Sherbrooke Private Nursing Home

Performance Report

14-18 Tarana Avenue
UPPER FERNTREE GULLY VIC 3156
Phone number: 03 9758 9911

**Commission ID:** 4335

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Site Audit date:** 10 January 2022 to 12 January 2022

**Date of Performance Report:** 22 February 2022

# Performance report prepared by

James Howard, 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| 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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit conducted from 10 January 2022 to 12 January 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* Other information and intelligence held by the Commission in relation to this service

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers said staff were kind and made them feel valued as individuals. The Assessment Team observed consumers’ privacy being respected and consumers’ personal information being kept secure and confidential.

Consumers and representatives advised that they were supported to exercise choice and independence in how care and services were delivered and how they spent their time. Staff demonstrated an understanding of consumers’ relationships within and outside the service and described how consumers were supported to maintain family connections through window-visits and online calls during COVID-19 restrictions. Staff said that consumers provided information regarding who they would like involved in their care on entry to the service.

Consumers and representatives reported being satisfied with how information was provided to them, which enabled them to make choices about their care and lifestyle. A review of care planning documentation identified that barriers to communication were considered when supporting consumers’ communication needs.

Staff demonstrated they were familiar with consumers’ backgrounds and described how they supported consumers’ lifestyle choices and preferences. Staff described consumers’ cultural and religious preferences, and described how cultural and religious days were celebrated at the service.

Staff said that assessment of risk-taking occurred in consultation with consumers, representatives and health professionals, and consumer choices to take risks were recorded in care planning documentation. Examples of risks described in care planning documentation included risks associated with nutrition and dietary needs.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers and representatives reported being involved in the initial assessment and ongoing planning of the consumer’s care and were kept informed about the outcomes of assessment and planning. Consumers and representatives said they could access the consumer’s care and services plan if they wish.

Staff described how consumers and representatives were involved in assessment and care planning and how the assessment and care planning process identified consumers’ goals, needs and preferences. Staff reported that the outcomes of assessments were documented in care plans and were discussed with consumers and their representatives. Staff reported that they were provided with updates to consumers’ care needs during handover.

The service demonstrated that assessment and care planning processes were implemented to inform the delivery of safe and effective care and services. The service considered risk to consumers when completing assessments in accordance with consumers’ individual needs. The service had policies for palliative care planning to guide staff practice. Consumers’ end of life wishes were documented in the electronic care documentation system.

Care documentation reflected ongoing partnerships with consumers and others that the consumer wished to be involved in the planning and review of the consumer’s care and services. The Assessment Team observed care planning documentation was available to staff where care and services were provided. Care plan reviews showed that scheduled care plan evaluations occurred on a regular basis or as required.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers considered they received both personal and clinical care that was safe and right for them. Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of consumers. The service demonstrated that risks for individual consumers were effectively managed. A review of care documentation showed that risks associated with the care of consumers were identified using formal assessment tools and management strategies were documented.

Staff described how care delivery changed when consumers began end-of-life care and provided examples of strategies focussed on maximising comfort and minimising pain during end-of-life care. Staff described how changes in consumer care needs were recognised and responded to and how changes in consumer care and services were communicated and documented. The Assessment Team observed staff communicating changes in consumer care needs during handover.

Consumers advised that timely and appropriate referrals to other providers of care and services occurred when needed and that they had access to relevant health supports. Care planning documentation reflected referrals to a range of allied health professionals and services, including physiotherapy, podiatry, dental services and speech pathology.

Staff demonstrated a knowledge of infection control practices and advised they completed infection prevention and control training. The Assessment Team observed policies relating to infection control and antimicrobial stewardship and observed precautions relating to an infection outbreak, including screening, environmental cleaning and accessible infection control supplies.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers considered that they received services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers said they felt supported by the service to do things of interest to them and maintained emotional and social connections with people who were important to them. Most consumers were satisfied with the variety, quality and quantity of the food provided and reported there were recent improvements.

Staff demonstrated an understanding of what was important to individual consumers and what activities each consumer enjoyed. They reported using feedback from consumers and representatives about lifestyle activities to develop future activities and events. Staff described how they supported consumers to participate in the community and maintain personal relationships. For example, during COVID-19 restrictions, staff assisted with phone and video calls to enable consumers to keep in touch with the people important to them.

Staff described how they shared information in a variety of ways and how they remained informed of the changing condition, needs and preferences of consumers. They demonstrated an understanding of what organisations and services were available in the community and described how activities were adapted to suit COVID-19 restrictions.

The Assessment Team identified that information about consumers’ emotional, spiritual and psychological well-being was included in care planning documentation. Care planning documentation included information outlining activities of interest, evidence of participation in activities and relationships that consumers wished to maintain. The Assessment Team observed that dietary information in the kitchen was current and reflected the preferences and needs of the consumers. Equipment used to support consumers to engage in lifestyle activities was appropriate, clean and well-maintained.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers advised they felt they belonged in the service and felt safe and comfortable in the service environment. Consumers stated they felt at home in the service and that the service was an enjoyable place to live. Consumers and representatives advised that they could decorate their rooms with personal belongings, which was observed by the Assessment Team. Staff described how consumers moved between the different areas of the service to visit other consumers or participate in activities.

Maintenance staff described how maintenance was scheduled and managed and provided information regarding routine inspections of the service and the equipment. The online maintenance portal included planned and ad hoc maintenance in response to requests, and these were observed to be addressed in a timely manner.

The Assessment Team observed the service environment was welcoming, reflected dementia-enabling principles of design and enabled consumer freedom of movement both indoors and outdoors. All areas of the service were observed to be safe, clean and well-maintained. The Assessment Team observed that furniture and fittings were clean and well-maintained and that consumers had access to appropriate and clean equipment.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers considered they were encouraged and supported to give feedback and make complaints. Consumers and representatives said they received information regarding the complaints and feedback process on entry to the service and were reminded of these processes at consumer meetings or during discussions with staff and management. Consumers said that management or staff provide an apology when things go wrong.

Staff demonstrated knowledge of how consumers and representatives could make complaints or provide feedback and what to do if an issue was raised with them directly. Staff demonstrated a shared understanding of open disclosure. The service advised that although open disclosure was practised in the service it was not always documented in the complaints register. Management said it would ensure that more detail regarding open disclosure was documented in future.

The Assessment Team observed the welcome pack, feedback forms and brochures and posters on display in the service provided information regarding the complaints and feedback processes as well as contact information for advocacy and translation services. The service demonstrated how feedback and complaints were used to inform continuous improvement across the service. The service’s continuous improvement plan documented planned improvement actions, dedicated timeframes and evaluation notes.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers considered they received quality care and services when they needed them, from staff who were knowledgeable, capable and caring. Consumers said that although there had been staff shortages, this had not impacted their preferences, needs or care requirements and they remained confident that staff could deliver care and services. Consumers and representatives reported staff engaged with them in a respectful, kind and caring manner, and this was confirmed by the Assessment Team’s observations.

Staff described the training, support, professional development and supervision they received during orientation and on an ongoing basis. Staff confirmed they completed monthly and annual mandatory training and competency assessments.

The Assessment Team identified staff met the minimum qualification and registration requirements for their roles. The service reported it had an onboarding and orientation process that included core competency checks, buddy shifts and mandatory training. Staff completed annual mandatory training and competency assessments and completed monthly online training modules to increase their professional knowledge and capabilities. The service had annual performance reviews and appraisals and management advised that staff performance was monitored through observations, competencies, internal audits and consumer and representative feedback.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT 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

Consumers considered the organisation was well run and they were able to partner in improving the delivery of care and services. Consumers and representatives said they provided ongoing input into care and services and felt included in care planning and management.

Staff described how consumers were encouraged to be involved in decisions through consumer and representative meetings, feedback forms, surveys and compliments and complaints mechanisms. The service also had a ‘resident advocate’ who attended monthly meetings, shared feedback and helped to facilitate change in the home.

The service demonstrated its governing body was accountable for the delivery of care and services. To ensure the Quality Standards were being met, the governing body was provided with reports on adverse events, mandatory training, infections, clinical indicators, human resources key performance indicators, audit findings and complaints management.

The service demonstrated there were effective, organisation-wide governance systems in place that guided information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints.

Staff reported they could readily access information when they needed to, including access to consumer care documentation through the electronic documentation system. Meeting minutes and policies and procedures were available to staff through the service’s intranet. The Assessment Team observed there were secure processes for storage and disposal of confidential information.

A review of the service’s continuous improvement plan identified the service had a structured approach to implementing and reviewing improvement initiatives. Quality improvement initiatives were identified from various sources, including consumer feedback, analysis of clinical and incident data, external reviews and audits, internal audits and clinical governance reports.

The service reported it received updates regarding regulatory changes from peak bodies and industry specialists as well as from state and Commonwealth regulatory bodies, and these were disseminated to staff via staff meetings, the intranet, memoranda, and staff education and training sessions.

A review of the service’s governance and quality framework identified risk management strategies, including consideration of clinical care risks and identification of potential elder abuse and neglect. The service had a clinical governance framework, including a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint, and an open disclosure policy.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*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.*

### 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.*

# 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.