Rosedurnate Aged Care Plus Centre (0130)

Performance Report

46 Orange Street
PARKES NSW 2870
Phone number: 02 6862 2300

**Commission ID:** 0130

**Provider name:** The Salvation Army (NSW) Property Trust

**Assessment Contact - Desk date:** 18 November 2021 to 19 November 2021

**Date of Performance Report:** 15 December 2021

# Performance report prepared by

G Cherry, 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)(e) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | 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 - Desk; the Assessment Contact - Desk report dated 18 and 19 November 2021 was informed by telephone contact, observations and review of documents, interviews with staff, consumers/representatives and others
* the provider did not respond to the evidence within the Assessment Contact - Desk report
* the Performance Report dated 13 April 2021
* information provided to the Commission by the public

# 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

Overall sampled consumers consider they receive personal and clinical care that is safe and right for them. Consumer care needs and preferences are documented and communicated within the organisation and where responsibility is shared. Consumer information is readily available for those providing care.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

*Information about the consumer’s condition, needs and preferences is documented and communicated with the organisation, and with others where responsibility for care is shared.*

The service demonstrated effective systems to ensure consumers needs are known to those providing care. Processes exist for transfer of information when consumer’s needs and preferences change. Information from specialist services, medical officers and allied health professionals is integrated within consumer documentation and accessible to those responsible for consumer’s care.

Consumers and representatives expressed satisfaction consumer’s needs and preferences are effectively communicated between appropriate staff and access to medical officers and other health professionals occurs when needed.

Staff advised of access to consumers’ care directives and updated information provided by registered staff. Care staff gave examples of the process of escalating concerns to registered staff, who confirmed the process of information transfer with staff, medical officers and health care professionals. Management said ongoing issues occur with the electronic documentation system, however most staff advised improvement relating to information transfer.

Documentation review detailed consumers’ information is current and accessible to those involved in consumer care.

I find 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

Overall sampled consumers consider they get quality care and services when needed and from those who are knowledgeable, capable and caring. Consumers and representatives said staff are kind, caring, respectful; they felt confident staff are skilled and there are enough staff to meet consumers’ needs.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not 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.*

The service demonstrated an effective system for the planning and management of the workforce to ensure safe and quality care and services are delivered to consumers. Most consumers and representatives gave complimentary feedback in relation to staffing and said consumer’s needs are responded to in a timely manner. Consumers have accessibility to call bells and personal pendants to alert staff of their needs.

Interviewed staff advised management endeavour to replace staff when unplanned leave occurs, including use of nursing agency staff and/or adjustments to rostering to ensure coverage.

Management advised of a recent recruitment of clinical and support staff and a process to manage unplanned leave, including extending contracts for consistency of staff via nursing agencies. Care staff receive training to supplement staff providing the activities program. Education and training are provided to staff, including competencies undertaken as a component of the orientation process. The Assessment Team noted gaps in education which were immediately addressed by management.

Management advised organisational review of the model of care aiming to provide increased consumer focus. It is expected this new model will be introduced at the service in early 2022.

Documentation review detailed the monitoring processes to ensure consumer’s needs are met in a timely manner and rostering planning processes for staff coverage.

I find 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

Overall sampled consumers and representatives consider the organisation is well run and they can partner in improving the delivery of care and services. Interviewed consumers and representatives said the service is well run, they generally feel comfortable talking with management who are responsive when matters are raised.

The organisation demonstrated effective governance systems for the delivery of safe, quality care and services.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Interviewed consumers and representatives believe the service is well run and they are comfortable communicating comments, suggestions and complaints to a management team who are responsive.

Management gave examples of consumer’s involvement in the running of the service, for example in interviewing new staff, participating in leadership meetings, various committees and focus groups.

Consumer feedback was taken into consideration in relation to the service’s case conferencing process and documentation to reflect consumer input. A review of clinical information indicated consumers and representative involvement in care needs and running of the service.

I find this requirement is compliant.

### Requirement 8(3)(c) Compliant

*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.*

The service demonstrated effective governance systems relating to information management, continuous improvement, finance, workforce, feedback, complaints and regulatory compliance.

Management advised of ongoing involvement in the clinical information system to implement improvement detailing further training is to occur and nominated staff available to assist others. Staff advised improvement in relation to this system has resulted in current information accessible. The clinical governance framework has oversight at an organisational level.

The Assessment Team observed documentation, plus management and staff demonstrated opportunities for improvement are identified, critical incidents are used to drive continuous improvement and there is a process for ensuring Quality Standards are met.

Staff demonstrate knowledge of the systems in place, regulatory requirements, feedback and complaints processes, risk management and clinical management systems including the process for escalating issues of concern.

The service provided examples of consumer and representative engagement in decisions relative to consumer care and services and demonstrated consumer involvement in the implementation of continuous improvement. The Assessment Team observed documentation in relation to the organisation’s clinical governance and risk management frameworks, noting a variety of policies and procedures supporting these.

I find 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.