Performance

Report

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| Name: | Rockingham Nursing Home |
| Commission ID: | 7842 |
| Address: | 14 Langley Street, ROCKINGHAM, Western Australia, 6168 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 25 October 2023 |
| Performance report date: | 15 November 2023 |
| Service included in this assessment: | Provider: 7237 Fresh Fields Management (NSW) Pty Ltd  Service: 4854 Rockingham 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 Rockingham Nursing Home (**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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others; and
* the provider’s response to the assessment team’s report received 13 November 2023 which acknowledged the assessment team’s recommendations. The response included commentary and supporting documentation to clarify information included in the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |

Findings

High impact or high prevalence risks associated with the care of consumers are identified and monitored through assessment processes, care plans and charting, and management strategies are developed and documented to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files and representative feedback demonstrated appropriate assessment and strategies to mitigate risks relating to swallowing and falls. Care files also evidenced involvement of general practitioners and allied health professionals in assessment and management of consumers’ high impact or high prevalence risks. Staff described the main risks for sampled consumers and how these are managed, including appropriate identification and escalation of risks, review post incidents and implementation of strategies to reduce risk of reoccurrence. The assessment team noted one consumer, who had recently entered the service, was agitated throughout the day and expressing a wish to leave the service. The consumer’s care file included identified risks and management strategies. However, another consumer was not fully satisfied with the strategies in place to manage the consumer’s behaviours. The provider’s response to the assessment team’s report included actions implemented prior and subsequent to the assessment contact to manage the consumer’s behaviours, including referrals to specialist services.

Care files sampled demonstrated deterioration or change of a consumer’s condition is recognised and responded to in a timely manner. Clinical staff demonstrated comprehensive knowledge of consumers’ clinical background and needs and described escalation processes in line with the service’s policy. Where deterioration in a consumer’s condition is identified, additional assessment and/or monitoring is implemented and, where required, referrals to general practitioners and/or allied health professionals are initiated.

Based on the assessment team’s report and provider’s response, I find requirements (3)(b) and (3)(d) in Standard 3 Personal care and clinical care compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

There are effective systems and processes to ensure staff are competently delivering safe and effective care. Care staff work in pairs, and any new or agency staff are allocated with an experienced care worker to ensure care delivery is safe and effective. A qualifications and clearance register is maintained to monitor staff compliance with qualifications, police checks and clearances, and to identify when they are to be reviewed. Management said incident investigations are used to identify areas for improvement and staff learning needs. Organisational records, and those relating to incident management and toolbox training demonstrated staff training needs were address when identified. There are also processes to identify and address agency staff learning needs. Staff said they had received training and are supported by the service to effectively undertake their roles.

Based on the assessment team’s report, I find requirement (3)(d) 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

The service and organisation have effective risk management systems and practices, supported by policies and procedures, including in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents. Incidents are investigated, including root cause analysis and mitigating strategies to prevent similar or repeated incidents, with information used to improve risk management, including high impact or high prevalence risks. Serious incidents are reported at the service level and sent to a decision maker at the organisational level to ensure they are reported in line with legislative requirements and to inform process improvements to all services. Staff said they have received regular training and support in how to identify and correctly report incidents and near misses and stated they have access to policies and procedures to support them in identifying and managing consumer risks.

However, the assessment team found the service did not have embedded practices to identify, encourage and support wider opportunities to enable consumers to live their best lives, indicating the service was reliant on consumers self-identifying opportunities and raising their desires to undertake activities. The assessment team’s report referenced one consumer who management said had never expressed a desire to partake in the activity described. The provider’s response included further commentary relating to this consumer which has been considered in my finding. Based on the assessment team’s report, the evidence does not demonstrate systemic deficits relating to this aspect of requirement (3)(d).

Based on the assessment team’s report and provider’s response, 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)