Performance

Report

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| Name of service: | The Oaks Nursing Home-Gisborne |
| Service address: | 8 Neal Street GISBORNE VIC 3437 |
| Commission ID: | 4401 |
| Approved provider: | Anglican Aged Care Services Group |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 August 2023 |
| Performance report date: | 19 September 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 The Oaks Nursing Home-Gisborne (**the service**) has been prepared by N Chahal, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

Consumers and representatives confirmed that consumers are treated with dignity and respect by staff. Consumers and representatives also confirmed they can make informed choices about their care and services and live the life they choose. Staff have a detailed understanding of consumers' individualised care and preferences. Staff demonstrated respect for consumers' diverse cultures and backgrounds. Care documentation reviewed included information on consumers' ethnic backgrounds including their preferences.

The service has policies and procedures relating to diversity and inclusion and protecting and promoting dignity framework. Management outlined the service’s assessment process to assist consumers in maintaining their identity.

The Assessment Team observed staff interacting with consumers in a friendly and respectful manner.

Based on the available evidence, I find Requirement 1(3)(a) is met.

# Standard 7

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| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Consumers and representatives are satisfied that staff are trained and supported to provide quality care and services that meet their needs. Staff confirmed they have received training in relation to incident reporting and discussed that they can access resources on the service’s electronic learning systems. Management said that they review the training learning needs of the workforce and monitor the effectiveness of the training by reviewing the incidents and progress notes recorded. The service’s training process includes online mandatory training, face to face training, and toolbox sessions.

The Assessment Team reviewed training documentation and noted that staff have received and completed training in relation to incident reporting and management including serious incident response scheme (SIRS).

Based on the available evidence, I find Requirement 7(3)(d) is met.

# Standard 8

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| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

The service has frameworks, policies, and procedures to support the management of high-impact, high-prevalence risks and the response to incidents. The service identifies high-impact and high-prevalence risks through clinical indicators extracted from the record management system via trending, incident reporting, and progress notes. Management and staff described and provided examples of how consumers are supported to take risks and live the best life they can by informing the consumer and representative of the risks involved and completing a dignity of risk form. Staff demonstrated an understanding of abuse and neglect and outlined their level of reporting responsibilities and duty of care based on their position in reporting incidents.

Staff have received training in incident management and SIRS reporting and demonstrated knowledge of reporting incidents. A review of ‘resident and representative meeting minutes’ demonstrated that the service undertakes discussions relating to areas identified as high-impact high-prevalence risks including infection control, falls, and skin integrity.

Based on the available evidence, I find Requirement 8(3)(d) is met.

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)