Performance

Report

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| Name of service: | Edenfield Family Care - Ramsay |
| Service address: | 77 Seaview Road PORT AUGUSTA SA 5700 |
| Commission ID: | 6039 |
| Approved provider: | El-Jasbella Ramsay Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 May 2023 |
| Performance report date: | 19 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Edenfield Family Care - Ramsay (**the service**) has been prepared by M Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either Compliant or Non-compliant at the Standard and requirement level where applicable.

# Material relied on

The following information has been considered in preparing the 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;
* an email received from the provider dated 10 May 2023 in response to the Assessment Contact Report stating they accept the Assessment Team’s findings; and
* the Performance Report dated 11 November 2022 for the Site Audit undertaken from 26 September 2022 to 29 September 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| 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. | Compliant |

Findings

Requirements (3)(e) and (3)(g) were found Non-compliant following a Site Audit undertaken from 26 September 2022 to 29 September 2022 where the service was unable to demonstrate:

* information about consumers’ condition, needs and preferences, specifically Medical Officer directives and recommendations, were effectively communicated and documented for seven consumers; and
* staff and Medical Officer practices were effectively promoting appropriate antibiotic use to reduce the risk of antimicrobial resistance.

**Requirement (3)(e)**

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Education was provided to staff on how to support Medical Officers whilst attending the service and undertaking reviews. Staff sampled confirmed supporting the Medical Officer during the review process.
* Schedules for Medical Officer reviews were formalised to enable clinical staff to attend and support Medical Officers. Seven representatives confirmed staff inform them of outcomes following Medical Officer reviews.

At the Assessment Contact undertaken on the 3 May 2023, consumers and representatives sampled expressed satisfaction with the level of communication, confirming staff were knowledgeable about consumers’ needs and preferences. Care documentation sampled showed risks and changes are documented and communicated within the organisation. Overall, staff confirmed they are informed of changes to consumers’ needs goals and preferences. However, one staff member described not being aware of a change in a consumer’s diet, however, documentation viewed showed the consumer’s care plan was updated following the change. An Allied Health Practitioner confirmed recommended strategies are updated as requested.

Based on the information summarised above, I find Requirement (3)(e) in Standard 3 Personal care and clinical care Compliant.

**Requirement (3)(g)**

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training for clinical staff on antimicrobial stewardship which was confirmed with staff interviews.
* Inclusion of antimicrobial stewardship and infection control at clinical meetings which was confirmed in the meeting minutes viewed.
* Updated the Antimicrobial Stewardship Policy to support the collection of pathology to minimise the use of antibiotics.
* At the Assessment Contact undertaken on the 3 May 2023, consumers and representatives sampled said staff were competent in identifying and managing infection related risks. One representative described how pathology was obtained following an infection and how the infection is resolving. Two clinical staff described antimicrobial stewardship principles, specifically in relation to managing urinary tract infections. Care staff sampled were able to describe infection control practices and the use of personal protective equipment. The service has an Infection Prevention and Control Lead who oversees infection control practices within the service.

Based on the information summarised above, I find Requirement (3)(g) in Standard 3 Personal care and clinical care Compliant.

**Requirement (3)(b)**

The service was able to demonstrate effective management of high-impact or high-prevalence risks for consumers sampled. Two consumers confirmed staff identified risks associated with their pain and/or skin integrity and implemented management strategies. Documentation viewed for consumers sampled in relation to risks associated with increased pain, impaired skin integrity and weight loss were effectively identified and managed. For consumers sampled, all care and clinical staff interviewed were able to describe consumers’ high-impact and high-prevalence risks and management strategies. Management described processes for monitoring high-impact and high-prevalence risks for individual consumers through daily progress note reviews, weekly clinical risk meetings and through undertaking clinical audits.

Based on the information summarised above, I find Requirement (3)(b) in Standard 3 Personal care and clinical care Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement (3)(e) was found Non-compliant following a Site Audit undertaken from 26 September 2022 to 29 September 2022 where the service was unable to demonstrate an effective clinical governance framework, specifically in relation to antimicrobial stewardship. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Updated the Antimicrobial Stewardship Policy and associated documentation to encourage appropriate pathology to be undertaken to minimise antibiotic use.
* Staff training provided for clinical staff on antimicrobial stewardship. In addition, further guidance and support was provided to clinical staff to ensure medical reviews are undertaken and relevant documentation completed.
* Reviewed the clinical indicator analysis processes to improve the tracking and use of antibiotics and pathology outcomes.

At the Assessment Contact undertaken on the 3 May 2023, the service demonstrated a clinical governance framework, including, but not limited to, antimicrobial stewardship, minimising the use of restraint and open disclosure. The provision of clinical care is monitored through outcomes of audits, clinical meetings, including Medication Advisory Committee meetings, staff training and review of documentation. Antimicrobial Stewardship is discussed in a range of local and organisational clinical meetings. Quarterly Medication Advisory Committee meeting minutes viewed showed monitoring of antibiotic usage and recorded a decrease in antibiotic prescribing. Consumers and representatives sampled were satisfied with the provision of clinical care in relation to managing infection related illness. One representative confirmed staff practicing open disclosure following a complaint. Staff sampled confirmed undertaking training on restrictive practices, open disclosure and antimicrobial stewardship. The service has policies and procedures to support staff in relation to restrictive practice and antimicrobial stewardship.

Based on the information summarised above, I find Requirement (3)(e) in Standard 8 Organisational governance Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)