Woodlands Park Aged Care

Performance Report

34 Free Street   
NEWMARKET QLD 4051  
Phone number: 07 3352 6488

**Commission ID:** 5264

**Provider name:** Mellreach Pty Ltd

**Assessment Contact - Site date:** 15 October 2020

**Date of Performance Report:** 16 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 - 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
* the provider’s response to the Assessment Contact - Site report received 22, 27 and 28 October 2020.
* The infection control monitoring checklist completed 15 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 under Standard 3 and therefore a compliance rating and Standard summary are 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 recommended the service did not meet this Requirement as the service had not adequately prepared for a potential COVID -19 outbreak. I agree with the Assessment Team that at the time of the Assessment contact the service was not sufficiently prepared for a potential COVID-19 outbreak. However, I have reviewed the written submission of the Approved provider and my decision is this Requirement is now compliant.

The reasons I have decided this Requirement is now compliant are documented below. As part of the Approved provider’s response a Plan for continuous improvement was submitted. This plan and associated documents submitted demonstrate the service’s current preparedness for a potential COVID 19 outbreak. The service has updated the CDNA guidelines and the current version is held in the COVID Resource folder. The outbreak management folder was reviewed and completed on 23 October 2020. Additional cleaning hours have been added to the roster for cleaning of shared equipment to ensure cleaning of shared equipment is completed twice each shift. Signage and disinfectant wipes have been placed around the service to remind staff of their obligations.

Confirmation has been sourced regarding potential COVID positive consumers and their ongoing clinical care. Surveys have been sent to representatives and Enduring Powers of Attorneys regarding preferences for consumers if they become unwell and require transfer from the service.

A signage and cleaning supplies audit was completed and identified previously displayed signage had gone missing and has been found. Sufficiency of cleaning products have been confirmed by environmental staff. Spreadsheets have been developed to monitor stock of personal protective equipment (PPE) and stock levels will be monitored weekly. Additional clinical waste bins have been ordered to increase the number available.

The service has prepared surge workforce management details to ensure ongoing provision of care for consumers. Donning and doffing training of PPE has been completed by registered staff. The service has discussed social distancing processes and how these can be implemented, given the service has a number of consumers with mental health and cognitive deficits. The service has noted the majority of consumers in the service maintain a social distance on preference.

Screening processes have been reviewed with possible electronic equipment to be purchased following approval of the Board. Additional quick reference guideline material to include specific COVID 19 information.

As part of the infection control program for the service, care plans for consumers with catheters have been reviewed and updated. Antimicrobial stewardship training has been provided to all registered staff. Monthly swabs are taken at the service by an external provider, results of these swabs were provided in the Approved provider’s response and indicate the service is currently clear of protein traces.

Given the actions taken by the Approved provider following the Assessment contact conducted 15 October 2020, it is my decision this requirement is compliant, and the service now has effective processes in place to combat a potential COVID 19 outbreak.

# 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.