staff were not provided an opportunity to practice donning and doffing and had not been assessed for competency.

#### Registered staff described and gave examples of how they minimised infection-related risks and minimised the need to use antibiotics. However, some staff could not describe the practical steps they could take to reduce the risk of increasing resistance to antibiotics. Registered staff advised they had not received training in antimicrobial stewardship. A review of minutes of Medication Advisory Committee meetings established that the use of antibiotics was not monitored or discussed with the pharmacist.

#### A review of care planning documentation for some consumers prescribed antibiotics for the treatment of urinary tract infections established that medical officer consultations had occurred and the monitoring of signs and symptoms of infection were recorded in progress notes. However, strategies to minimise the need for antibiotics for consumers identified as high risk of urinary tract infections were not documented in care and services plans.

#### Care and registered staff did not demonstrate a shared understanding of current infection control precautions in place. Some care staff were unaware there were consumers awaiting COVID-19 testing and the staff who were aware did not demonstrate a shared understanding of who the consumers were who were waiting for results. A review of the clinical hand over sheet provided to the Assessment Team did not identify consumers’ infectious status, including the consumers waiting for COVID-19 tests.

#### The service was unable to demonstrate how a consumer’s infectious status was consistently communicated to staff and documented in the consumer’s care and services plan.

#### The organisation had a policy and procedures relating to infection control that included antimicrobial stewardship and the management of a COVID-19 outbreak. Management advised and records confirmed that all staff had received the influenza vaccinations in 2020.

#### Management said they had an Outbreak Management Plan for COVID-19. The organisation’s Plan for Continuous Improvement (PCI) identified that the service had practiced mock outbreak scenarios regularly. However, staff said they were unaware of such scenarios and whilst they had received infection control training, they had not been a part of any live demonstrations or face-to-face donning and doffing sessions with a trainer.

#### The PCI identified that an additional cleaning shift had been implemented on 19 January 2021 to implement deep cleaning of equipment. However, the Assessment Team observed that shared equipment was visibly dirty. Management advised more regular environment audits would be implemented to ensure cleaning occurred.

#### The service had sufficient supplies of PPE to manage the first 24-48 hours of a COVID-19 outbreak. However, the Assessment Team observed PPE was not readily available in all areas such as consumer’s rooms and shared bathrooms.

#### The Assessment Team observed that no signage was in place to communicate that consumers were in isolation and several areas including storage rooms, utility rooms and outdoor areas did not have density signage in place.

The Approved Provider responded to the Assessment Team’s report in a submission received on 15 February 2021. The submission consisted of a PCI that included issues raised in the Assessment Team’s Report including training on donning and doffing PPE, training on antimicrobial stewardship, conducting mock outbreak scenarios, the placement of appropriate signage, and ensuring appropriate PPE is available.

I have considered the Approved Provider’s response and acknowledge the service plans to take action to address the deficiencies identified by the Assessment Team. However, at the time of the site audit, the service was unable to demonstrate that it minimised infection related risks. Therefore, I find the service Non-compliant in this requirement.

# STANDARD 5 NON-COMPLIANT 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

Consumers said they felt they belonged in the service and felt safe and comfortable. They said they could freely and safely access indoor and outdoor areas. Consumers said the service was not cleaned to a satisfactory standard.

The Assessment Team found the service environment to be generally welcoming and optimised each consumer’s sense of belonging, independence, interaction and function. However, the Team observed that while the environment was secure, areas of the facility were not clean or well-maintained. Furniture and fittings were soiled and shared equipment displayed unidentifiable marks and mould.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

Consumers said they felt safe at the service and they would talk to staff if they felt unsafe. Consumers said they were able to provide feedback about the environment during residential meetings, by talking to staff and by completing feedback forms. Most consumers expressed dissatisfaction with the cleaning of the service. Consumers advised that their rooms were cleaned once a week which they considered was insufficient. Communal areas and bathrooms were cleaned daily.

The Assessment Team observed consumers moving safely in the indoors and outdoors areas of the service. The facility had close-circuit television cameras located throughout the property

Observations by the Assessment Team and feedback from consumers identified that there were areas within the facility that were not cleaned and properly maintained. There were several areas that were visibly unclean and the communal and other garden areas throughout the service had not been maintained. Dust was visible under beds and food matter was seen on the floors of consumers’ rooms. Balconies leading off consumer’s rooms were unclean.

The Assessment Team observed the cleaner’s room, utility, chemical and storage rooms and identified the areas were unclean with dust and dirt on floors and walls, some fittings were rusted, sinks and benches were dirty. Management advised that more regular internal audit checks would be scheduled to ensure the cleaning team were maintaining a clean environment.

Management explained a maintenance log was maintained by the maintenance officer who attended to logged requests by staff in the service’s electronic system. Staff said that for more urgent matters or identified hazards, they contacted the maintenance officer directly by phone who responded quickly.

I have considered the Approved Provider’s response and acknowledge that it indicates maintenance processes will be reviewed and regular environmental audits will be implemented. However, at the time of the Assessment Contact the service was not safe, clean and well-maintained. Therefore, I find the service Non-compliant in this requirement.

### Requirement 5(3)(c) Non-compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Furniture, fittings and equipment in staff and consumer areas of the service were observed by the Assessment Team to be unclean and appeared to have not been maintained. Some chairs displayed unidentified marks and privacy curtains in some consumers’ rooms were visibly dirty and marked. Shared equipment was unclean. A shower chair had a rubber grip missing from one of the legs and was unstable. Food trolleys in kitchenette areas were unclean with smear marks and food particles not removed. Some padded outdoor chairs were ripped.

Most consumers said the furniture and fittings were comfortable and met their individual needs however some consumers indicated maintenance was not completed within a reasonable timeframe.

Staff said they had enough equipment to undertake their role and meet the needs of consumers. However, they identified that some cleaning of consumer equipment including for example, shower bed trolleys, was not consistently occurring as planned.

Management advised that the service’s equipment had scheduled servicing managed by the organisation’s head office. Management further advised that a maintenance schedule was kept at the service.

I have considered the Approved Provider’s submission and acknowledge that actions are planned to address maintenance processes and that regular environmental audits will be implemented. However, at the time of the Assessment Contact furniture, fittings and equipment was not well maintained. Therefore, I find the service Non-compliant in 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) – ensure that infection related risks are minimised through the implementation of 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.
* Requirement 5(3)(b) – ensure the service environment is safe, clean, well maintained and comfortable.
* Requirement 5(3)(c) – ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer*.*