Performance

Report

**1800 951 822**

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| Name: | Somerville Gardens Care Community |
| Commission ID: | 3649 |
| Address: | 22 Graf Road, SOMERVILLE, Victoria, 3912 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 June 2024 |
| Performance report date: | 2 July 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 5451 Somerville Gardens Care Community |

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 Somerville Gardens Care Community (**the service**) has been prepared by M Waniczek, 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 (performance assessment) – 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 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 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 previously non-compliant with this standard following a site audit from 23 October to 25 October 2023 as they did not demonstrate clinical governance systems and processes were in place to effectively identify and minimise the use of environmental restrictive practices.

The Assessment Team noted a range of initiatives have been implemented since the site audit to address the non-compliance. The service was able to demonstrate it has systems and processes in place to effectively identify, assess, monitor, and minimise the use of environmental restrictive practices.

The service is engaging with relevant external organisations to improve understanding of environmental restraint, including changing systems and processes, and developing tools to support clinical staff.

The Assessment Team were satisfied the services’ clinical governance framework is effectively guiding practices in identifying, assessing, monitoring, and minimising the use of environmental restraint. Management and staff demonstrated understanding of environmental restraint.

The service demonstrated processes are in place to support consumers to exit the service if they wish to. Prior to the October 2023 site audit consumers residing outside the secure memory unit were required to use the coded keypad to exit the service. Management advised, and consumers confirmed, a fob system has been implemented, to allow consumers to exit the service without using the coded keypad.

Representatives for consumers within the service’s secure unit confirmed involvement in consumer care conversations and have provided informed consent for the use of environmental restraint. Care documentation demonstrated effective identification and assessment of consumers subject to environmental restraint, with signed or documented verbal consent, and individualised behaviour support plans.

Staff advised, and training documentation confirmed, completion of environmental restraint training, with staff meeting minutes demonstrating follow-up discussion.

The Assessment Team noted the service’s newly developed restrictive practice - environmental restraint assessment guideline is comprehensive and includes scenarios and tools to support clinical staff undertaking assessments. Clinical staff were able to describe how they access clinical policies and procedures. Clinical management staff explained they undertake quality audits of care documentation and assessments and provide reports on restrictive practices quarterly. Management explained weekly meetings are held with clinical staff to monitor the progress of the implemented improvement initiatives.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 8(3)(e).

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)