Performance

Report

**1800 951 822**

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| Name: | Rangeview Private Nursing Home |
| Commission ID: | 3570 |
| Address: | 15-17 Mason Street, WANGARATTA, Victoria, 3677 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 May 2024 |
| Performance report date: | 6 June 2024 |
| Service included in this assessment: | Provider: 2932 Merakis Enterprises Pty Ltd  Service: 2317 Rangeview Private Nursing Home |

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 Rangeview Private Nursing Home (**the service**) has been prepared by N Eastwood, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response acknowledging the assessment team’s report received 6 June 2024.

# 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** |

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)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |

Findings

The service was found non-compliant with this requirement following a Site Audit from 21 to 22 November 2023. Following the Site Audit the service introduced a new electronic management system that schedules and records consumer care plan reviews and produces care plans for consumers and representatives.

Consumers and representatives confirmed they are regularly involved in discussions related to assessment, planning and review of consumer care and services. Management demonstrated the new electronic management system which captures care reviews and outcomes, populates review dates, and creates reports to ensure compliance with scheduled reviews. Clinical staff showed how the electronic management system creates tasks detailing activities due each day which include care plan reviews. A review of documentation reflected compliance with scheduled care plan reviews, documented consumer and representative participation and distribution of care plans upon request.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 2(3)(d).

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service was found non-compliant with this requirement following a Site Audit from 21 to 22 November 2023. Following the Site Audit the service has re-commenced annual performance reviews for all staff as well as ongoing assessment and monitoring.

Staff confirmed the annual performance reviews, informal supervision and competencies aligned with their position description. Performance appraisals reflected staff input, management feedback and recommendations. Supervision is conducted informally by senior staff and the outcome provided to management. A review of documentation reflected performance appraisal monitoring and compliance year to date. Training records identified competencies undertaken aligned to clinical roles. Management said suggestions and feedback in relation to training and development received during performance reviews is collated and forwarded to the education team.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Requirement 7(3)(e).

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)