Mercy Place Wyndham

Performance Report

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**Commission ID:** 4342

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

**Assessment Contact - Desk date:** 12 August 2021

**Date of Performance Report:** 20 September 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 - Desk; the Assessment Contact - Desk report was informed by review of documents, photographs and interviews with staff.

# 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 adequately demonstrated they are effectively minimising infection related risks and that they are prepared for an outbreak. Management have implemented actions in response to the last Assessment Contact.

The Assessment Team assessed one of the seven requirements under this Standard and found it compliant.

As not all requirements under this Standard were assessed, an overall rating for the Standard is not provided.

### 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 management have undertaken improvements in response to deficits identified at the last visit. These include:

* Staff education with topics including infection control principles, correct use of personal protective equipment and hand hygiene. Education is provided by the organisational educator and using online training. Attendance records demonstrate there is ongoing training to support infection control and minimise risks including personal protective equipment (PPE) use and hand hygiene. It is mandatory for all new staff to complete infection control online modules and a practical hand hygiene competency.
* A new process of allocating responsibility to monitor the staff locker room and PPE supplies in the staffroom has been allocated to the nurse in charge of each shift. The nurse is required to inspect the areas on each shift.
* Staff have been provided with instructions on how to clean face shields. Staff are required to store their face shield in their own locker when on meal breaks or dispose of it and take a new one.
* Weekly random audits completed by the quality officer or care manager includes staff knowledge and practice, signage, PPE storage and stock levels, equipment, donning and doffing stations and cleaning.
* The outbreak management plan is available in the nurse station. Meeting minutes demonstrate staff are reminded of its location. Management said the plan contains consumer information including Medicare numbers and representative details. Management said night staff update the information in relation to consumers nightly. The outbreak management plan was last updated in June 2021.

Management provided photographs that demonstrated:

* Signage and sanitising wipes have been placed at the vending machine, where shared lifting equipment is and at high touch points including on desks.
* There is signage throughout the service advising of density numbers, cough etiquette and correct use of PPE.
* Donning and doffing stations at are required points including the staff room.
* The staff locker area is tidy.

The service has one point of entry, including for staff. Everyone entering is required to use the QR code, sign a declaration and be temperature checked. Management complete random auditing of staff compliance, comparing the information to the roster.

Asymptomatic COVID-19 testing of staff occurs every 10 to 14 days, with the last session held 9 August 2021. All results were negative.

Consumer information demonstrated COVID-19 surveillance of all consumers occurs twice daily, on the morning and afternoon shits. The monitoring includes temperature testing.

A new infection prevention and control (IPC) lead is a registered nurse who is currently completing the course. An organisational infection control consultant provides support including visiting the service.

The service has a range of policies including minimising infection risk, infection control and vaccination.

A high proportion of consumers have had COVID-19 vaccinations. There has been an inhouse campaign promoting staff vaccinations. Staff have been notified of requirements to be COVID-19 vaccinated.

The service has an antimicrobial stewardship policy. Management described how the service minimises the use of antibiotics and monitors their use through monthly reports and medication advisory committee (MAC) meetings. Meeting minutes demonstrated antibiotic use was discussed at the most recent MAC meeting in August 2021.

The Approved provider did not submit a response to the Assessment Team’s report.

I have reviewed the information provided and find this requirement is Compliant as the Approved provider was able to demonstrate effective actions taken to minimise infection related risks.

# 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.