Baptcare The Orchards Community

Performance Report

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**Commission ID:** 4567

**Provider name:** Baptcare Ltd

**Assessment Contact - Desk date:** 28 October 2020

**Date of Performance Report:** 20 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 and an interview with staff.
* the Assessment Team’s checklist for the Assessment Contact - Site (infection control monitoring) conducted on 16 October 2020.

# 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 did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### The focus of this Assessment contact – desk was to assess compliance in relation to Standard 3 Requirement (g). The Requirement is compliant.

The service has an overarching organisational COVID-19 Outbreak management plan and procedures with site specific documents to minimise and manage risks associated with COVID-19 including a COVID Safe Plan. Supporting documentation is accessible on site in the COVID-19 response folder.

General infection control policies are in place with the service collecting and analysing data for trends. Staff complete infection control training annually and complete hand washing competencies. Staff use PPE as required and other infection prevention strategies are in place as required to minimise the risk of COVID-19.

### 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 found the following:

* In addition to Infection control policies the service has an overarching organisational COVID-19 Outbreak management plan with site specific details included and printed documents to supplement the plan available on site to minimise and manage risks associated with COVID-19.
* Consumers are monitored for signs of respiratory and other infections with additional screening in place in line with current guidelines which includes daily temperature monitoring documented on the COVID-19 screening tool.
* All persons entering the facility are screened in relation to COVID-19 and temperatures recorded.
* Entry points to the service have signage regarding entry conditions, sign in requirements, use of face coverings and visitor restrictions.
* Management stated additional education has been provided to reception staff on monitoring equipment used in reception area and wiping down equipment and high touch areas with sanitiser in the reception area.
* Signage is on display about the requirement to wipe equipment after use.
* Education has been provided to including COVID-19 training, PPE use, hand hygiene and general infection control.
* Staff practice and adherence to PPE and infection control practices is monitored and the service has trained and appointed infection control champions and spotters to assist in monitoring staff practice throughout their allocated shifts.
* Posters and displays regarding infection control and PPE use have been installed.
* Donning and doffing station locations have been reviewed and additional stations set up in and outside of staff break areas along with more waste bins.
* PPE, disinfectants, wipes and sanitisers are readily accessible to staff.
* General infection control policies are in place and there are annual training requirements in relation to infection control training, outbreak management, and handwashing competencies.
* There are infection control polices and they include guidance and directives relating to outbreaks of influenza and gastroenteritis.
* The service continues to maintain a register of staff, contractors and volunteer influenza vaccinations.
* The service has policies in place relating to antibiotic use and antibiotic use is reviewed at a site and corporate level with trending occurring. Antibiotic use is also discussed with MAC meetings.

# 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.