Samkay Health Tyabb

Performance Report

30 The Crescent
TYABB VIC 3913
Phone number: 0424 461 601

**Commission ID:** 3572

**Provider name:** Samkay Health Pty Ltd

**Assessment Contact - Desk date:** 15 December 2021

**Date of Performance Report:** 24 January 2022

# Performance report prepared by

Adrian Clementz, delegate of the Aged Care Quality and Safety Commissioner.

# 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)(a) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 10 and 24 January 2022.

# 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 service was found non-compliant in one of the specific requirements under this Quality Standard during a previous assessment contact on 15 July 2021.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The specific requirement assessed in this Standard is assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team found improvements have been implemented to address deficits identified during the previous assessment contact. Consumer care documentation and interviews with sampled consumer representatives confirm that consumers receive safe and effective personal care that meets their individual needs and optimises their health and well-being. Consumers who are subject to the use of restrictive practices are effectively assessed and monitored and reviewed according to regulatory requirements. All sampled consumer representatives said the service obtains their consent for the use psychotropic medications and restrictive practices. The Assessment Team found that care planning documents demonstrated consumers’ skin integrity, wound care and pain is managed to meet their individual needs and mostly aligned with best practice principles. Clinical staff highlighted that the service actively discourages the use of ‘as required’ psychotropic medications and emphasis was placed instead on behaviour management strategies to minimise behaviours of concern. Care staff interviewed demonstrated comprehensive knowledge of individualised consumer needs and their responsive behaviour management strategies.

I agree with the Assessment Team’s recommendation and find the service is Compliant with this requirement.

# STANDARD 8 NON-COMPLIANTOrganisational 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 service was found non-compliant in one of the specific requirements under this Quality Standard during a previous assessment contact on 15 July 2021.

The focus of this assessment contact was to assess the service’s progress in returning to full compliance with the Quality Standards.

While the service has largely demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard, the service does not currently have an Infection Prevention and Control in place at the service.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Non-compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team found the service had not fully implemented improvements to address the deficits found in the previous assessment contact and set out in the service’s plan for continuous improvement. Evidence included psychotropic medication audits due in October and November 2021 were not completed as scheduled in the plan for continuous improvement and the psychotropic medication register did not include a consumer who should have been on the register. During the assessment contact management attributed both not occurring to changes in staff and also stated responsibility for the monitoring tool would from then on be allocated to the clinical manager.

The provider’s response to the report included evidence both audits have subsequently occurred at the end of December 2021 and early January 2022.

The Assessment Team’s report also included evidence the service does not currently have an Infection Prevention and Control (IPC) and those acting in the role are not clinical nor have completed the required training.

The provider’s response did not address or refute the Assessment Team’s evidence in relation to the IPC lead, however management subsequently provided additional information the service’s IPC lead had left the organisation in October 2021, and the person identified to replace the IPC lead withdrew prior to training. The provider highlighted difficulties filling the role of IPC lead and stated the service have identified a candidate who will now be enrolled for the required training.

In making this decision, I have noted staff knowledge and practice in relation to restrictive practices is consistent with that required, as evidenced through a sample of six consumers assessed and documented under Standard 3(3)(a) of the Assessment Team’s report and this decision.

I have noted that not all aspects of the plan for continuous improvement had been implemented at the time of the assessment contact, albeit the provider provided evidence the actions had subsequently been completed.

However, I have placed weight on the evidence clinical governance processes have not enabled an IPC lead to be in place at the service for the last three months, and the newly identified lead still has to undergo the required training. As a result, the service has lacked the required key infection control leadership during a high-risk pandemic environment. For this reason, I find the service does not yet comply with this requirement.

# 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.

### Requirement 8(3)(e)

* Ensure an IPC lead who meets the legislated requirements is in place at service.