Performance

Report

**1800 951 822**

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| Name of service: | Deloraine Private Nursing Home |
| Service address: | 18 Adeline Street GREENSBOROUGH VIC 3088 |
| Commission ID: | 4043 |
| Approved provider: | Ejaz Nominees Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 April 2023 |
| Performance report date: | 10 May 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 Deloraine Private Nursing Home (**the service**) has been prepared by N Wapling, 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.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# 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.

# Assessment summary

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| Standard 5 Organisation’s service environment | 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 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The Service was found non-compliant with Standard 5 in relation to Requirement 5(3)(b) following a site audit in October 2022 where it was unable to demonstrate:

* Consumers were enabled to move freely throughout the outdoor common areas. Doors leading to outdoor areas were kept locked and only accessible with staff assistance or by a key fob which only a small number of consumers had access to.

At the April 2023 Assessment Contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous Site Audit.

The service demonstrated that risk assessments have been conducted, identified areas suitable for all consumers to access, doors were unlocked while other areas identified as not suitable for all consumers to access were restricted. The service conducted individual risk assessments with a physiotherapist in relation to the dignity of risk and informed consent, with these consumers provided an access key fob to the restricted areas.

Consumers were satisfied they are able to move throughout the indoor and outdoor areas of the service. Staff explained that all consumers are free to move freely and some consumers have access to locked outdoor areas by a key fob. Management said risk assessments were conducted for all outdoor areas in the service and identified areas suitable for all consumers to access independently. The Assessment Team observed signed dignity of risk informed consent documentation, documented discussions with representatives in consumer files, and consumers accessing outdoor areas of the service.

Based on the available evidence, I am satisfied the service enables consumers to move freely, both indoors and outdoors. I find Requirement 5(3)(b) is compliant.

# 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

The Service was found non-compliant with Standard 8 in relation to Requirement 8(3)(e) following a site audit in October 2022 where it was unable to demonstrate:

* Compliance with restrictive practice procedures as consent for environmental restrictive practices used at the service was not sought according to legislative requirements.

At the April 2023 Assessment Contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous Site Audit.

The service demonstrated they have governance systems in place which incorporate continuous improvement, workforce governance and regulatory compliance. The service had reviewed their documentation, policies and procedures relating to restrictive practices, and consent according to legislative requirements.

A representative confirmed they have provided consent in relation to environmental restrictive practices for their consumer and are able obtain an access fob from staff at any time on request. Staff said they recently completed education relating to restrictive practices and responding to challenging behaviours, and they are aware of their responsibilities in relation to restrictive practices. Management said clinical and care reviews of each consumer were conducted. Where it was identified that a consumer would not be issued with a key fob to access outdoor areas, consumers or representatives were consulted to gain acknowledgement and informed consent of the environmental restrictive practices. The Assessment Team observed assessments in consumer care plans, and consent documentation in relation to environmental restrictive practices signed by either consumers or representatives.

Based on the available evidence, I am satisfied the service has in place an effective clinical governance framework that minimises the use of restrictive practices. I find Requirement 8(3)(e) is 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)