Performance

Report

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| Name of service: | Claremont Terrace |
| Service address: | 231-253 McKinnon Road McKINNON VIC 3204 |
| Commission ID: | 3592 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 September 2023 |
| Performance report date: | 11 October 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 Claremont Terrace (**the service**) has been prepared by S Byers, 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 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

Most consumers and representatives described the service environment as safe, clean, and well maintained. All consumers said they can move freely indoors and outdoors and provided examples of maintenance completed in a timely manner. Cleaning staff described cleaning processes and cleaning schedules supported the completion of regular cleaning. Staff described preventative and reactive maintenance processes including how they identify and report maintenance issues. Maintenance records reflected all maintenance requests were completed and monthly preventative maintenance up to date. The Assessment Team observed communal areas, consumer rooms and bathrooms were clean and well maintained, doors to outdoor areas were unlocked and hallways wide and free of obstacles.

Based on the evidence, as summarised above, Requirement 5(3)(b) is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Consumers and representatives said they are aware of the feedback and complaints process and are encouraged and supported to provide feedback. All consumers and representatives said they were comfortable communicating directly with staff and management and provided examples are they provided feedback and complaints including participation in consumer and representative meetings. Staff provided positive feedback about being supported by management to provide and record feedback and complaints. Staff complete feedback and complaints training as part of induction. Feedback forms, advocacy and external complaints information was observed readily accessible and on display in the service.

Consumers and representatives were satisfied appropriate and timely actions are taken in response to complaints. Staff were familiar with open disclosure and demonstrated an understanding of the process and principles in practice. Feedback and complaints are recorded in the electronic management system and are reviewed weekly by management to inform trending, analysis and continuous improvement. All complaints in the complaints register were observed to be appropriately actioned in a timely manner, with open disclosure actioned. The service has policies in place relating to feedback, complaints and open disclosure to guide staff practice.

Based on the evidence, as summarised above, Requirements 6(3)(a) and 6(3)(c) are Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

Consumers and representatives said there is sufficient staff to meet consumer needs and preferences. Staff provided positive feedback in relation to staffing levels and confirmed unplanned leave is filled. Management described recruitment processes including recent workforce increases in response to consumer feedback and increasing consumer numbers. Management described the services approach to workforce planning that considers consumer numbers, care needs and acuity, and the systems in place to manage unplanned leave. Roster documentation reflected that most shifts were filled for the two weeks prior to the assessment contact. Call bell reports demonstrated call bells are responded to in a timely manner. Processes are in place to monitor call bell response times.

Based on the evidence, as summarised above, Requirement 7(3)(a) is Compliant.

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)