Performance

Report

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| Name of service: | Romani |
| Service address: | 40 Tumbella Drive Murray Bridge SA 5253 |
| Commission ID: | 8222 |
| Approved provider: | RSL Care South Australia Incorporated |
| Activity type: | Site Audit |
| Activity date: | 8 August 2023 to 10 August 2023 |
| Performance report date: | 20 September 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 Romani (**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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and representatives; and
* the provider’s response to the assessment team’s report received 5 September 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers’ history and culture are documented to inform the delivery of care and services. Staff described consumers’ cultural preferences and were observed speaking in a polite and calm manner to consumers. Consumers and representatives said consumers are treated with dignity and respect, and staff are aware of their cultural preferences.

Staff know the risks consumers take and described how they support consumers to make decisions regarding their care. Information is available to consumers which is clear and easy to understand to assist them to make choices about care and services. Consumers said they can make their own choices and are supported to maintain relationships within and outside of the service.

Consumer privacy is respected and information is kept confidential. Consumers’ personal information is not discussed in front of others and the electronic care management system is password protected to keep information private. Consumers and representatives said staff respect consumers’ privacy.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| 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 |
| 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 |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Assessment and planning, including advance care directives and end of life planning, occurs on admission to inform the delivery of safe and effective care and services. Care plan evaluations are regularly undertaken to cater for the changing needs and preferences of consumers. Staff described the assessment process and stated care plans had enough information for the delivery of safe and effective care. Consumers and representatives are satisfied assessments identify consumers’ individual risks.

Consumers and representatives can view and discuss care plans at any time and are consulted at assessment reviews or when there are changes to consumers’ care. Staff communicate changes in consumers’ care at handovers and through progress notes. Representatives confirmed outcomes of assessments are always communicated to them.

Care and services are reviewed regularly and when health changes are identified or incidents impact on consumers’ care needs. Documentation showed when circumstances changed or incidents occurred, consumers were reassessed and care plans updated. Consumers and representatives confirmed staff review and implement new management strategies following an incident, such as a fall or wound.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Staff are knowledgeable of consumers’ preferences and described how care is delivered to meet their needs. Documentation showed consumers’ preferences are captured in care plans and in handover notes. Systems and processes are in place to identify, monitor and effectively manage consumers who have high-impact or high-prevalence risks. Staff described strategies for risk prevention, with interventions and recommendations from specialists incorporated into care plans. Consumers and representatives said consumers get the care and services they need and that is right for them.

Documentation showed the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed. Staff described how they promote privacy, dignity and respect when providing care, such as monitoring for pain, supporting families and respecting spiritual wishes.

Changes in consumers’ clinical, cognitive or mental health status are recognised and responded to appropriately. Staff are informed of changes in consumers’ condition, needs and preferences through handovers and alerts from the electronic system, and have access to updated information to assist them to provide care. Consumers are satisfied with the personal and clinical care provided and expressed satisfaction with the responsiveness of staff towards a consumers’ decline in health.

Clinical staff make referrals to other providers of care when issues are identified that require follow up. Staff described how referrals are made and how physiotherapists, dietitians, wound specialists and speech therapists are involved in the care of consumers.

Standard precautions are used to prevent and minimise infection related risks and staff have been trained in the use of personal protective equipment and outbreak management processes. Pathology testing is used prior to prescribing antibiotics to ensure they are used appropriately. Consumers and representatives are satisfied with infection control practices.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers are assessed on admission to determine what supports and equipment are required to maintain their mobility and independence. Consumers are supported to participate in activities within the service and outside in the community and to maintain their social and personal relationships. Staff described how they support and promote consumer independence and ways they provide additional emotional support to consumers who may require it. Consumers feel the service supports them to maintain their independence, spiritual, emotional and psychological needs.

Care documentation showed timely and appropriate referrals had been made to individuals, other organisations and other providers of care and services. Information about consumers' needs and preferences are communicated at handovers and staff described how they share information to ensure they are informed of changes in consumers’ care. Menus are reviewed by a dietitian to ensure consumers’ nutritional requirements are met and observations showed staff assisting consumers during meal service in a respectful manner. Consumers are satisfied staff know their needs and preferences and with the quality and quantity of meals provided.

Staff are trained how to safely use equipment and clean consumers’ equipment before and after each use. Lifestyle equipment, lifters, and consumers’ personal equipment was observed to be clean, safe and operational. Consumers feel the equipment staff used was safe, clean and maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was welcoming with appropriate signage, wide corridors and an easy to navigate layout for consumers to optimise their independence. Communal spaces and corridors provide adequate seating and places to rest, with access to gardens and covered patio areas. Consumers’ rooms were observed to be spacious with personal belongings and decorations. Consumers were observed participating in activities held in large communal spaces or undertaking personal pastimes, and interacting with each other, staff and visitors.

The service is clean, safe and well maintained, with consumers observed moving freely between their indoor and outdoor environments. Cleaning staff are trained and follow duty schedules daily and staff could explain how to recognise and report hazards or maintenance issues. Consumers and representatives expressed satisfaction with the standard of cleanliness and maintenance of the service environment.

The furniture, fittings and equipment were observed to be clean, safe and well maintained. Cleaning staff were observed undertaking various tasks and displayed a good understanding of their required duties. Systems are in place for reactive and proactive maintenance for all areas of the service.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment 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)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving 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 |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Staff described how they support consumers to raise feedback and assist consumers who cannot fill out feedback forms themselves by completing it for them, or liaising with family or representatives. Consumers and representatives were aware of external agencies who could assist them with concerns and the mechanisms available to make complaints and provide feedback.

Complaint management process are in place and staff understood the importance of open disclosure and provided examples of when open disclosure was used to manage complaints. Consumers and representatives felt the service is transparent and open when things go wrong, and are satisfied appropriate action is taken to address feedback and complaints.

Consumers and representatives are consulted to ensure they are happy with the outcome of complaints and feedback. Feedback received is discussed at staff meetings, clinical governance meetings and resident meetings. Processes are in place to ensure all feedback is captured, analysed, trended and reviewed, to identify areas of improvement. Consumers and representatives were satisfied with the way management utilise feedback to improve the quality and care of services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Staff reported there are enough staff available to perform their duties with the option to source additional staff or extend shifts if required. Systems are in place for staff rostering and contingencies for leave and unexpected absences to maintain safe and quality care. Consumers and representatives expressed satisfaction with all staff and consumers don’t feel rushed when care is provided.

Staff described consumers’ individual needs, preferences and personalities, and observations showed staff engaging with consumers in a friendly and personable manner. Management seek feedback from consumers regarding staff behaviours and practices and promote a strong organisational focus on person centred care. Consumers and representatives were complimentary of staff stating they are lovely, kind and caring.

A thorough recruitment and onboarding process is undertaken for all new staff which includes a suite of mandatory training, corporate and onsite inductions, and buddy shifts. Policies and procedures support recruitment and training and the provision of role specific position descriptions and duty statements outline expectations and guide staff practice. Qualifications and registration requirements are monitored to ensure compliance with mandatory training competencies. Staff feel encouraged to raised feedback or concerns and confirmed participation in regular and ongoing training requirements as part of their roles. Consumers and representatives said staff were competent and had the necessary skills to undertake their roles.

Regular assessment, monitoring and review of staff performance is undertaken on each member of the workforce during probationary periods and via annual reviews. Documentation showed the completion of staff reviews, as well as performance management and/or termination of staff for misconduct, or if conduct identified does not align with the values of the organisation.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives are supported to engage in the development, delivery and evaluation of care and services via various feedback methods. The organisation has systems in place to capture and review feedback and other forums for engagement included regular attendance by Board members, monthly newsletters, noticeboards, and feedback and complaints processes.

The governing body promotes a culture of safe, inclusive quality care and services through its mission, vision and core values, and by ensuring a workforce culture of person-centred care. The organisation’s framework includes systems to ensure responsibilities and expectations are managed through multiple reporting and monitoring mechanisms to ensure the Board and associated committees are aware of and accountable for the delivery of care and services.

Effective organisation wide governance systems for safe and effective service delivery were demonstrated. Information management systems are primarily electronically based with minimal use of paper-based documentation. Various mechanisms are in place to capture and identify continuous improvement, such as engagement interviews, meetings, surveys, audits and verbal interactions. Financial governance processes include monetary delegations, budgetary forecasts and external independent auditing. The organisation has sound processes to ensure the monitoring of the workforce which includes appropriate screening, training and monitoring. Regulatory compliance is monitored and discussed at all levels of the organisation from consumer meetings through to Board level. Processes are in place to manage feedback and complaints and drive improvements.

An effective risk management framework with policies and procedures to support the organisation’s management of risk and response to incidents is in place. An electronic risk management system facilitates reporting of risk data for trending and analysis and meeting minutes record discussions held in relation risk management. Staff understood risk principles and described strategies and interventions for risk prevention.

A documented clinical governance framework was evidenced with systems in place to monitor and support the delivery of care and services in relation to antimicrobial stewardship, minimising restraint and open disclosure. Staff described antimicrobial stewardship principles and provided examples of minimising restraint and open disclosure.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)