

**Performance Report**

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| Name: | Sherbrooke Private Nursing Home |
| Commission ID: | 4335 |
| Address: | 14-18 Tarana Avenue, UPPER FERNTREE GULLY, Victoria, 3156 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 14 November 2024 |
| Performance report date: | 13 December 2024 |
| Service included in this assessment: | Provider: 6076 Menarock Aged Care Services (Victoria) Pty Ltd Service: 2856 Sherbrooke Private Nursing Home |

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 Sherbrooke Private Nursing Home (**the service**) has been prepared by L. Malone, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the assessment team’s report received 6 December 2024.

# 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 and representatives provided positive feedback and described being treated with dignity and respect, or feeling their life story and background is understood by staff. Staff knew the important life events, values and interests of individual consumers and spoke of them respectfully. The service has written materials which include information on consumers’ rights and policies and procedures to support the delivery of respectful and dignified care and services.

The service demonstrated a range of ways care and services are culturally safe and how consumer’s cultural backgrounds are valued and respected. Consumers described feeling a sense of belonging, staff feedback and consumer care documentation demonstrated how care is tailored to meet consumer’s cultural needs and preferences, and the service celebrates culturally significant days.

Consumers and their representatives described being able to make decisions about their care and services, and having their choices respected, and described being supported in making connections with those who are important to them. Staff and management described supporting consumer independence, enabling communication and providing care that is tailored to consumers’ choices. Documentation reflected the information gathered through interviews with consumers and staff, and consumers were observed spending time with people they had described as important to them during the Site Audit.

The service demonstrated how consumers are enabled to live their best life and be supported in their choices even when they involve risk. Consumers described being supported to continue activities they enjoy and make decisions about their care. They provided examples of things important to them and outlined how the service has supported them to maintain independence while collaborating with them to find ways to minimise risks.

Consumers and representatives described receiving information which is accurate and timely and presented in a way that is easy to understand. For example, the service considers and accommodates different consumers’ communication needs, due to cognitive or sensory differences, by providing verbal or written information in the consumer’s preferred language. The service has a range of methods to provide information such as through one-to-one communication, consumer meetings, a service newsletter and displayed materials.

Feedback in the Site Audit report from consumers and representatives was positive in relation to privacy and confidentiality; consumers described how staff respect their privacy when attending to care and seek the consumer’s consent to share confidential information. Staff described practical ways they protect consumer privacy, and the service demonstrated systems to store written and electronic information securely.

I have considered the available evidence, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) Compliant, therefore Standard 1 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

The Assessment Team found evidence of comprehensive assessment of risks to the consumer’s wellbeing. Care planning and strategies to prevent risk were informed by assessment outcomes. Consumers and representatives provided positive feedback about the way risks to consumer health are understood by staff. The service uses a range of validated assessment tools to undertake assessment and care planning and has written policies and procedures to guide staff practice. Staff were knowledgeable about the risks associated with the care of individual consumers and the strategies they described to manage these risks were also found documented in the consumer’s care file.

Consumers and representatives said the consumer’s needs, goals and preferences, including end of life wishes, are discussed with them regularly. Staff described their various roles in assessment and care planning, and that it is ongoing to meet consumers’ current and changing needs. Documentation reviewed by the Assessment Team was found to be individualised and provided information about the consumer’s needs and preferences, including information about Advance Care Planning and end of life wishes care planning.

Consumers and their representatives were satisfied assessment and care planning processes occur in partnership with the consumer and enable the consumer to involve who they wish. Consumer care documentation identified those who provide care and services such as allied health or medical providers, or details of those who support the consumer in decision making. Staff could identify who is involved in the consumer’s care and provided information about how they seek consent to involve a representative where a consumer has reduced capacity to participate in the assessment and care planning process.

Each consumer was found to have a documented care and services plan. Documentation in the care file provided evidence of regular and ongoing communication between staff and the consumer or representative in relation to the consumer’s assessments and care planning information. Consumers confirmed regular discussions and knew they could access a written copy of their care plan if they wished.

Care documentation and information gathered by the Assessment Team during interviews, demonstrated that reviews of consumers’ assessment and care planning occur regularly and in response to changes in the consumer’s care needs, condition or circumstances. Staff provided examples of changes that would prompt a review such as hospital discharge, a clinical incident, identified deterioration in condition or following a review from another care provider. The service also has a regular schedule of review with each consumer reviewed every 8 weeks.

I have considered the available evidence, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) Compliant, therefore Standard 2 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 provided positive feedback about the clinical and personal care consumers receive, and provided examples related to prompt identification and management of wounds, effective pain management, and being informed of risks related to restrictive practices before providing consent. Staff described providing care in line with the individual consumer’s care plan, and regularly monitoring the effectiveness of care on consumer wellbeing. The service demonstrated systems and processes to minimise the use of restrictive practices including regular reviews of the effectiveness of the prescribed restrictive practice, individualised behaviour support plans for consumers and evidence of ongoing discussion and informed consent from the consumer’s representative. The service has policies and procedures which support the delivery of best practice clinical and personal care.

Consumers and representatives said the staff understand consumers’ needs and implement appropriate strategies to manage risk. Staff interviews and documentation provided evidence of ongoing evaluation of risks through reviews of implemented strategies for consumers, and effective systems to report and investigate incidents and identify and manage high-impact, high-prevalence risks. The service identifies skin excoriation, falls, and weight loss as high-impact, high-prevalence risks. Staff understood the risks associated with consumers and described a range of approaches to manage risks. For example, in relation to falls management, staff described regular reviews of consumer care and prevention strategies following clinical incidents, medical and allied health professional involvement in risk management, the use of equipment or safe handling techniques, and ensuring the consumer’s environment is safe and functional.

Consumers and representatives said they are consulted about their wishes at end of life and the Assessment Team found care documentation provided information about the consumer’s Advance Care Plan and end-of life wishes. Staff spoke of valuing consumers’ choices and wishes when providing end-of-life care, as well as maximising comfort of the consumer and supporting their loved ones to visit. The service has a policy to guide the delivery of palliative care and maximise comfort and dignity at end of life.

Consumers and representatives said the staff know the consumers well and respond quickly when there is a change or deterioration in the consumer’s condition. Staff described effective processes to identify, report and respond promptly to consumer deterioration such as reporting any noted changes in physical or mental health to a registered nurse for further assessment, and timely involvement of medical and other services.

Consumers and their representatives were satisfied consumer needs and preferences are effectively communicated between staff and others. Staff described how information is shared regularly through meetings, handovers, the consumers’ care plans and progress notes. Documentation reviewed by the Assessment Team provided evidence of communication of the consumer’s needs and condition with others who share care.

Consumers and representatives said consumers have access to a range of external care and service providers if required. Staff interviews and consumer care documentation demonstrated appropriate and timely referrals to a range of care and service providers such as dentists, allied health professionals, and medical specialists such as wound consultants and eye specialists.

Consumers and representatives said they felt confident the service minimises the risk of infection and effectively contains infectious outbreaks. Care and clinical staff said they are supported to not come to work if they have infectious symptoms and have received ongoing education in relation to infection prevention. The service has an infection prevention and control (IPC) lead and is supported at the organisation level by an infection management team. The service has policies on infectious diseases outbreak management, IPC, and antimicrobial stewardship (AMS), and staff were knowledgeable of the practical ways they manage infection risk.

I have considered the available evidence, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), and 3(3)(g) Compliant, therefore Standard 3 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 said they feel encouraged to engage in activities of interest and described how the service supports them to do so. Staff and management develop the monthly activities calendar, which includes group and individual activities, based on the preferences and interest of the consumers living at the service along with attendance data, feedback received at the service’s ‘resident meeting’ and surveys of consumer satisfaction. Each consumer was found to have an individualised care plan, which is developed in consultation with the consumer and outlines their life story, their goals and what is important to them.

Consumers and representatives provided positive feedback about the emotional, spiritual and psychological support and services available. Some consumers provided examples of emotional support provided by care staff, while others provided feedback about pastoral care services or participation in the group activities, describing them as beneficial to their emotional wellbeing. Staff described how they support consumers by listening and talking and providing an opportunity to discuss their needs. Consumer care documentation reviewed by the Assessment Team provided relevant information to facilitate emotional, spiritual and psychological care, such as information about the consumer’s spiritual beliefs or practices, and the types of services and supports in place.

Consumers provided positive feedback about the services and supports which assist them to participate in the community and maintain relationships. They provided examples of going out for lunch, shopping and doing activities they enjoy, and being supported in their social relationships. Care documentation was found to reflect the consumer’s needs, goals and preferences, and participation in programs and activities. The Assessment Team observed consumers engaged in a range of activities during the Site Audit.

Consumers and representatives said staff understand the consumer’s needs, and they do not need to explain their needs for example at shift changes. Evidence from management and staff interviews, and documentation, demonstrated how the service ensures information about consumers is shared appropriately between those responsible for their care and with the consumer’s consent. Staff were observed referencing documented information about consumers’ needs and preferences before providing care or services.

The service demonstrated timely and appropriate referrals are made for consumers, and consumers and representatives provided positive feedback about the communication between the service and other health providers in arranging appointments and referrals. Staff and management described how they support consumers to access external providers and care documentation reflected the involvement of a range of services and supports in consumer’s care.

Consumers provided positive feedback about the meals served, describing them as of good quality and quantity and indicating they are offered choice and alternatives when requested. Staff were knowledgeable about individual consumer preferences and dietary requirements, and relevant documentation was found to provide accurate information about consumers’ needs and preferences, and to be accessible to staff providing meal service. The Assessment Team observed consumers receiving assistance or modified meals in line with their documented needs and preferences.

Consumers and representatives said the equipment provided to consumers is safe, clean and suitable to their needs, and staff regularly check their equipment. Maintenance staff explained how issues are logged and the use of the service’s electronic management system, and staff explained how they ensure shared equipment is cleaned after each use.

I have considered the available evidence, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f), and 4(3)(g) Compliant, therefore Standard 4 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 provided positive feedback about the service environment, and some provided examples of enjoying common areas such as lounge rooms and gardens. The Assessment Team observed personalisation of consumers’ shared rooms and personal spaces, common areas to be welcoming and easy to navigate, and consumers and their visitors using communal spaces.

Consumers and representatives said they can access indoor and outdoor areas freely, or that staff assist consumers to access the garden and courtyard if needed. The service demonstrated preventative and responsive maintenance is attended to promptly; staff document maintenance issues in a maintenance log and sign off tasks when they are completed. Maintenance staff said the log is reviewed daily and they action tasks promptly. The Assessment Team found there were no outstanding maintenance issues documented at the time of the Site Audit.

Consumers and representatives were satisfied furniture, fittings and equipment are safe, clean and suitable, and said when they need something repaired or cleaned the service is responsive to their request. Staff described daily cleaning and laundry task schedules and said when they require external providers to attend to maintenance, this is arranged within a reasonable timeframe. The Assessment Team observed equipment, furniture and fittings to be clean and suitable for consumers’ use.

I have considered the available evidence, and I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) Compliant, therefore Standard 5 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

The service encourages consumers and their representatives to provide feedback and make complaints about their care and services. Consumers described various methods of providing feedback such as via a feedback form, at the regular ‘residents and relatives’ meetings, or by speaking with staff directly, and said they feel comfortable in doing so. Staff said they would escalate, or report complaints received to management. The service management said they aim to acknowledge all complaints within 24 hours and resolve them within a reasonable timeframe. Management described valuing consumer feedback, ensuring consumers can voice complaints without negative consequences and having processes in place to allow consumers to provide feedback anonymously.

The Assessment Team observed information about language and advocacy support services to be available to consumers and representatives and displayed around the service environment. Consumers and representatives provided feedback that while they had not used these services, they were aware of their availability if required. The service engages an external advocacy group to attend the ‘residents and relatives’ meetings and provide another avenue for consumers who may not wish to raise their concerns with the service staff.

Consumers and representatives said complaints are responded to appropriately, management investigates and communicates outcomes effectively, and consumers receive an apology when things go wrong. Staff said they have received training in open disclosure and the service has written policies and procedures related to feedback and complaints management. The Assessment Team reviewed the service’s feedback register and found evidence of actions taken in response to complaints and feedback, and documentation of investigations and outcomes, and open disclosure.

The service’s plan for continuous improvement (PCI) was found to include improvement actions identified through consumer and representative feedback. Consumers said the service is receptive to their feedback, and one provided an example of feedback submitted about the gardens and signage within the service and spoke highly of the actions taken in relation to this feedback. Management said feedback is regularly reviewed and informs continuous improvement.

I have considered the available evidence, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) Compliant, therefore Standard 6 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

Staff provided feedback that the number and mix of the workforce generally enables them to complete their tasks. Although some reported they feel under pressure, they also said the service replaces unplanned leave. Management said the number and mix of staff planned considers the service occupancy and consumer acuity, and the service has a registered nurse rostered 24 hours per day. Consumers and representatives were satisfied with the workforce number and mix, and some consumers provided feedback that staff take their time when attending to care. The service utilises part time and casual staff to effectively manage vacant shifts and unplanned leave and monitors call bell response times. Delays in response are investigated.

Consumers and representatives described staff as kind, gentle and caring, and observations made by the Assessment Team reflected this. Management said a respectful culture is integrated into recruitment, orientation and training, and workforce performance reviews, and the service has a code of conduct and policies to guide staff.

Consumers and representatives were confident in the skills and knowledge of staff and said they are competent in the care and services they provide. Staff and management provided feedback which demonstrated clearly defined roles and required competencies, and documentation demonstrated systems to define scope of roles and monitor staff competence.

Staff described the training and professional development opportunities available to them and spoke positively of how these enable them to be effective in their roles. The service identifies staff training needs through feedback, performance appraisals, incident reports, audit results and recognition of high-impact, high-prevalence risks to the consumers living at the service. The training program delivered is designed to enable staff to meet the required outcomes of the Aged Care Quality Standards. Consumers and representatives expressed confidence in the workforce’s capacity to deliver safe and effective care.

Staff provided positive feedback about the support they receive from management and said their professional development goals are identified and discussed during annual performance reviews. Documentation reviewed by the Assessment Team provided evidence of effective systems to monitor and review workforce performance and demonstrated how information gathered is used to inform workforce training and continuous improvement opportunities.

I have considered the available evidence, and find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) Compliant and therefore Standard 7 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**

Requirement 8(3)(c)

The Assessment Team recommended this Requirement as Not Met based on the service not meeting mandated care minutes. The Assessment Team found that care minutes delivered fluctuate and on occasions the service recorded care minutes under the mandated target. However, while care minutes delivered were under target, nursing staff were above the mandated target and there was no evidence of any negative impact on the quality of care and services delivered to consumers. Management said the service monitors and reports on care minutes fortnightly and uses payroll data to determine actual minutes provided, has fixed staff numbers to ensure safety and quality of care, and being a small service, variation in occupancy impacts on meeting the care minute target.

The Assessment Team found evidence of effective systems in other areas of organisational governance; consumer feedback is encouraged, effectively captured and used to identify trends and improvements; workforce governance includes clear delegation of responsibility and systems to monitor workforce performance; and the service utilises a centralised electronic information management system to store clinical consumer information as well as audit data, risk registers and access to policies and procedures; the service is supported by a finance team responsible for oversight of expenditure and delegation of financial responsibility; and the service demonstrated ongoing continuous improvement.

The provider’s response contains evidence of how the service plans the workforce to attempt to meet regulatory requirements whilst maintaining quality of care and sustainability of workforce deployment. The provider also submits in their response a copy of the service’s PCI in relation to meeting care minutes, which provides me with relevant actions to monitor and improve performance in this area.

In coming to my decision, I have put weight on the evidence of consumer satisfaction, and effective workforce deployment to provide safe and quality care. The provider’s response provides evidence which persuades me of efforts made to meet care minutes, and of nursing minutes in excess of the mandated requirement. I have also considered the evidence of deficit of care minutes proportionately in relation to other evidence relevant to Requirement 8(3)(c).

I have considered evidence in the Site Audit report and that submitted by the provider and come to a different view to the Assessment Team. I find Requirement 8(3)(c) Compliant.

Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e)

The Assessment Team recommended Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e) as Met.

Consumers and representatives said they are included in the development and evaluation of care and services through contributing to planning activity programs and menu choices and providing feedback on the way care and services are delivered. Staff and management interviews, and documentation reviewed by the Assessment Team, provided evidence of how consumer and representative feedback is utilised, and how opportunities for consumer engagement are offered. Effective communication occurs through a range of meetings and sub committees embedded in the service’s governance structure responsible for the planning, development and evaluation of care and services.

Consumers and representatives described living in an inclusive environment and described ways their opinions are sought to improve the service culture; some described feeling in control or having their opinions heard. Documentation and management interviews demonstrated how the governing body captures, communicates and uses information such as incident data, feedback and complaints data, results of consumer satisfaction surveys and mandatory national quality indicators to maintain oversight and accountability for safe, quality and inclusive care and service delivery.

Systems to identify, report and manage risk were demonstrated. Monthly service reports are provided to senior management and include data and analysis of monthly key performance indicators, the results of internal audits of risk, and information from the feedback and complaints register to ensure high-prevalence, high-impact risks are recognised. Quality actions are implemented to minimise risks for consumers living at the service.

The service demonstrated the effective use of an incident management system and has policies and procedures in place to manage risks and enable consumers to live the best life they can.

The service has a clinical governance framework which addresses antimicrobial stewardship, minimising the use of restraint, and open disclosure, and a range of clinical policies, procedures and work instructions are available to staff. Staff and management described processes in line with best practice including effective consultation, regular review and best practice behavioural management to support the minimisation of the use of restrictive practices, A Medication Advisory Committee meets to review and maintain oversight of safe antimicrobial and psychotropic medication use. Staff said they have received education in relation to open disclosure and were able to provide examples of apologising when things go wrong and involving the consumer or their representative in planning actions to prevent future incidents.

I have considered the evidence available to me in the Site Audit report and the provider’s response, and I am satisfied it demonstrates Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) are Compliant, therefore Standard 8 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)