Hepburn House

Performance Report

1 Hepburn Road   
DAYLESFORD VIC 3460  
Phone number: 03 5348 8100

**Commission ID:** 3969

**Provider name:** Daylesford Aged Care Services Pty Ltd

**Assessment Contact - Site date:** 19 March 2021

**Date of Performance Report:** 27 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** | **Compliant** |
| 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 9 April 2021
* the infection control monitoring checklist.

# 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 service has demonstrated that it has an overall organisational COVID-19 management plan with site specific documents to minimise and manage risks associated with COVID-19 outbreaks.

General infection control policies are in place with the service minimising the use of antibiotics, collecting and analysing data for trends and presenting low infection rates. Staff complete infection control training annually and complete hand washing competencies. Staff have been trained to use PPE as required and additional staff training in the use of personal protection equipment (PPE) has been provided. Internal infection control monitoring processes are established, and other infection prevention strategies are in place as required to minimise the risk of COVID-19 and other infection outbreaks.

The overall Quality Standard is not assessed as only one of the seven specific requirements has been assessed.

### 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.*

# STANDARD 3 Personal care and clinical care

Overall sampled representatives said they were confident the service could manage a Covid-19 outbreak appropriately. While the Assessment Team identified some gaps in the practice at the service on the day of the site visit in particular the inappropriate use of masks, the approved provider has acknowledged and demonstrated remedial action has been undertaken. This includes further staff education and arrangements for ongoing education.

The service has demonstrated that it has an overall organisational COVID-19 management plan with site specific documents to minimise and manage risks associated with a COVID-19 outbreak. The outbreak management plan has been reviewed and updated and planning, cohorting of residents, communication including information about clinical handover is in place if required. The service has demonstrated it has plans in place to appropriately manage PPE and PPE waste in the event of an outbreak. Cleaning is scheduled, and cleaning supplies are readily available and used throughout the service.

Based on the information provided, I find that the approved provider has addressed concerns identified by the Assessment Team. The response from the approved provider demonstrates that the service has policies and procedures in place and implements practices to minimise infection related risks and has standards and transmission-based precautions to prevent and control infection. The service manages and minimises the use of antibiotics. I therefore find this requirement 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 and is encouraged to actively maintain infection prevention and control (IPC) programs in order to remain compliant with the Quality Standards.