Kalyra Belair Aged Care

Performance Report

2 Kalyra Road
BELAIR SA 5051
Phone number: 08 8278 5444

**Commission ID:** 6054

**Provider name:** James Brown Memorial Trust

**Assessment Contact - Site date:** 6 April 2021

**Date of Performance Report:** 4 June 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 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 consumers, a representative, staff and others
* the provider’s response to the Assessment Contact - Site report received 23 April 2021
* The Performance Report dated 19 February 2021 for the Site Audit conducted 3 November 2020 to 5 November 2020.

# /NON-COMPLIANT

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

## The Assessment Team assessed Requirement (3)(c) in relation to Standard 8. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 3 November 2020 to 5 November 2020. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

## The Assessment Team have recommended Requirement (3)(c) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(c) and find the service Compliant with Requirement (3)(c). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 3 November 2020 to 5 November 2020 where it was found the service failed to report an allegation of assault made by a consumer to the Aged Care quality and Safety Commission (the Commission) and the Police in line with legislative requirements. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The staff member who had failed to record and escalate the reportable assault was counselled in relation to compulsory reporting requirements, provided with the policy and refresher training in relation to Elder Abuse and compulsory reporting undertaken.
* Refresher training in relation to Elder abuse and Missing persons provided to all staff.
* Reviewed the Elder Abuse policy and procedure which demonstrated the document provided relevant guidance to staff and did not require to be amended.
* Discussed the Non-compliance and compulsory reporting requirements at the Registered and Enrolled nurse meeting.

Information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated the service has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

In relation to regulatory compliance, the Assessment Team identified two incidents on the Mandatory reporting register where review of arrangements for management of consumers’ behaviours had not been implemented within the required timeframe. The Assessment Team’s report and provider’s response demonstrated these incidents had been identified by the service and appropriate actions initiated, including counselling and education provided to the staff members responsible.

An incident 13 days post the Site Audit was noted to have been reported and escalated in line with the service’s process. An investigation was completed and a determination made that the incident was not reportable. However, following receipt of the Performance Report for the Site Audit the incident was retrospectively reported to the Police and the Commission. Additionally, the organisation reviewed internal compulsory reporting processes, and incidents of the nature of the one reviewed by the Assessment Team are now treated as reportable and reported in line with legislative requirements.

For the reasons detailed above, I find James Brown Memorial Trust, in relation to Kalyra Belair Aged Care, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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.