Churches of Christ Care Gracehaven Aged Care Service Bundaberg

Performance Report

71 Dr Mays Road
BUNDABERG QLD 4670
Phone number: 07 4153 8000

**Commission ID:** 5245

**Provider name:** Churches of Christ in Queensland

**Assessment Contact - Site date:** 15 March 2021

**Date of Performance Report:** 23 April 2021

# 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 provider’s response to the Assessment Contact - Site report received 20 April 2021
* other intelligence and information relating to the service held by the Commission.

# 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 under this Standard; therefore, a compliance rating or summary is not provided.

### 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 identified deficits regarding the service’s preparedness for a potential COVID19 outbreak through information recorded in the service’s outbreak management plan and made observations of deficits in infection control processes at the service.

The Approved provider in its written response to the Assessment Team’s findings addressed anomalies in the service’s outbreak management plan including the identification of donning and doffing of personal protective equipment and clinical handover processes.

Observations made by the Assessment Team regarding the lack of hand washing facilities have been addressed by the Approved provider by the installation of additional soap dispensers in consumer bathrooms. A process has also been established to ensure the availability of sanitising wipes at the station where staff sign in and staff rooms.

The Assessment Team had concerns relating to the amount of personal protective equipment available to staff. The Approved provider addressed this concern in its response and noted nearby organisational services would be able to assist the service with personal protective equipment stocks in the event of an outbreak. Water fountains observed by the Assessment Team have been removed at the service.

A review was undertaken by the service in relation to the supply of slings for consumers to ensure each consumer have an individual sling. This process has been completed and each consumer requiring a sling has their own individual sling. Soiled shared equipment identified by the Assessment Team was cleaned immediately during the performance assessment and staff have been reminded of their cleaning responsibilities.

In considering the Assessment Team’s findings and the response received from the Approved provider, my decision is the service has effective infection processes to identify and prevent a potential COVID19 outbreak and also has effective infection control guidelines. It is therefore my decision this Requirement is Compliant.

# 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.