Bellevue Care Centre

Performance Report

53 Linkwood Drive   
FERNY HILLS QLD 4055  
Phone number: 07 3550 5999

**Commission ID:** 5369

**Provider name:** Bellevue Enterprises Pty Ltd & Laberge Pty Ltd

**Assessment Contact - Site date:** 23 September 2020

**Date of Performance Report:** 13 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 - 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 Infection control monitoring checklist dated 21 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 in Standard 3, therefore a summary statement or compliance rating is not provided for the Standard.

### 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 assessed the service’s coronavirus (COVID-19) preparation and infection control processes and reviewed evidence related to the actions the service has taken to assess and minimise infection related risks on the care of aged care consumers including the impact of a potential COVID-19 outbreak.

In relation to the service outbreak management plan, documentation demonstrated the service has regularly reviewed and updated their COVID-19 outbreak management plan (OMP) with the last update on 23 September 2020. Management advised a plan is in place to conduct a practise of the OMP on 2 October 2020. Management advised and the OMP demonstrated it contains the electronic file pathway containing the list with details for the outbreak coordinator and emergency management team. The list contains outbreak management team members with allocated roles and contact numbers and is available for staff to access.

Management advised the Assessment Team the service has a list of staff contact numbers for the Public Health Unit (PHU) which is stored electronically and is available in the event of a COVID-19 outbreak. Management advised staff rosters are available electronically and can be accessed remotely, no staff are currently working at other aged care services. The service has a list of consumers, their room numbers, emergency contact details and recently updated photographs stored in the electronic management system. Management said the list is updated monthly or when consumer occupancy changes. Medicare numbers for all consumers are stored electronically and available if required in the event of a COVID-19 outbreak.

Management advised the Assessment Team and the OMP demonstrated it contains key points of contact for the PHU, Aged Care Quality and Safety Commission, surge workforce contacts and the cleaning contractor. Management reported the Maintenance manager is listed as a key person in the OMP who is responsible for sourcing waste services and stock supplies and key contact information is stored electronically and this can be accessed remotely.

Management advised the Assessment Team, staff are currently cohorting within the service. If there is a requirement to isolate, the service advise there are enough staff to allocate extra staff in each area as required. A printed clinical handover report is provided at the shift handover as well as a discussion between clinical staff about current information. In the event of an outbreak, the service advise the emergency response team would also be providing cover and a handover across 24 hours as required.

Management advised, and the Assessment Team observed the empty manager’s residence under the service has been renovated and converted to allow at least three consumers to be nursed there in isolation if the need arises. This has separate entrance, kitchen, laundry area and bathroom and can operate as a stand- alone nursing wing.

In relation to screening on entry, the Assessment Team observed comprehensive screening procedures are in place at the service. Signs are located at all entrances to the service instructing visitors and staff not to enter if they have fever or symptoms of a respiratory infection.

The Assessment Team observed the service has sufficient personal protective equipment (PPE) to manage the first 24 to 48 hours of an outbreak and an area has been identified for further bulk stocks of PPE to be safely delivered, received and stored. The Assessment Team observed separate areas for PPE donning and doffing outside of a room where a consumer was in isolation with PPE donning/doffing posters available to guide staff. Management advised they have discussed with the waste removal contractor and the service is sufficient to ensure adequate waste removal from site and the contractor has advised they can increase the service if required.

In relation to infection control measures, Management advised, and the Assessment Team observed adequate cleaning supplies available for increased frequency of cleaning for high touch surfaces and appropriate signage and cleaning supplies in place for high risk spaces including staff room and isolation areas. Management advised shared equipment including computer keyboards and phones have been added to the cleaning schedule. The Assessment Team observed staff following social distancing protocols throughout the service with signage denoting the number of staff able to be in the tearoom and staff adhering to this guideline. Management advised staff breaks are staggered to enable social distancing and the Assessment Team observed outdoor areas are available for staff breaks.

In relation to workforce, Management advised the Assessment Team a process is in place for induction and training in PPE and infection control measures including for a surge workforce and the service has developed a workforce management plan in the event of a COVID-19 outbreak. Management advised they have a surge contingency staffing plan including recently signed contracts with contractor agencies and the availability of the DOH surge workforce email address in the OMP. Management reported they have put in place an agreement with a contractor who is competent in providing pandemic cleaning services, to obtain external surge cleaning workforce if this is required.

The Assessment Team observed notice boards, signs and other sources of information throughout the service which were language and reading level appropriate for staff, consumers and visitors on infection prevention and control. The Assessment Team observed density signs in most areas except for some office areas. Management advised they are in the process of completing the room measurement and placement of density signage.

In relation to consumers, consumers were observed by the Assessment Team to be moving freely outside of their rooms. Management advised consumers are being screened daily for symptoms and a temperature check is conducted and results are recorded in the electronic care management system. Management advised mealtimes are not staggered at the service as there are several large dining areas which can accommodate consumers and staff with social distancing. The Assessment Team observed consumers undertaking an activity in singular chairs placed beside each other, however the activity was being conducted in a very large room.

Based on the information summarised above, it is my decision the Approved provider has acted to implement a range of strategies, procedures and practices to prepare for and minimise the risk of a potential COVID-19 outbreak.

# 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.

# Other relevant matters

On 28 August 2020 following an Assessment contact the provider was assessed as non-compliant with the following requirements of the Quality Standards; these non-compliant requirements were not assessed during this performance assessment:

* Standard 3 Requirement 3 a)
* Standard 7 Requirement 3 e)
* Standard 8 Requirement 3 c)