Westgate Aged Care Facility

Performance Report

4 William Street
NEWPORT VIC 3015
Phone number: 03 9391 9222

**Commission ID:** 4330

**Provider name:** Pannavila Enterprises Pty Ltd

**Assessment Contact - Desk date:** 20 October 2020

**Date of Performance Report:** 12 November 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 site assessment, observations at the service, review of documents and interviews with staff.
* the provider’s response to the Assessment Contact - Desk report received on the 29 and 30 October 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 demonstrated it is effectively minimising infection related risks and it has undertaken training and preparation for a Covid-19 outbreak including updating the Outbreak management plan. Review, further training and improvements in the use of standard personal protective equipment (PPE) have been implemented. All staff have completed PPE training.

General infection control policies are in place and staff complete infection control training and complete hand washing competencies.

### 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.*

Based on evidence received from the approved provider in response to the Assessment Report I am satisfied the deficits identified at the site visit and in a subsequent desk assessment have been addressed. For example:

* An external body has delivered mock COVID-19 outbreak training and reviewed current infection control and risk minimisation practices
* Site plans demonstrate arrangements are in place for cohorting consumers across the entire facility should it be required
* Deficits identified at the site infection control monitoring visit and a desk assessment have been rectified and information required to manage a COVID-19 outbreak is accessible and current in a reviewed outbreak management plan. The Outbreak Management Plan has also been updated to reflect the training and reviewed practices including ensuring access to electronic records is available to a range of staff and access login instructions are accessible
* Staff practices in donning, doffing and wearing PPE have been reviewed and improved. In particular revised PPE practice has been implemented when staff are entering and exiting the service and when taking breaks
* Signage is in place reflecting correct PPE usage
* Training records for 2020 demonstrate all staff have completed PPE training
* Waste management practices have been reviewed and improved and collection times increased
* High touch areas and shared equipment are cleaned regularly and promptly after use. Appropriate cleaning products and signage are in place.
* General infection control policies are in place and staff complete infection control training and complete hand washing competencies.

I acknowledge the actions the service has recently undertaken in response to assessment contacts. 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 conducted and the desk assessment. The Outbreak Management Plan and staff training in PPE practice has been strengthened and monitoring and reviews to minimise risk are occurring. Other infection prevention strategies have also been enhanced. I therefore find this requirement is met and the approved provider it complies with requirement (3)(g) of Standard 3.

# 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.