Ian Brand Nursing Home

Performance Report

1231 Plenty Road
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**Commission ID:** 4427

**Provider name:** Northern Health

**Assessment Contact - Site date:** 18 February 2021

**Date of Performance Report:** 6 May 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 5 March 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

Requirement 3(3)(g) is assessed as Compliant.

### 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 that the service’s pandemic preparedness is not effective in terms of:

* documentation of decision making in relation to COVID19
* observations of donning/doffing station set up; staff face mask wearing practice; display of density and social distancing signage; and, availability of wipes for shared equipment.
* availability of the infection control lead, and
* gaps in the outbreak management plan in relation to cohorting and shared bathrooms.

The provider’s response provided additional information in relation to these areas, including the allocation of infection control leads. The provider’s response also details direct and support action taken since the audit to address concerns raised by the Assessment Team, including the implementation of PPE spotters and review of their COVID Safe audit tool. The provider’s response sets out updates to the outbreak management plan and education for staff.

While the Assessment Team recommended this requirement as non-compliant, I find, taking all relevant evidence and subsequent action taken by the provider into consideration, that the service on balance is compliant the requirement.

# 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.