Sandown Apartments

Performance Report

Southerwood Dve
SANDY BAY TAS 7005
Phone number: 03 6216 7100

**Commission ID:** 8054

**Provider name:** Southern Cross Care (Tas) Inc

**Assessment Contact - Desk date:** 28 October 2020

**Date of Performance Report:** 27/11/20

# 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** | **Compliant** |
| 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 a review of documents and an interview with staff.
* the Assessment Team’s checklists for the Assessment Contacts - Site (infection control monitoring) conducted on 7 September 2020 and the Assessment Contact - Desk conducted on the 24 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.

Management has an overall organisational level Outbreak management plan in place and also information specific to the needs of the service and has particular documents to minimise and manage risks associated with COVID-19. The Outbreak management plan is accessible and kept in a ‘COVID-19’ folder.

The service has infection control and minimisation, vaccination and antimicrobial stewardship policies. Staff have infection control training. Hand hygiene competencies and PPE training are completed annually and as part of orientation. Internal infection control monitoring processes have been established and other infection prevention strategies are in place as required to minimise the risk of COVID-19.

Infections are monitored through monthly reports and the service minimises the use of antibiotics and monitors their use through monthly reports and medication advisory committee meetings.

### 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 Outbreak management plan in use is an organisational version and information specific to the needs of the service is kept with the plan in a ‘COVID-19’ folder.
* The plan is available in hard copy and electronically.
* The plan provides information and guides management, staff and others in range of areas including:
	+ what to do in the first 24 hours
	+ a range of processes including lockdown, communication, managing staffing, screening of consumers and clinical handover processes
	+ contact details for a range of services and key roles, the designated person and their contact details.
* The service has a folder with information for each consumer including individual summary clinical needs, a photograph, room number, emergency contact details and Medicare number. This information is prepared and stored to support a surge workforce.
* Consumers and visitors are screened daily.
* A range of signage displayed throughout the service includes density numbers and social distancing requirements, cough etiquette.
* The service has a range of policies including minimising infection risk, infection control and vaccination.
* Infection control, hand hygiene competencies and PPE training are completed annually and as part of orientation. There is ongoing regular toolbox training on these topics.
* The service minimises the use of antibiotics and monitors their use through monthly reports and medication advisory committee 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 visit and a desk assessment conducted prior to this desk assessment. The Outbreak Management Plan, staff PPE practice has been strengthened and internal monitoring processes enhanced. Other infection prevention strategies have been established. 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.