Mercy Place Northcliffe

Performance Report

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**Commission ID:** 3003

**Provider name:** Mercy Aged and Community Care Ltd

**Assessment Contact - Site date:** 8 June 2021

**Date of Performance Report:** 1 July 2021

# Publication of report

This Performance Report **will 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.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care. The Team also examined relevant documents.

Clinical staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection. Management demonstrated they support clinical staff through the appointment of an Infection Prevention and Control lead. Staff are provided with training and Personal Protective Equipment supplies to reduce cross infection.

The service demonstrated an updated COVID-19 outbreak management plan is in place, standard and transmission-based precautions have been implemented to support the service to prevent and control infection. Relevant infection control training has been provided to staff. Consumers’ infections are identified and managed, and antibiotic usage is minimised.

An overall rating for this Quality Standard is not given as only one of the seven specific requirements have 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.*

The Assessment Team found the service minimises infection related risks through the implementation of standard and transmission based precautions to prevent and control infection and practices to minimise the use of antibiotics.

The service has appointed an Infection Prevention and Control (IPC) lead who has completed formal training. The IPC lead is supported by the services Infection Control Consultant (ICC) through the sharing of current and best practice infection control information.

The IPC lead demonstrated and understanding of the role and how infection related risks are minimised at the service. This included sufficient supplies of Personal Protective Equipment (PPE), correct PPE usage, regular hand hygiene and screening of all staff and visitors at a single point of entry.

Management demonstrated there is a schedule in place to ensure increased cleaning of high touch points.

Clinical staff demonstrated an understanding of how they minimise the use of antimicrobics. Clinical staff have received online and toolbox training and antimicrobial stewardship principles. This training is mandatory for registered nurses.

The service has appointed PPE champions to conduct refresher training every six months, with hand hygiene competency completed annually. Correct usage of PPE is checked by the registered nurse in charge of every shift, with random spot checks completed by management and senior clinical staff. Staff have received education and training on infection control and reporting of cases to relevant government departments. The service has implemented an induction program for new staff on COVID-19 preparedness.

The service demonstrated it has infection control policies including an updated Outbreak Management Plan in place to guide staff practice.

The Assessment Team observed infection control measures in place at the service. This included sufficient supply of PPE, alcohol-based hand sanitiser throughout the service in shared spaces, and sanitising wipes and cleaning reminder signage in place on shared equipment. Signage related to room density, cough etiquette, social distancing and hand washing was observed throughout the service and staff were observed social distancing within office and staff break spaces.

In making my decision I have considered the evidence in the Assessment Team report. Based on the evidence provided I am satisfied the Approved Provider has demonstrated compliance with this requirement. I therefore find this requirement is Compliant.

# 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.