Rosewood Care Leederville

Performance Report

5 Britannia Street   
LEEDERVILLE WA 6007  
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**Commission ID:** 7094

**Provider name:** Rosewood Care Group (Inc)

**Assessment Contact - Site date:** 18 March 2021

**Date of Performance Report:** 2 June 2021

# Publication of report

This Performance Report **may 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)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’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 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 Requirements

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

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

The service has implemented appropriate actions to address the previously identified deficits including; review and update of the behaviour management policy, comprehensive review of the three consumers’ assessments and care plans, implementation of new strategies to manage behaviours, education and training for staff, reporting, recording and analysis of behaviour incidents weekly and evaluation of behaviour charting every shift. The service has implemented additional actions of audits, meetings and additional clinical support to monitor the system and staff practice of documentation and recording of behaviour incidents including review of strategies and behaviour charts.

The Assessment Team found improvements resulted in a reduction of incidents of aggressive behaviours in the dementia secure area of the service and in other areas of the service, and increased staff understanding of individual consumer’s triggers for challenging behaviours and effective strategies that can be used.

# 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 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.*

The approved provider demonstrated improvements have been made to ensure that effective risk management systems and practices are in place to meet 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.