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 - Desk date:** 8 July 2021

**Date of Performance Report:** 30 July 2021

# 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 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 desk assessment, review of documents and interviews with management from the service.
* The provider’s response to the Assessment Contact - Desk report received on 12 July 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

### An overall rating for this 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 service demonstrated that previously identified infection prevention and control deficits have been addressed.

The facility manager, clinical care coordinators and team leaders conduct a visual inspection of the service every morning, lunch and afternoon to ensure that appropriate personal protective equipment is used, sufficient hand sanitiser is available, and that signage and donning and doffing stations remain set up correctly.

Management advised that training has been conducted on infection control and donning and doffing procedures.

Management stated that the service’s Outbreak Management Plan (OMP) has been updated, with input provided by an infection control consultant. The OMP is available both online and in hard copy form.

Management advised that the service has an antimicrobial stewardship policy and that staff understand how to reduce the risk posed by antibiotic resistance.

The service provided a number of documents to demonstrate compliance with this requirement including the service’s OMP, antimicrobial stewardship policy, infection control management policy and procedure, meeting minutes and training records.

Based on the evidence summarised above, the service complies with this requirement.

# 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.