Samkay Health Tyabb

Performance Report

30 The Crescent
TYABB VIC 3913
Phone number: 0424 461 601

**Commission ID:** 3572

**Provider name:** Samkay Health Pty Ltd

**Assessment Contact - Desk date:** 17 September 2020

**Date of Performance Report:** 8 October 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 Teams’ checklists for the Assessment Contacts - Site (infection control monitoring) conducted on 17 August and 7 September 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 organisational COVID-19 outbreak management plan with site specific documents to minimise and manage risks associated with COVID-19.

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. Additional staff training in the use of PPE has been provided, internal monitoring processes are established and other infection prevention strategies are in place as required to minimise the risk of 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:

* In addition to Infection control policies the service has an overarching organisational COVID-19 outbreak management plan with site specific documents to minimise and manage risks associated with COVID-19. Supporting documentation is contained within a single folder onsite known as the Facility Resource folder.
* Deficits identified at the site monitoring visits have been rectified and information required to manage a COVID-19 outbreak is accessible and current.
* Entry points to the service have signage regarding entry conditions, sign in requirements, use of face coverings and visitor restrictions.
* Each shift a staff member is allocated to complete screening procedures on all visitors and staff who wish to enter the facility. All visitors and staff attending the facility complete a ‘COVID-19’ screen at reception which includes documentation of the risk questions, contact details of each person and temperature monitoring.
* PPE, surface cleaning products, wipes and hand sanitiser is available at reception with appropriate waste bins in place and additional supplies and waste bins are accessible throughout the service.
* Consumers are monitored daily for signs of respiratory and other infections with additional screening in place in line with current guidelines including daily temperature monitoring.
* Management conducts observational audits to ensure ongoing compliance and correct usage of surgical face masks and the service has undertaken a staff training audit with a focus on staff education in relation to PPE donning and doffing. Posters on display reflect how to ‘don and doff PPE, hygiene practices/etiquette and social distancing notices. Signage for donning and doffing of PPE are displayed.
* General infection control policies are in place and there are annual training requirements in relation to infection control training and handwashing competencies.
* The floor plan now includes potential cohorting plans and notes the location of donning/doffing stations.
* Density signage has been installed in all areas of the service.
* Cleaning staff assist in minimising infection control risks.
* The service has policies in place relating to antibiotic use and management stated antibiotic use is reviewed at a site and corporate level with trending occurring. Antibiotic use is also discussed at Medication Advisory Committee meetings.

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

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 have also been enhanced. 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.