Performance

Report

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| Name of service: | Baptistcare Mirrambeena |
| Service address: | 21 Farrelly Street MARGARET RIVER WA 6285 |
| Commission ID: | 7296 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 June 2023 |
| Performance report date: | 11 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Baptistcare Mirrambeena (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

# Material relied on

The following information has been considered in preparing the 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, representatives, staff, and management;
* an email from the provider dated 25 June 2023 indicating a written response to the Assessment Team’s report would not be provided; and
* a Performance Report dated 6 June 2022 for a Site Audit undertaken from 11 April 2022 to 14 April 2022.

# Assessment summary

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| Standard 8 Organisational governance | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 11 April 2022 to 14 April 2022 where an effective clinical governance framework, specifically in relation to minimising use of chemical and environmental restraint, was not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, obtaining formal consent from representatives, and completing authorisation forms for all restrictive practices used; reviewing consumers at Multidisciplinary meetings, with a focus on restrictive practices in place; and updated the Psychotropic register to show psychotropics currently prescribed.

At the Assessment Contact undertaken on the 7 June 2023, an effective clinical governance framework inclusive of antimicrobial stewardship, minimising use of restraint and open disclosure, supported by policy and procedure documents, was demonstrated.

There are systems to prevent, manage and control infections and to monitor antimicrobial use. Oral antibiotic usage and clinical indicators are monitored and discussed at monthly Clinical team meetings. Monthly infection reports identify infection numbers, related pathology, and prescribed antimicrobials, with data monitored at an organisational level.

Policy documents define restrictive practice in line with current legislation, and guide staff in the use of restraint as a last resort. Restrictive practices are reported monthly as part of the clinical indicator data. A register for psychotropic medications and chemical restraints is maintained and documentation evidenced opportunities to minimise and/or cease use of psychotropic medications is identified and actioned. Care files sampled confirmed all consumers subject to restrictive practices have appropriate authorisation and consent, in line with legislative requirements.

The Open disclosure policy describes a process for when things go wrong, including acknowledgement of the error and providing an apology. Staff sampled demonstrated an understanding of open disclosure principles and management provided recent examples of where open disclosure had been applied. Consumers and representatives said they are kept informed and receive an apology when things go wrong.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)