Rockpool Morayfield

Performance Report

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MORAYFIELD QLD 4506  
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**Commission ID:** 5437

**Provider name:** Rockpool RAC (Morayfield) Pty Ltd

**Assessment Contact - Site date:** 15 November 2021 to 16 November 2021

**Date of Performance Report:** 8 December 2021

# Performance report prepared by

Gai-Maree Cain, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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
* other information and intelligence held by the Commission regarding the service

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not access all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

Consumers and representatives expressed satisfaction with the care and services received by consumers at the service.

Staff described how they ensured individual consumers received safe and effective personal care, clinical care, or both personal care and clinical care such as the management of pain, wound/s and diabetes. Staff advised they are supported by senior clinical management and care staff advised they would report any concerns to the Registered Nurse.

Consumers care documentation reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For example, for one named consumer care documentation evidenced a wound management plan to guide staff in the assessment, monitoring and management of a chronic wound, regularly review of the wound by Registered Nurses and referral to a wound specialist one two occasions.

The Assessment Contact - Site report provided information which evidenced the service had taken action in response to consumer and/or representative complaints provided to the Aged Care Quality and Safety Commission including referral of one named consumer to an external Dementia Specialist service and staff training in relation to recommendations made.

Care documentation for consumers subject to chemical, mechanical and environmental restrictive practices included assessment documenting why the restrictive practice was required, authorisation, consent, and regular restrictive practices usage monitoring by the Registered Nurse. Behaviour support plans had been completed including individualised strategies and interventions for consumers subject to restrictive practices or had responsive behaviours.

Registered staff had received education in relation to wound care including the range of wound products available, the most appropriate product implement in varying circumstances. The service has a directive attached to wound trolleys detailing wound types and treatments. Staff confirmed they had received online education in relation to restrictive practices.

The service has policies and procedures relating to clinical and personal care to including skin integrity, wound management, pain management and restrictive practices.

For the reasons detailed, this requirement is Compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

Consumers and representatives generally expressed satisfaction that risks to consumers were well managed by the service.

The Assessment Contact - Site report provided information in relation to a complaint provided to the Aged Care Quality and Safety Commission from one named consumer’s representative regarding recognition and response to a change in consumer’s health and wellbeing. Management advised the service had reviewed the management of the consumer’s care and implemented improvements including implemented clinical protocols, specific staff training in the recognition of consumer deterioration with online modules, local in-service and toolbox training.

Staff described the high impact and high prevalence risks for consumers at the service, and how these are monitored and managed for individual consumers.

Review of consumer care documentation mostly reflected consumers individual risks and management strategies implemented to minimise risk/s. The service records individual consumers high impact and high prevalence clinical and personal through risk assessments, care plans and incident documentation.

The organisation had a ‘falls management flowchart’ and falls ‘cue cards’ that are attached to lanyards, detailing steps for staff to follow if a consumer sustains a fall.

The service reports monthly clinical indicators which records serious incidents, medication incidents, falls, infections and wounds.

For the reasons detailed, this requirement is Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not access all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

Most consumers and representatives expressed satisfaction in relation to the adequacy of staff including numbers of staff to support the provision of safe quality care and services. While consumers advised staff are busy at times, they considered that staff were aware of consumer’s individual needs and preferences and service delivery is safe and provided in a timely manner. Consumers expressed satisfaction with staff response to requests for assistance, and reported staff were kind and caring and respectful of their identity, culture and diversity.

The service operates form a based roster and developed in consideration of the care and service requirements of consumers. Clinical and care staff are rostered at the service 24 hours per day, seven days per week. Staff advised vacant shift are generally immediately filled roster adjustments and staff from other areas, and as a last resort through the use of agency staff. The Assessment Contact – Site report provided information which evidence the service had a planned approach to enable the deployed of sufficient workforce to support safe and quality care and services. For example, a review of the staff roster for a two week period identified all shifts were filled with the service’s employees or the dedicated floating staff member. On one occasion, a vacancy was replaced with agency staff.

For the reasons detailed, this requirement is Compliant.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Consumers and representatives expressed confidence in the abilities of staff in delivering care and services, and considered that staff are well trained and equipped to meet consumers care needs.

The service provided annual mandatory training to all staff via electronic training modules, competency based training and included practical educational sessions in areas such as manual handling, restraint, risk management and the   
Serious Incident Response Scheme. The service had recruitment processes to ensure the workforce had the appropriate skills and qualifications to perform their roles including monitoring or professional registrations, visa requirements, national criminal history checks and completion of mandatory training.

The service had implemented actions to develop care staff understanding and training, for example consumers are asked to present to staff about ‘life as a recipient of care’. Staff received a presentation from consumers about what their care looks and feels like from the consumer’s perspective.

Review of workforce personnel files evidenced certifications, professional qualifications, national criminal history checks, COVID-19 and seasonal influenza vaccinations and the completion of mandatory training. The service had position descriptions which outlined the knowledge and experience required for respective roles.

For the reasons detailed, this requirement is Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team did not access all requirements of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The organisation had a risk management framework, including policies describing how:

* High impact or high prevalence risks associated with the care of consumers is managed.
* The abuse and neglect of consumers is identified and responded to.
* Consumers are supported to live the best life they can.
* Managing and preventing incidents including the use of an information management system.

Staff had been educated in relation to these policies and provided examples of their relevance to their day to day work. For example, staff demonstrated awareness in recognising and responding to the abuse and neglect of consumers by reporting to a senior staff member or management; staff described falls prevention, wound pathway procedures; staff described training received in relation to the Serious Incident Response Scheme and restrictive practices.

The organisation had an incident management system which supported the documentation of incidents, investigations and outcomes; and the reporting of incidents through the service to the governing body.

For the reasons detailed, this requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.