Baptcare Wattle Grove Community

Performance Report

51 Pinetree Crescent   
LALOR VIC 3075  
Phone number: 03 8641 8200

**Commission ID:** 3557

**Provider name:** Baptcare Ltd

**Assessment Contact - Desk date:** 15 September 2020

**Date of Performance Report:** 2 October 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 by management and interviews with management.
* the Assessment Teams’ checklists for the Assessment Contacts - Site (infection control monitoring) conducted on 18 August and 8 September 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 Safety Plan with site specific documents to minimise and manage risks associated with COVID-19 including a COVID Safe Plan.

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. Additional staff training in the use of PPE has been provided. Staff have been trained to use PPE as required, internal monitoring processes are established 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:

* The service has infection control policies and additionally has an overarching organisational COVID-19 Safety Plan with site specific documents to minimise and manage risks associated with COVID-19 including a (site specific) COVID Safe Plan. Supporting documentation is contained within a single folder onsite known as the COVID folder. Deficits identified at the site monitoring visits have been rectified and information required to manage a COVID-19 outbreak is accessible and current.
* Consumers are monitored daily for signs of respiratory and other infections with additional screening in place in line with current guidelines which includes daily temperature monitoring.
* Screening processes for staff and visitors entering the service now include a staff member allocated for each shift to conduct and record the screening of all staff and visitors.
* All staff including contracted staff have received training in relation to infection control, COVID -19 and the use of PPE.
* Processes are in place to clean and store face shields and PPE donning and doffing areas are clearly identified, have appropriate PPE layout and signage.
* Management is undertaking observational audits regarding correct use of PPE including mask and shield use to ensure ongoing staff compliance.
* Cleaning products, wipes and sanitiser are available at key locations at the service including entry to community wings and offices. Cleaning staff are tasked with replacing stock with registered nurses monitoring availability of supplies.
* High touch areas and shared equipment are cleaned regularly and promptly after use. Appropriate cleaning products and signage are in place.
* The service has policies in place relating to antibiotic use and management states antibiotic use is reviewed at a site and corporate level with trending occurring. Antibiotic use is also discussed at Medication Advisory Committee meetings.

The approved provider did not submit a response to the Assessment Team’s report.

Based on the information provided, I find that the approved provider has addressed deficits in infection prevention and control identified in the monitoring site visits conducted prior to this desk assessment. The Outbreak Management Plan Staff PPE practice has been strengthened and internal monitoring processes enhanced. Other infection prevention strategies have also been enhanced. I therefore find this requirement is met.

# 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.