Nazareth House Camberwell

Performance Report

16 Cornell Street
CAMBERWELL VIC 3124
Phone number: 03 9830 5022

**Commission ID:** 3025

**Provider name:** Nazareth Care

**Assessment Contact - Desk date:** 27 October 2020

**Date of Performance Report:** 20 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 an interview with staff.
* the Assessment Team’s checklists for the Assessment Contacts - Site (infection control monitoring) conducted on 16 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.

The service has an overarching COVID-19 Outbreak Management Plan with site specific documents to minimise and manage risks associated with COVID-19. Infection control training has been undertaken by staff.

The service has an overarching policy on antibiotics and policies in place relating to antibiotic use.

The Assessment Team reviewed a range of documents including reports, outbreak management plans, training records, sign in records and photographs demonstrating actions implemented at the service in regard to infection control and specifically in relation to COVID-19.

### 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 following:

* The service has an overarching COVID-19 Outbreak Management Plan with site specific documents to minimise and manage risks associated with COVID-19. The Outbreak Management Plan was last updated on 16 October 2020.
* Deficits identified at the site visit have been rectified and the service supplied documentation demonstrating information required to manage a manage a COVID-19 outbreak is current and accessible.
* A list of residents and their photos is available on the administration hard drive which is accessible “offsite” by a number of key contacts within the service. Packs including the resident’s photos are also available in the Outbreak Management Folder in each unit which can be used in the event of surge staff.
* Donning and doffing stations are in place with sanitiser and signage to remind staff of the steps involved.
* Visitation is allowed at the service with steps taken to ensure that infection risks are mitigated.
* All visitors to the service are screened upon entry, monitored to ensure that they are wearing masks and reminded of physical distancing. Hand hygiene is undertaken when the visitor enters the service.
* Infection control training has been undertaken by staff.
* The service has an overarching policy on antibiotics and policies in place relating to antibiotic use.
* Meetings with GPs occur to discuss antibiotic use at the service and an audit completed on antimicrobials from September 2020.

# 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.