Performance

Report

**1800 951 822**

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| Name of service: | Marten Residential Care Centre |
| Service address: | 110 Strathfield Terrace LARGS NORTH SA 5016 |
| Commission ID: | 6964 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 September 2023 |
| Performance report date: | 16 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 Marten Residential Care Centre (**the service**) has been prepared by M Glenn, 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.

# 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 and representatives.

The approved provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |

Findings

Policies and procedures support and guide staff to involve consumers and representatives in the assessment, planning and review of consumers’ care and services. Staff described how they ensure consumers or their representatives are consulted and included in assessment and care planning, including care plan reviews. Documentation showed the service consults with other organisations and health professionals in relation to consumers’ care and services. Consumers confirmed the service involves their representatives and other organisations in the assessment and planning of their care and services.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 2 Ongoing assessment and planning with consumers 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

Management described the systems in place relating to buddy shifts for new staff, implementation of care champions, multiskilled staff, and shift allocations for unplanned leave. Overall, staff indicated there are enough staff rostered to complete their duties with processes in place to ensure sufficient skill mix and vacant shifts are filled. However, staff in the memory support unit said morning shifts pose a busy period due to consumers' needs and additional staffing at these times would be beneficial. Consumers feel there is adequate staffing and mix of staff at the service.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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. | Compliant |

Findings

Frameworks, policies, and procedures have been implemented to support the management of risks and response to incidents. Staff described their roles and responsibilities when reporting incidents and discussed training they received within areas of risk management. Documentation showed incident data is reported and analysed monthly and actioned appropriately at both a service and organisational level. Management provided examples of identified risks and how they are managed. Consumers are encouraged to live their best life and regular discussions with consumers enable them to do the things that are important to them safely.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)