Little Sisters of the Poor St Joseph's Home

Performance Report

112B St Georges Road   
NORTHCOTE VIC 3070  
Phone number: 03 9489 8444

**Commission ID:** 3415

**Provider name:** Little Sisters of the Poor Aged Care Ltd

**Assessment Contact - Desk date:** 29 October 2020

**Date of Performance Report:** 23 November 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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff.
* the Assessment Team’s checklists for the Assessment Contacts - Site (infection control monitoring) conducted on 6 October 2020 and 19 October 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.

### Assessment of Standard 3 Requirements

The service has an COVID-19 Outbreak management plan and procedures with site specific documents to minimise and manage risks associated with COVID-19 including a COVID Safe Plan. Supporting documentation is accessible on site in the COVID-19 service handover folder.

General infection control policies are in place with the service collecting and analysing data for trends. Staff complete infection control training annually and complete hand washing competencies. Antimicrobial stewardship policies are in place and antibiotic use monitored and evaluated. Staff use PPE as required and other infection prevention strategies are in place as required to minimise the risk of COVID-19.

### 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 service’s COVID-19 Outbreak management plan, Handover of the home plan and PCI contain relevant actions and information relating to minimising risks associated with COVID-19 and managing an outbreak, guidance material on accessing supporting documentation and the services electronic systems are in place.
* A screening process for visitors and staff is in place and there is a process map to support this process which includes documentation of responses to screening questions and monitoring by a staff member.
* Signage is on display at entry doors advising of ‘not to enter’ if signs or symptoms of respiratory illness and sanitiser and wipes are accessible at the sign in register/reception area.
* High touch areas and clinical equipment are sanitised and staff reminders have occurred and signage about sanitising is on display.
* Signage about sneeze/cough etiquette, social distancing and density signage is in place.
* The COVID-19 Outbreak management plan has been reviewed, amended and was last updated on 23 October 2020 to reflect site specific information. This includes:
  + Outbreak management team at the site, roles and responsibilities are included.
  + Service provider details and Government agencies are reflected.
  + Transfer to hospital guidelines in the event of an Outbreak are included and reflect consultation with the consumer/representative.
  + The first 24 hours document is included.
  + Contact details and roles of staff in the event of a COVID-19 outbreak including alternative contacts is included. Proposed allocation of staff and duty lists for each shift is included with allocation to wings reflected.
  + The updated Outbreak management plan includes PPE stockists and surge workforce details.
* Documents reflecting consumer details including Medicare and contact details of GPs, representatives and care needs is located within the COVID-19 handover document with printed versions maintained to facilitate access.
* The site floor plan reflects cohorting and donning locations and lockdown of wings. Donning and doffing stations are separated; signage, stocks and waste disposal is in place.
* Monitoring of staff PPE and infection control and risk minimisation practice has been strengthened and occurs through management observation and audits and infection control champions.
* Infection control policies are in place in addition to the COVID-19 Outbreak management plan.
* General infection control training is provided annually including handwashing competency.
* Infections are tracked and analysed for trends reports and data for August 2020 and September 2020 were provided and reflects this occurs.
* Infection control policy viewed includes Antimicrobial stewardship policy.
* Medication use including antibiotics are reviewed at the Medication Advisory Committee meetings (MAC meetings).

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