Performance

Report

**1800 951 822**

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| Name of service: | SwanCare Kingia/Tandara |
| Service address: | 5 Allen Court BENTLEY WA 6102 |
| Commission ID: | 7846 |
| Approved provider: | SwanCare Group Inc. |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 January 2023 |
| Performance report date: | 25 January 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 SwanCare Kingia/Tandara (**the service**) has been prepared by J Renna, 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 staff, consumers/representatives and others; and
* the performance report dated 8 August 2022 for the Site Audit undertaken from 21 June 2022 to 24 June 2022.

The provider did not submit a response to the Assessment Team’s report for the Assessment Contact – Site.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **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)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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

Requirements (3)(d) and (3)(e) were found non-compliant following a Site Audit conducted from 21 June 2022 to 24 June 2022, where it was found the service was unable to demonstrate:

* risk management systems and practices were effective in identifying and managing environmental risks to consumers, specifically in relation to the use of plastic door chains to prevent wandering consumers from entering various areas; and
* an effective clinical governance framework in relation to minimisation of restraint.

The Assessment Team’s report for the Assessment Contact conducted on 4 January 2023 provided evidence of actions taken to address deficiencies identified, including, but not limited to, reassessment of the use of all door chains, engagement with consumers and representatives in relation to associated risks, removal of door chains, updated policies, procedures and registers, staff education and training, completed assessments of and obtained authorisation in relation to, the use of restraint.

The Assessment Team was satisfied these improvements were effective, as the service was able to demonstrate effective risk management systems for monitoring and managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Furthermore, the Assessment Team found the organisation’s clinical governance framework was effective in relation to minimisation of restraint, antimicrobial stewardship and open disclosure.

In relation to Requirement (3)(d), the service has risk management procedures to ensure high impact or high prevalence risks are effectively managed. Consumer data, including in relation to incidents, is collated and discussed at various governance meetings. There is an incident reporting process to support mandatory reporting of incidents. Sampled incidents were noted to be reported appropriately as required under the Serious Incident Response Scheme. Staff were aware of incident management processes and their legislative obligations. Policies and procedures are in place to guide staff in supporting consumers to take risks, including assessment of risk, implementation of mitigation strategies and consultation with the consumer and/or representative.

In relation to Requirement (3)(e), infections and antibiotic use are monitored and trended to ensure infections are improving and antibiotics are being used appropriately. There are processes in place to monitor consumers who are subject to restraint and where possible, minimise its use. Consent forms and Behaviour support plans were in place for all sampled consumers subject to restraint, and were noted to be current and reviewed. Policies and procedures are in place in relation to open disclosure and staff were knowledgeable about open disclosure principles.

Based on the information summarised above, I find the service compliant with Requirements (3)(d) and (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-1)