Myvista Balcatta

Performance Report

11 Nugent Street
BALCATTA WA 6021
Phone number: 08 9440 7666

**Commission ID:** 7202

**Provider name:** Stirling Ethnic Aged Home Association (Inc)

**Assessment Contact - Site date:** 20 June 2022

**Date of Performance Report:** 8 July 2022

# Performance report prepared by

Michelle Glenn, 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 - 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;
* the provider did not submit a response to the Assessment Contact - Site report received; and
* the Performance Report dated 20 January 2022 for a Site Audit undertaken from 9 November 2021 to 11 November 2021.

# 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)(e) in Standard 8 Organisational governance as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(e) in Standard 8 was found Non-compliant following a Site Audit undertaken from 9 November 2021 to 11 November 2021 where it was found the organisation’s clinical governance framework was not effective in minimising the use of restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(e) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Balcatta, Compliant with Requirement (3)(e) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

**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 was found Non-compliant with Requirement (3)(e) following a Site Audit undertaken from 9 November 2021 to 11 November 2021 where the organisation’s clinical governance framework was not effective in minimising the use of restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Obtained informed consent from the consumer and/or ‘restrictive practice substitute decision maker’ relating to use of restrictive practices.
* Completed Behaviour support plans for consumers who are or may be subject to use or application of a restrictive practice and consumers who require or are receiving alternative behaviour support interventions.
* Reviewed and updated policies relating to restrictive practices.
* Regular training is provided by management relating to policies and any changes to ensure staff are kept informed and up-to-date on any process requirements.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

The organisation demonstrated it has a clinical governance framework, including, but not limited to, antimicrobial stewardship, minimising use of restraint and open disclosure.

* Policy documents in relation to antimicrobial stewardship are available to guide staff practice. A systemic approach is applied to optimise use of antimicrobials in order to improve consumer outcomes, reduce adverse effects, minimise the emergence of antimicrobial resistance, and ensure cost effective therapies. Registered staff sampled described antimicrobial stewardship principles and the need to ensure antibiotics are not the first response to a possible infection.
* Policies relating to restrictive practices have been reviewed to align with legislative requirements. Appropriate authorisation and consent for use of restrictive practice are in place, however, strategies identified in the consent for non-pharmacological interventions were noted to be generic and not specific to individual consumers. Clinical staff described minimising use of restraint and the requirement to not use psychotropic medications when a diagnosis does not support the need for such medications. Care staff described what a restraint was, and strategies used prior to escalating to clinical staff for further assessment. One consumer and five representatives sampled indicated they had been supported to make an informed choice prior to consenting to use of psychotropic medication.
* Policy documents in relation to open disclosure are available to guide management and staff.Open disclosure processes are undertaken by senior management and senior clinical staff which are reported to the Chief executive officer and Board. Registered staff sampled described open disclosure principles and the need to apologise if something went wrong.

For the reasons detailed above, I find Stirling Ethnic Aged Home Association (Inc), in relation to Myvista Balcatta, Compliant with Requirement (3)(e) 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.