Grace Villa Aged Care

Performance Report

4/ 25-33 Grimshaw Street
GREENSBOROUGH VIC 3088
Phone number: 03 9432 2855

**Commission ID:** 4034

**Provider name:** Samkay Health Pty Ltd

**Assessment Contact - Site date:** 12 January 2021

**Date of Performance Report:** 1 February 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 Infection control monitoring checklist conducted on 12 January 2021.

# 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 assessed one of seven requirements under Standard 3 and found one specific requirement was met.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

The service has an infection control policy and an Outbreak Management Plan to support the service in practicing transmission-based precautions and preparing for a possible infection outbreak. The service also has an antimicrobial stewardship policy that guides staff in the appropriate prescribing of antibiotics.

#### Management and staff at the service were able to describe their role and responsibilities around infection control and antimicrobial stewardship. Management had implemented changes to the service’s outbreak management plan to ensure that clear lines of communication would be available in the event of an outbreak.

#### The documentation reviewed by the Assessment Team indicated that infection related risks are identified, tracked and managed.

### 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.*
3. *optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team found the following:

The service has a current Outbreak Management Plan to respond to a COVID-19 outbreak. The Outbreak Management Plan outlines roles and responsibilities of staff should there be an outbreak at the service. Contact details for external providers are included in the plan, including contact details for agency staff, cleaning staff and laundry staff should they be required.

* Consumers provided feedback that staff regularly perform hand hygiene before and after providing personal care and always wear PPE.
* Management described how they minimise infection related risks to the service. For example:
	+ All staff, visitors and contractors are screened before entry to the service
	+ The service applies the ‘Safer Care Victoria’ screening tool to screen consumers daily for signs and symptoms of COVID-19
	+ Despite the fact there is no current mandated requirement for staff to generally wear eye protection, the service has taken a very cautious approach to infection control. All staff are required to wear both face masks and shields
	+ Senior staff actively monitor infection control and manage staff compliance with practices including hand hygiene and correct application and use of PPE.
* Care staff described how they minimise infection-related risks by ensuring they maintain social distancing protocols, regularly engage in hand hygiene practices and wear PPE in line with training provided.
* Cleaning staff contribute to minimising infection-related risks. For example:
	+ Cleaners use colour coded cleaning equipment that has separate designated use
	+ Cleaning cloths and water are changed often and equipment such as mop heads are sterilized
	+ High touch point surfaces such as handles, rails and keypads are cleaned regularly and as an on-going requirement of the cleaning schedule.
* Antibiotic use is monitored and applied according to a consumer’s condition. All applications of anti-biotics have a date of cessation. The pharmacy also monitors antibiotic use.
* The clinical care coordinator participates in a ‘medication advisory committee’ that meets every six months. The committee includes treating general practitioners and a pharmacist. The application and administration of antibiotics is discussed, and representatives are engaged in discussions about antibiotic application.
* Staff have access to policies and procedures regarding antimicrobial stewardship and infection control. Staff described practices regarding effective and appropriate use of antibiotics and management identify and monitor consumer infections and antibiotic use.

Based on the information provided, I find that the approved provider has addressed previously identified deficits in infection prevention and control. The Outbreak Management Plan, screening of staff and visitors and staff PPE practice have been strengthened and internal monitoring of infection control processes enhanced. Other infection prevention strategies have also been enhanced. The service also has an antimicrobial stewardship policy that guides staff in the appropriate prescribing of antibiotics and antibiotic use is monitored and reviewed. 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.