Performance

Report

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| Name of service: | Valencia Nursing Home |
| Service address: | 24 Valencia Road CARMEL WA 6076 |
| Commission ID: | 7863 |
| Approved provider: | Burswood Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 April 2023 |
| Performance report date: | 27 April 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 Valencia Nursing Home (**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, staff and management; and
* a Performance Report dated 18 August 2022 for an Assessment Contact – Site undertaken on 20 July 2022.

The provider did not submit a response to the Assessment Team’s report.

# 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 an Assessment Contact - Site undertaken on 20 July 2022 where it was found the organisation’s clinical governance framework was not effective in relation to minimising the use of restraint and managing behaviours. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Conducted a medication audit of all consumers, and consumers identified as receiving psychotropic medication without a relevant diagnosis were referred to the General practitioner for assessment.
* Implemented electronic forms and charts for clinical staff to complete for reviews, behaviour support and consent.
* Provided education and training to clinical staff in relation to assessment, generating and completing the new forms and pain management and to all staff in relation to restrictive practices.

At the Assessment Contact undertaken on 5 April 2023, an effective clinical governance framework, inclusive of antimicrobial stewardship, minimising the use of restraint and open disclosure was demonstrated.

An antimicrobial stewardship policy and procedure is available to guide staff in the appropriate use and review of antimicrobials. Staff sampled were knowledgeable of antimicrobial stewardship principles, describing use of non-pharmacological strategies and pathology testing, prior to consideration of antibiotic therapy. Restrictive practices prevention and management policy and procedure documents, in line with current legislative requirements, are available to guide staff. All non-pharmacological and non-antipsychotic medications are trialled before a consumer is referred to the General practitioner to have medication prescribed. All consumers prescribed psychotropic medications have a Psychotropic medication self-assessment form completed and use of chemical restraints and psychotropic medication is reviewed every three months, with a goal to minimise where possible. Medication advisory meeting minutes for March 2023 demonstrated consumers are referred for medication reviews and as required medications that have not been administered within a three-month time frame are evaluated to determine if the medication is still required, in discussion with the General practitioner. An open disclosure policy and procedure is available to guide staff and documentation sampled demonstrated open disclosure processes are applied in a timely manner.

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 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)