Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Sheridan Aged Care |
| Service address: | 1C Warramunda Drive KYABRAM VIC 3620 |
| Commission ID: | 3455 |
| Approved provider: | Kyabram and District Health Services |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 10 February 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 Sheridan Aged Care (**the service**) has been prepared by James Howard, 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 conducted from 8 November 2022 to 10 November 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 the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 considered they were treated with dignity and respect and were supported to maintain their identities. The Assessment Team sighted policies relating to diversity and inclusion which outlined the service’s commitment to providing consumers with an environment that fostered empowerment, a sense of belonging, respect and dignity.

Care planning documentation captured information regarding the consumers’ cultural needs and preferences. Staff articulated their knowledge of consumers’ cultural needs and backgrounds, and provided examples of how they supported consumers to meet their cultural needs.

Consumers and representatives were satisfied consumers were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff described how consumers were supported to maintain relationships with people who were important to them.

Consumers advised they were supported by staff to take risks and live the best lives possible. The service had a choice and decision-making policy as well as a risk management policy that guided staff to assess and manage risk-taking activities to enhance the consumers’ quality of life.

The service demonstrated information provided to consumers was current, accurate and timely, and communicated in a way that was clear, easy to understand, and enabled consumers to exercise choice. Staff described the various ways they provided information to consumers regarding their care and services which enabled them to exercise choice.

Consumers felt their privacy was respected, and reported that staff knocked on their doors prior to entry. Care planning documentation information was observed to be stored in a secure manner.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 stated they were satisfied with the care they received, and risks were identified and managed to promote consumers’ independence and safety. Staff indicated consumers were assessed upon admission using validated risk tools and assessment outcomes were documented in care plans.

Care planning documentation demonstrated assessment and planning reflected consumers’ goals, needs and preferences including advance care planning and end-of-life wishes. Staff described how information regarding consumers’ preferences and goals were discussed and documented to deliver quality care and services.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, staff sought input from health professionals. Consumers and representatives expressed satisfaction with the quality of care and services they received and felt involved in the care planning and assessment process.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access copies of consumer care plans upon request. Care plans were readily available to consumers and their representatives, staff, specialists, doctors, and other providers of care.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Consumers and representatives stated they were generally notified when circumstances changed or when incidents occurred.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 advised consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies and procedures in place to direct the delivery of personal and clinical care.

Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service. Consumers and representatives were satisfied their high impact or high prevalence risks were effectively managed.

Consumers and representatives confirmed the service raised end-of-life care preferences and advance care planning in discussions with them. Management advised families were encouraged to be present through the consumer’s end of life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff provided recent examples of when a deterioration or change in a consumer’s condition was recognised and responded to.

Consumers and representatives expressed they were satisfied with the delivery of care and the communication received by the service about any changes to the consumer’s condition. Staff were aware of consumers’ needs and preferences and confirmed they received up-to-date information about consumers during the handover process.

The service was guided by organisational procedures regarding the referral process to health professionals within and outside of the service. Consumers and representatives reported they had appropriate access to the relevant allied health professionals, doctors and other specialists.

Consumers and representatives expressed satisfaction with the service’s management of COVID-19 precautions and infection control practices. Staff advised they received training in the management of antimicrobials and infection minimisation strategies.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

Care planning documentation demonstrated the assessment and planning process captured what was important to each consumer to promote their well-being and quality of life. Consumers and representatives were satisfied they received services and supports that met their needs, goals and preferences.

Staff advised that if they identified a negative change in a consumer’s demeanour, they would attempt to address the issue through documented strategies outlined in the consumer’s care planning documentation. The Assessment Team observed staff interacting with consumers on a one-to-one basis as well as in group settings.

Consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Management provided examples of how the service supported consumers’ participation in community events and activities.

Care planning documentation provided information which supported the delivery of effective services and safe care. The service utilised an electronic care management system which encompassed all consumer care planning documentation, this system was accessible to all staff and external organisations where services and supports for daily living was shared.

The service had policies and procedures which supported referrals to individuals and other external providers to support the lifestyle needs of consumers. Management described how they partnered with external individuals and organisations to supplement the services and supports for daily living provided to consumers.

Consumers and representatives indicated the meals provided were of suitable quality and quantity, and the service accommodated their individual needs and preferences. The Assessment Team observed staff assisting consumers with their meals and offering them meal choices.

The Assessment Team observed that where equipment was provided it is safe, suitable, clean, and well maintained. Consumers indicated they were comfortable to raise any maintenance concerns with staff.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 felt at home within the service and indicated the service environment optimised their sense of belonging and independence. The Assessment Team observed multiple communal areas available to consumers and visitors throughout the service.

The Assessment Team observed both indoor and outdoor areas of the service were safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. Consumers and representatives felt the service was cleaned to their satisfaction, and cleaning staff attended to consumers’ cleaning preferences.

The Assessment Team observed the furniture, fittings, and equipment at the service were safe, clean, well-maintained, and suitable for the use and needs of the consumers. Staff described how shared mobility equipment was cleaned and maintained.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 encouraged and supported to provide feedback and complaints, and could do so anonymously or with staff assistance. There were various avenues available to consumers and representatives to provide feedback, including feedback forms, consumer meetings, case conferences and conversations with staff.

Staff demonstrated a shared understanding of the internal and external complaints and feedback process and the advocacy and translation services available for consumers and representatives. Consumers and representatives described the various ways they could provide feedback and complaints, both internally and externally.

Consumers and representatives confirmed management were responsive to any concerns they had and took appropriate actions in response to complaints or feedback. Management and staff described the process followed when feedback or a complaint was received.

Consumers and representatives described the changes implemented at the service arising from the provision of feedback and complaints. A review of the service’s continuous improvement register by the Assessment Team confirmed it had a system in place that allowed for feedback and complaints to identity areas for improvement.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services. Management advised the leadership team held a daily operating systems meeting each morning, which included a discussion about whether to redeploy staff throughout the service to ensure consumers’ needs were met.

Consumers and representatives provided feedback that staff engaged with them in a respectful, kind and caring manner. Management described how they monitored staff interactions through observations and formal and informal feedback.

The service demonstrated members of the workforce had the qualifications and knowledge needed to effectively perform their roles. Position descriptions were documented for each role and set out the qualifications and skills required and responsibilities of each role.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed the service was very supportive and proactive in ensuring staff had access to training resources.

Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which included discussions of their performance and areas where they would like to develop their skills and knowledge. Management advised they monitored staff practices daily through their regular activities, progress notes, review of care planning documents, and also used the feedback process from other staff, consumers, and representatives.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 they provided ongoing input into how care and services were delivered and confirmed the service sought their input in a variety of ways. Management described how consumers participated in opportunities to provide input in the service, including design, furniture and the development of new gardens.

The service demonstrated the governing body was accountable for the delivery of care and services, and promoted a culture of safe, inclusive and quality-driven culture. Management monitored how the Quality Standards were being met at the service through monthly meetings and reports, which included a governance and quality component.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. The clinical governance framework supported the service and guided staff, to ensure ongoing continuous improvement in the delivery of safe, high-quality care and services.

The service provided a documented risk management framework, including policies which enabled them to monitor and assess high impact or high prevalence risks associated with the care of consumers and to support consumers to live the best life they can. Staff demonstrated an understanding of various risk minimisation strategies, including those to prevent falls and infections, manage challenging behaviours and minimise the use of restrictive practices.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these policies and their application in a practical setting.

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)