Ainslie Low Head

Performance Report

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**Commission ID:** 8810

**Provider name:** Southern Cross Care (Tas) Inc

**Assessment Contact - Desk date:** 4 November 2020

**Date of Performance Report:** 30 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(g) | 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 - Desk; the Assessment Contact - Desk report was informed by review of documents submitted prior to the audit and interviews with management.

# 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

An overall compliance finding against the Quality Standard has not been made as not all requirements of the Standard were not assessed.

The service complies with the requirement assessed on this occasion, refer below for details.

### Assessment of Standard 3 Requirements

### 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.*

The Assessment Team reviewed the service’s preparedness for an infection control outbreak, including a COVID-19 outbreak. Management submitted a range of documents as evidence of their approach. The Assessment Team were satisfied that management have appropriate infection control systems in place and were aware of how to access updates to information from the Department of Health and Human Services.

Management outlined their outbreak management plan, development of individual consumer’s COVID-19 care plans and approach to hospital transfer if required due to infection or clinical deterioration.

Sufficient personal protective equipment is accessible and staff have received training in its use.

Consultation with consumers’ representatives has occurred to ensure a single point of communication in the event of an outbreak and to minimise any delays in the transfer of information.

Clinical governance is in place for appropriate prescribing and use of antibiotics*.*

Based on the evidence summarised above the service complies with 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.