Snug Village

Performance Report

10A Torpy Avenue
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**Commission ID:** 8064

**Provider name:** Christian Homes Tasmania Inc

**Assessment Contact - Desk date:** 12 November 2020

**Date of Performance Report:** 1 December 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 a review of documents and an interview with staff.
* the Assessment Team’s checklist for the Assessment Contacts - Site (infection control monitoring) conducted on 11 September and a desk assessment conducted on 29 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 and procedures with site specific documents to minimise and manage risks associated with COVID-19 including a COVID Safe Plan. Supporting documentation is accessible on site in the COVID Outbreak kit.

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. Staff use PPE as required and other infection prevention strategies are in place as required to minimise the risk of infection transmission.

### 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:

* Consumers are monitored for signs of respiratory and other infections in line with current guidelines.
* The service continues to monitor staff and visitors entering the facility in line with Department of Health directives.
* Entry points to the service have signage regarding entry conditions, sign in requirements and visitor restrictions.
* Entry doors to the service are secured to ensure all entry is monitored.
* All visitors and staff complete the sign in procedure and complete a ‘COVID-19’ Health Check at reception which includes documentation of the risk questions, contact details of each person and temperature monitoring.
* The service continues to maintain their register of staff and volunteer influenza vaccinations.
* PPE, surface cleaning products, wipes and hand sanitiser are available at reception and additional supplies are accessible throughout the service.
* The service has a Continuous improvement plan which includes a range of actions and timeframes added in response to changes in state and commonwealth directives and best practice guidelines.
* Staff have completed online and practical education relating to infection control practices including donning and doffing of gloves and masks.
* Management conducts infection control audits to ensure ongoing compliance and safe practices and expectations are discussed and communicated regularly to staff.
* Contact details for suppliers of PPE and surge workforce are contained in the Outbreak management plan.
* A decision flow chart for deteriorating residents has been developed and included in the Outbreak management plan and reflects a collaborative decision process involving the consumer, representatives, general practitioners and Department of Health/PHU consultation.
* General infection control policies are in place and there is annual training in relation to infection control training and handwashing competencies.
* The service has policies in place relating to antibiotic use and antibiotic use is reviewed at a site and corporate level with trending occurring. Antibiotic use is also discussed with MAC meetings and at clinical governance meetings.
* Infections are identified and recorded on infection monitoring tools with trends identified and bench marked.

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 desk assessment conducted prior to this desk assessment. The Outbreak Management Plan and staff PPE practice have been strengthened and internal infection control monitoring processes enhanced. Other infection prevention strategies are in place. 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.