Esperance Multipurpose Health Centre

Performance Report

15 Chapman Avenue   
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**Commission ID:** 8832

**Provider name:** Huon Regional Care

**Assessment Contact - Site date:** 6 October 2020

**Date of Performance Report:** 9 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 Assessment Team’s checklists for the Assessment Contacts - Site (infection control monitoring) conducted on 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 processes to minimise risks of infection including an organisational COVID-19 Outbreak Management Plan with site specific documents to minimise and manage risks associated with COVID-19. The management plan has recently been reviewed improved and strengthened. There are policies, procedures and guidelines to support infection control practices including polices on antimicrobial stewardship. Staff have received infection control training and recently re-completed an online module regarding COVID-19 management. Practical observation of donning and doffing techniques is planned.

The service liaises with general practitioners, consumers and others to ensure appropriate antibiotic prescribing and use.

### 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 an organisational COVID-19 Outbreak Management Plan with site specific documents to minimise and manage risks associated with COVID-19.
* Deficits identified at the site infection control monitoring visit have been rectified and information required to manage a COVID-19 outbreak is accessible and current in a reviewed outbreak management plan dated 1 October 2020.
* Internal monitoring processes are established and other infection prevention strategies are in place as required to minimise the risk of COVID-19.
* Allocation of the nominated outbreak co-ordinators and contact phone numbers documented.
* Alternative contact for particular roles has been documented.
* A register of staff working at other sites has been commenced.
* A list of consumers with photos and Medicare numbers is under review.
* Contact details for personal protective equipment stockists, surge workforce and the clinical waste contractor have been recorded.
* Contingency plans for moving consumers who test positive for COVID-19 have been documented.
* Social distancing was observed to have improved within the service between staff and consumers and in the dining room and activity room.
* Signage has been implemented regarding cough etiquette and staying home if displaying signs and symptoms. Density signage has improved.
* Doors remain closed between the sub-acute area and the aged care area. Signage has been placed on the door for not entering the area.
* Policies and procedures are available to guide staff in the prevention and or management of infections, including polices on antimicrobial stewardship.
* Consumers are routinely monitored for signs and symptoms of infections and this information is recorded on an infection surveillance form.
* Visitors are screened on entering the service.
* Alternative options for treating infections are discussed with medical officers to minimise the use of antibiotics for consumers.
* Pathology samples are always collected to ensure appropriate use of antibiotics.
* Representatives and staff expressed a high level of satisfaction with the services infection control practices.
* Two representatives said they were aware of their relatives’ infections and that they were notified of antibiotic prescribing and kept informed of medical officer reviews regarding infection related incidents.
* There are supplies of personal protective equipment available at all times and appropriate plans are in place if an outbreak commenced at the service.

Based on the information provided, I find that the approved provider has addressed deficits in infection prevention and control identified in the monitoring site visit conducted prior to this desk assessment. The Outbreak Management Plan Staff PPE practice has been strengthened and internal monitoring processes enhanced and ongoing monitoring and reviews are occurring. 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.