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:** 31 March 2022

**Date of Performance Report:** 19 April 2022

# Performance report prepared by

Vanessa Stephens, 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 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 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 an interview with management.

# 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

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) 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 service demonstrated actions have been taken to address previously identified deficits. Actions nominated in the service’s plan for continuous improvement have been completed.

A clinical governance framework is in place and guides the provision of clinical care. The framework is supported by policies including antimicrobial stewardship, minimising the use of restraint and open disclosure. Management described how these policies guide clinical care at the service and provided examples of how these areas of care are reviewed and monitored. Management stated they have recently conducted a detailed review of processes around the use of restrictive practices.

Review of pharmacy reports dated 1 February 2022 demonstrates the service monitors the use of antibiotics, antifungals and antibacterial medication. Education records demonstrates training in the use of restrictive practice and behaviour support plans occurred on 9 March 2022.

# 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.