Performance

Report

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| Name: | Joseph Cooke House |
| Commission ID: | 7085 |
| Address: | 2 Houtmans Street, SHELLEY, Western Australia, 6148 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 July 2024 |
| Performance report date: | 8 August 2024 |
| Service included in this assessment: | Provider: 896 Southern Cross Care (WA) Inc  Service: 4613 Joseph Cooke House |

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 Joseph Cooke House (**the service**) has been prepared by M Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 undertaken on 18 July 2024 informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the provider’s response dated 29 July 2024 confirming a formal response will not be provided; and
* a performance report dated 11 April 2024 for a site audit undertaken from 5 March 2024 to 7 March 2024.

# Assessment summary

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| Standard 8 Organisational governance | Not fully 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 in March 2024, where it was found the governance framework had not been effective in supporting the assessment, authorisation, and application of environmental restraint. The assessment team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* All consumers were assessed to determine if they were safe to leave the facility and, where required, consent and authorisation forms were completed to support effective environmental restrictive practices.
* Embedded a mandatory restrictive practice assessment form into the admission process.
* Provided training for all staff on identifying and minimising restrictive practices, and implemented a range of audits to monitor staff compliance and practice.

At the assessment contact, the organisation demonstrated a clinical governance framework, which included antimicrobial stewardship, minimising the use of restraint and open disclosure. The service has a range of policies and procedures to support staff to manage antibiotic usage, ensure safe use of restrictive practices, and open disclosure. Restrictive practices are monitored, including for consumers subject to a chemical restrictive practice. A psychotropic register is maintained to support effective use and monitoring of psychotropic medications. Consumers and their representatives confirmed processes relating to restrictive practices and open disclosure, and staff described practices consistent with policies and procedures relating to antimicrobial stewardship, restrictive practices and open disclosure.

Based on the information summarised above, I find the provider, in relation to the service compliant with requirement (3)(e) in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)