Performance

Report

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| Name: | Sheoak Lodge |
| Commission ID: | 6510 |
| Address: | Towers Road, MILLICENT, South Australia, 5280 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 11 July 2024 |
| Performance report date: | 15 August 2024 |
| Service included in this assessment: | Provider: 9693 Limestone Coast Local Health Network Incorporated  Service: 4223 Sheoak Lodge |

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 Sheoak Lodge (**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 Site Audit 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 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers confirmed the service recognises and values their identity, culture and diversity and staff treat them with dignity and respect. Consumers were confident they can make decisions about the care they receive and are supported to take risks to live the best life they can. Staff were observed to be kind and respectful when interacting with consumers and representatives and demonstrated an awareness of privacy and confidentiality when attending to consumers’ care needs.

Care documentation consistently identified consumers’ next of kin information and choice and decision-making capacity. Care plans included consumers’ cultural needs and preferences, with interventions and strategies documented to ensure care is provided in a safe and respectful manner. Staff understood the needs of the consumers they provide care for and described how they acknowledge and respect consumers’ individual culture, identity and diversity.

Service documentation included training modules and policies and procedures to guide staff practice in relation to privacy, culture and diversity, dignity and respect, and consumer choice and risk taking. Consultation processes in relation to risk in line with service procedures were evident in care documentation and staff practices, which consumers and their representatives confirmed. Additionally, information is provided to consumers and representatives through a range of methods, including verbal and written. Posters and information is displayed which consumers and representatives have access to.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the care and services provided, and felt confident consumers are receiving safe and effective care. Consumers and representatives confirmed undertaking a consultative and comprehensive assessment process, including understanding consumers’ needs, goals and preferences, the risks associated with their care and advance care planning. Consumers confirmed they had access to their care plans and were satisfied with how staff communicated the outcomes of their assessments.

Service documentation includes policies and procedures on assessment and planning to guide staff practice and is inclusive of an assessment flow chart. Care documentation showed consistent assessment processes which involved consultation with consumers, representatives and external health professionals. Assessment includes validated risk assessment tools, and documentation of the needs, goals and preferences of consumers, including end of life care and advance care planning. Sampled care plans were current and reviewed in line with service policies and procedures, including where incidents had occurred, or following review by medical or allied health professionals.

Care plans are available to consumers, representatives and staff, who confirmed information is current, accurate and comprehensive. Clinical and care staff were knowledgeable about consumers’ care needs, goals, preferences and risks, and described mitigation strategies implemented. Various communication methods are available for management and staff to communicate changes to a consumer condition or care needs to representatives, staff and external providers of care and services.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

Consumers and representatives expressed satisfaction with the personal and clinical care consumers receive and said the care provided is safe and right for them. Consumers confirmed staff know them well, they don’t have to repeat their needs, goals and preferences for care and services to other providers of care, and are confident risks associated with care and service delivery are managed well. Consumers’ end of life needs, goals and preferences are respected, recorded, and communicated, and consumers’ comfort and dignity maximised.

Care documentation showed where there are risks to consumers’ health, including falls, skin integrity and restrictive practices, they are documented with strategies to guide staff to deliver care in a safe and effective manner. Care plans reflected consumers’ needs, goals, and preferences in relation to personal care. Consumer notes showed changes in the condition of consumers is identified promptly, with actions taken to address changes, including referrals to external providers of care. Consumers and representatives confirmed referrals are placed to external providers of care when needed, with outcomes and recommendations communicated and implemented.

Documentation confirmed processes to reduce the inappropriate prescribing of antibiotics, with staff demonstrating an understanding of antimicrobial stewardship. Staff described consumers’ needs, goals and preferences in relation to personal and clinical care and how they mitigate the risks associated with care delivery. Staff confirmed communication processes to ensure changes to a consumer’s condition is communicated to staff and external providers of care. Observations showed donning and doffing stations located within the service, with staff observed undertaking infection control practices throughout the site audit.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal and clinical care compliant, therefore, the Standard is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed supports for daily living are tailored to consumers’ needs and optimises their health, well-being and independence, including where undertaking activities of interest to them. Consumers described how they are able to maintain personal and social relationships and how staff support them emotionally, spiritually or psychologically. Consumers expressed satisfaction with the quality and quantity of the meals provided.

Staff were knowledgeable of consumers’ likes and preferences in relation to the lifestyle program, and described ways in which they were able to support them to engage in things that interest them and maintain connections with the community.

Care documentation reflected consumers’ likes, dislikes and requirements for meals and lifestyle activities, and included strategies to support their emotional, spiritual, and psychological needs. Referrals to other organisations or providers of care and services were noted in care documentation. Consumers and representatives confirmed information is communicated and shared appropriately in relation to consumers’ care and care needs and felt staff were knowledgeable of their preferences and needs.

Consumers felt safe using equipment to engage in the lifestyle program or support them with daily tasks. Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was clean, safe, and well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives described the service environment as welcoming, clean and well-maintained, and said the service optimises consumers’ independence and function. Consumers expressed satisfaction with the furniture, fittings and equipment, and felt safe and comfortable within the service. Consumers’ rooms were personalised, with consumers confirming they can decorate their rooms with personal items to make it feel like their home.

Consumers can move freely about the service, with access to both indoor and outdoor areas which are furnished and designed to encourage and promote interaction and activities of interest. External contractors are engaged for preventative and reactive maintenance, with maintenance records noted to be current. Staff were aware of maintenance reporting and described cleaning schedules for consumer rooms and communal area.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt safe and supported in providing feedback, including making complaints about care and services, and expressed satisfaction with the resolution process. Information on feedback avenues is displayed around the service, which includes feedback forms and confidential boxes for written feedback to be placed.

The service has information relating to advocacy services displayed in consumers’ rooms and common areas. Consumers and representatives confirmed they are aware of advocacy and external complaints processes and how to access these services if they needed to. Staff described external complaints processes, including advocacy and language services and were aware of how to support consumers to provide feedback and complaints. Staff showed an understanding of open disclosure when things go wrong.

Service documentation includes a feedback register which is maintained and updated as feedback is provided. Detailed information is documented which includes actions taken and open disclosure practices. Continuous improvement plans and meeting minutes show feedback and complaints are analysed and trended to inform continuous improvement.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives were satisfied with the mix and number of staff to deliver care and services in a way that meets consumers’ needs, goals, and preferences. Consumers confirmed they were assisted in a timely manner when they used the call bell and staff treated them in a kind, caring and respectful manner. Consumers and representatives described staff as competent and well trained in their roles.

Staff interactions were observed to be kind and caring, with staff speaking to consumers respectfully. Staff were observed to be respectful of consumers’ privacy and personal space, including knocking on doors prior to entering and closing them during care delivery. Staff described consumers using respectful language and were knowledgeable of their needs, goals and preferences in care and service delivery.

Recruitment screening processes include reviewing qualifications and clearances, visas and banning orders. Additional documentation confirmed staff training and induction processes are completed, with staff performance monitored through various methods. Staff confirmed they have regular performance appraisals, and management provided specific examples of where performance management had been undertaken as a result of staff performance monitoring systems and processes. Staff confirmed they are provided regular training and have access to additional training if they request it or it is identified as a need.

Based on the assessment team’s report, I find all requirements in Standard 7 human resources compliant, therefore, the Standard is compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| 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

Consumers and representatives confirmed the service is well managed, and they are engaged in the development and delivery of care and services through resident relative meetings, the aged care governance committee and related subcommittees. Service documentation, including meeting minutes, confirmed consumers’ feedback in relation to meals, lifestyle and service environment are discussed with improvements actioned.

Documentation demonstrated various ways the organisation’s governing body is accountable for the delivery of safe, inclusive and quality care and services. Management described organisational structures, including clinical governance committees and quality and risk committees, in place to ensure oversight for the delivery of safe and quality care. Monthly reports on clinical indicators, operational updates and audit reports are submitted to the governing body for consideration.

Organisational governance systems are effective to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure continuous improvement is driven by multiple sources, including feedback and complaints, the service is able to purchase equipment and supplies for care and service delivery when required, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training is being provided.

Documentation demonstrated high impact or high prevalence risks are assessed and managed through policies and procedures and assessment processes, and staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Consumers are supported to live their best life and where risks are taken, staff described how they supported consumers to engage in those activities in a safe manner. Staff described how they use the incident management system to manage and prevent incidents, including those that require reporting to external services. Staff described, and documentation confirmed, mandatory training is undertaken in recognising and responding to abuse and neglect.

The organisation has a documented clinical governance framework which outlines all aspects of managing risk and delivering care and services, including a suite of policies and procedures to guide staff practice. Staff were aware of the clinical governance framework, including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)