mecwacare Elstoft House

Performance Report

12-14 Beulah Street
HAMLYN HEIGHTS VIC 3215
Phone number: 03 5277 3081

**Commission ID:** 3350

**Provider name:** MECWA

**Assessment Contact - Site date:** 19 February 2021

**Date of Performance Report:** 12 April 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** |  **Non-compliant** |
| Requirement 3(3)(g) | Non-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
* Infection Control Monitoring Checklist
* the provider’s responses to the Assessment Contact - Site report received on 9 March 2021 and 18 March 2021

# STANDARD 3 NON-COMPLIANTPersonal 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 assessed one of seven requirements under Standard 3 and found the requirement was not met.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(g) Non-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 observed a number of deficits relating to practices in infection control at the service, which included staff wearing and doffing personal protective equipment incorrectly. There was a lack of hand sanitiser throughout the service and staff were not observed sanitising or washing hands in between caring for different consumers.

Shared care equipment did not have signs prompting cleaning between use, and cleaning supplies were not readily accessible to sanitise equipment.

Clinical waste bins inside the service were difficult to access. Clinical waste bins stored near the carpark were not secured and could be freely accessed.

Common areas of the service lacked density signage, staff did not always adhere to the density requirements of specific rooms and did not always practice social distancing.

The Assessment Team noted the outbreak management plan, held onsite, does not include all key information required in the event of a COVID-19 outbreak, nor is the location of this information referenced when it is located elsewhere in the service. Management and those responsible for infection control monitoring, could not identify where required documentation not kept with the outbreak management plan is located, including a list of consumers, their photographs and emergency contacts.

I have considered responses from the approved provider received on 9 March 2021 and 18 March 2021. I acknowledge that the approved provider has submitted evidence indicating infection control related risks have been reviewed and infection control monitoring and practices are being improved to address the deficits identified. However, based on the Assessment Team’s findings and the information provided in the approved provider’s response, I am not satisfied that transmission-based precautions to prevent and control infection at the service are consistently implemented. Therefore, based on the evidence (summarised above), I find that this requirement is not met.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

*Minimisation of infection related risks through implementing:*

* Consistent standard and transmission based precautions to prevent and control infection including consistently implementing enhanced precautions required to prevent and mitigate the risk of an outbreak of COVID-19.