SummitCare Smithfield

Performance Report

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SMITHFIELD NSW 2164  
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**Commission ID:** 2822

**Provider name:** Stelcom Pty Limited

**Assessment Contact - Site date:** 29 January 2021

**Date of Performance Report:** 23 February 2021

# 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 |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service was able to demonstrate it was able to minimise infection related risks. Staff at the service demonstrated knowledge in minimising infection related risks, and received adequate support through training, and comprehensive policies, procedures, or other documentation.

Not all requirements were assessed and therefore an overall rating for the Quality 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 identified the service has developed a comprehensive outbreak management plan. It is site-specific and up to date with relevant information including communication plan, staff, contractors, suppliers and other relevant contacts telephone details.

The Assessment Team sighted the service’s comprehensive policies and procedures that guide staff to minimise standard and transmission-based infection and reduce the risk of resistance to antibiotics. Staff interviewed could describe the ways they minimise infection related risks at the service and were observed by the Assessment Team to follow infection control precautions.

The Assessment Team identified staff received regular training in infection prevention and minimisation.

I find this requirement Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team interviewed management staff and examined relevant documents.

The Assessment Team found that the service had effective risk management systems and practices, that manage high impact or high prevalence risks associated with the care of consumers, abuse and neglect of consumers, and to support consumers to live the best life they can. For example, the service has a documented risk management framework with a wide range of policies and procedures to assist staff manage risk.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team sighted a documented risk management framework which included a wide range of policies and procedures so staff can effectively manage high impact or high prevalence risks associated with the care of consumer (including managing infection outbreaks), abuse and neglect of consumers, and to support consumers live the best life they can.

Management staff were able to describe how they monitored and managed high impact or high prevalent risks, such as evaluating monthly clinical data and taking an appropriate response to trends. The staff stated that their high prevalent risks were currently weight loss, pressure injuries, dysphasia and falls, and they could provide examples of when action was taken or changes to practices were made in response.

I find this requirement Compliant.

# 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.