Rose Lodge

Performance Report

225 Graham Street
WONTHAGGI VIC 3995
Phone number: 03 5672 1716

**Commission ID:** 3016

**Provider name:** Wonthaggi & District Elderly Citizens Homes Inc

**Assessment Contact - Site date:** 2 December 2021

**Date of Performance Report: 21 December 2021**

# Performance report prepared by

David Lee, 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | 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.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The service was found non-complaint in one requirement under this Quality Standard at the last visit.

The focus of this site assessment contact desk was to assess the service’s progress in returning to full compliance with the Quality Standards.

The service demonstrated that actions undertaken to date have addressed the deficits previously identified in this Standard.

The Assessment Team found that one of one specific requirements assessed were met.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team found the service has implemented effective improvements to address the deficits identified during the previous site audit.

Consumers and representatives expressed satisfaction that care and services are reviewed regularly and in response to a change in circumstances or following an incident. Care planning documents sampled reflected falls risk assessment, mobility care plan, non-pharmacological behaviour, pain management strategies and physical assistance with transfers.

Staff interviewed gave examples of the care review process in response to

changes in a consumer’s care needs, preferences, or following an incident. Referrals to other members of the multi-disciplinary team are made, new risk assessments are

initiated if required, and, engagement with the consumer and/or their representative

occurs.

The service has addressed the deficits previously identified in the regular review of care and service plans for effectiveness and planning is updated in a timely manner when there are changes in the consumer’s circumstances.

I find the service complies with this requirement.

# 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.