The Lakes Hostel

Performance Report

107-119 Lake Street
EDENHOPE VIC 3318
Phone number: 03 5585 9800

**Commission ID:** 3244

**Provider name:** Edenhope & District Memorial Hospital

**Assessment Contact - Desk date:** 25 October 2021

**Date of Performance Report:** 10 November 2021

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 Commissioner’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 desk assessment, review of documents and interviews with management, staff and consumer representatives.
* the provider’s response to the Assessment Contact - Desk report received 4 November 2021.

# 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 service has documented infection control policies and procedures, including an outbreak management plan. The plan is printed and available to all staff in folders located in the nurse’s station. The senior nurse on duty has initial responsibility as an outbreak coordinator.

Staff understood their role in the event of an outbreak. The service provided evidence of staff education in infection control, protective equipment and hand hygiene. Documentation also evidenced the service had an adequate stock of personal protective equipment and the service had recently conducted audits of waste management and cleaning practices.

Staff described strategies used to reduce the transmission of infection, including COVID-19. Clinical staff and management explained how the use and need for antibiotics are minimised at the service. This includes:-

* Obtaining pathology specimens where possible, before the prescription of antibiotics, to ensure targeting of causative microorganisms.
* Ensuring personal hygiene is applied at a high standard.
* Encouraging and monitoring fluid intake when a urinary infection is suspected.

Representatives confirmed they are screened on entry to the service. This screening includes temperature checking, hand sanitising, providing responses to health screening questions, and donning of masks. Staff were observed to be wearing masks, performing hand hygiene and donning personal protective equipment, including face shields on some occasions.

The infection control and prevention lead delivers face to face training and monitors staff and infection control practices within the service. Internal audits are completed by the general manager and the cleaning/laundry manager.

The service is compliant with Standard 3, requirement 3(g).

The Assessment Team did not assess all requirements 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.*

# 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.