Performance

Report

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| Name: | Rose Court Aged Care Facility |
| Commission ID: | 6975 |
| Address: | 3 Grant Avenue, GILLES PLAINS, South Australia, 5086 |
| Activity type: | Site Audit |
| Activity date: | 2 July 2024 to 4 July 2024 |
| Performance report date: | 12 August 2024 |
| Service included in this assessment: | Provider: 2979 Hahndorf Holdings Pty Ltd  Service: 4383 Rose Court Aged Care Facility |

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 Rose Court Aged Care Facility (**the service**) has been prepared by Katherine Richards, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is Compliant, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and identity, culture and diversity valued. Staff were respectful when speaking of and with consumers and gave examples of how they took time to learn about consumer backgrounds and choices. Care planning documentation reflected the diverse backgrounds and preferences of consumers within life history and cultural assessments.

Staff described how consumer’s cultural needs influenced the delivery of care and services. Care planning documentation reflected cultural needs, preferences, and supporting strategies. The cultural safety and awareness policy demonstrated commitment informed staff care. Consumers and representatives said staff value their culture and ensured provision of care in a culturally safe manner.

Consumers and representatives described how they were supported to make choices about their care, including who else should be involved in care or decision-making, and maintaining relationships. Care planning documentation reflected consumer decisions and supports for maintaining relationships. Staff outlined ongoing consultation with consumers to ensure preferences were respected, including during care delivery.

Staff explained how they supported consumers to take risks, including discussing potential harm and mitigating strategies which were outlined within a risk assessment. A representative detailed consultation processes undertaken to support consumer risk and ensure informed consent was obtained. Care planning documentation identified risks of choice and safeguarding mechanisms, and staff demonstrated awareness of risks taken by consumers and strategies to minimise harm.

Consumers and representatives described how they were provided written information and verbal reminders to inform choices. Staff described different methods of sharing information, and outlined how they adapted communication to meet communication needs of consumers. Consumers had access to displayed information to inform choice, such as daily menu cards on dining tables and lifestyle calendars.

Consumers described how their privacy was respected, including through knocking and seeking permission to enter, and closing the door during care. Staff said they maintained confidentiality by ensuring information was not discussed in front of others. Documentation was secured when not in use through password protected electronic care management systems located in nurses’ stations which were locked when not attended.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Staff described the assessment and planning process, explaining use of a checklist to ensure comprehensive review to identify risks and develop care strategies to inform care needs. Assessment and planning processes had not been used to consider whether securing of doors may result in environmental restraint for some consumers, however, management took immediate action to review impact and ensure appropriate sharing of access codes for consumers who might otherwise be restricted. Care planning documentation demonstrated use of assessment and planning outcomes to identify risk and develop tailored strategies.

Representatives verified discussions about advance care and end of life planning, and said staff took time to understand current goals, needs, and preferences for consumers. Staff explained how assessment and planning practices captured consumer needs and preferences, with regular opportunities to review and discuss end of life care. The electronic care management system captured consumer goals and preferences in line with feedback, and highlighted key information including end of life wishes.

Consumers and representatives described their involvement within assessment and planning of care. Staff explained how assessment and planning was conducted in partnership with consumers and representatives, and described a range of providers and services who may also offer input. Care planning documentation reflected input from a range of providers.

Staff explained how they ensured regular and effective communication with consumers and representatives through verbal and written pathways. Consumers and representatives said staff explain outcomes of assessments and offer a printed copy of the care and services plan following regular review. Care planning documentation recorded summary of communication and provided ready access to summary care and service plans.

Care planning documentation demonstrated regular review of care and services, including through 4 monthly reviews and monthly Resident of the day assessments. Documentation showed consideration of effectiveness of the strategies. Consumers and representatives described reviews undertaken following incident or change in consumer circumstances. Staff explained adherence to review schedules and how incidents or change in consumer health triggered evaluation.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Staff described how provided care was safe and tailored to consumer needs. Care planning documentation and consumer feedback verified delivered care was in alignment with personalised strategies and monitored for effectiveness.

Consumers expressed confidence in the service’s management of risks associated with their health and well-being. Staff were familiar with consumer risks and management strategies in line with care planning documentation. Consumers were monitored for evolving risks and following incidents.

Staff outlined how they monitored and managed consumer comfort during end of life care, and provided care considered end of life wishes. The palliative care procedure outlined how comfort was maintained, and goals were to be respected to guide staff practice.

Consumers and representatives reported changes in condition were recognised and responded to appropriately. Staff explained how they monitored consumers for changes and demonstrated awareness of a range of signs indicating deterioration. Care planning documentation included clinical charting and records of change of consumer condition, monitoring when changes were identified, and escalation where further assessment and input was required.

Consumers said staff work together and communicate consumer care needs and preferences, avoiding need to repeat information. Staff explained how information about consumers was shared between staff and others involved in care, including through verbal and written handover, care planning documentation, and alerts for specific tasks. Care planning documentation included detailed information to ensure staff were updated with changes to consumer condition, needs, or preferences.

Staff described the referral processes used to access a range of providers. Policies and procedures outlined essential referrals following incidents or for new consumers. Care planning documentation reflected timely identification of consumer need, corresponding referrals, and responses.

Consumers and representatives were aware of precautions used by staff to prevent infection, including cleaning, entry screening, and isolation of consumers with signs of contagious illness. Staff demonstrated understanding of infection control practices and appropriate prescribing of antimicrobial medication. Policies, procedures, and outbreak management plans were available to guide staff, and the service had an Infection prevention and control lead on site.

# 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

This Quality Standard is Compliant, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives gave examples of how services and support considered their needs, goals, and preferences. Staff explained assessment processes to understand a range of needs and preferences, including relating to interests, social, emotional, and spiritual needs.

Consumers said staff notice when they feel low and take action to provide support and have available spiritual support through church services. Staff explained how low mood was recognised and responded to, including escalating concerns, and regular church services were detailed in the lifestyle calendar.

Staff described how consumers were supported to participate in the service and wider community, and the activity schedule was tailored to consumer interests. Consumers offered examples of how they were supported to participate in the community and maintain social and personal relationships. Consumers were observed receiving visitors and participating in group activities.

Consumers and representatives said information about them was effectively shared between staff and others and needs known. Staff explained how information was shared between clinical and support services, including hospitality staff, including syncing electronic systems to communicate changes and verbal updates. Care planning documentation included sufficient information to inform services and supports of changes in consumer status or needs.

Staff described how they coordinated referrals for a range of services, including volunteers, community groups, counselling, and other specialist support services. Consumers said referrals were suitable to their needs, and care planning documentation reflected the referrals made were timely. A referral support policy was available to guide staff.

Consumers and representatives provided positive feedback on the quality, quantity, and variety of provided meals. Staff described how the rotating menu considered input from consumers and could be adapted to meet individual needs and preferences. The printed menu reflected a variety of options and available alternates, such as soups, sandwiches, and salads.

Consumers reported access to clean and well-maintained equipment. Staff described cleaning and maintenance processes for personal and lifestyle equipment, and said they had access to required resources to meet consumer needs. Observed equipment was clean and in good condition.

# 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

This Quality Standard is Compliant, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers described the service environment as welcoming and easy to understand, with support to personalise rooms to reflect their style. Staff explained features to support navigation, including maps, diagrams, handrails, and markings. Consumers were observed engaging with visitors and other consumers.

Staff described the cleaning and maintenance processes for managing the service environment. Security measures for external doors included use of a keypad lock, and free movement of some consumers was restricted as the code was not displayed or communicated, however, management acknowledged gaps in understanding and actions undertaken to immediately remedy any restrictions and improve staff knowledge. An access lift was out of order during the Site Audit, with management explaining delays in obtaining parts for repair, with consumers able to identify supports in place to minimise impact, including availability of additional staff to support consumer movement. Areas were observed to be clean, with spillages promptly attended and safety precautions used.

Consumers reported furniture, equipment, and fittings were cleaned regularly and in working order. Staff explained actions for cleaning and maintaining shared equipment, furniture and fittings, and how suitability for consumer use was assessed. A preventative maintenance schedule is used to ensure testing, servicing, and monitoring for safety.

# 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

This Quality Standard is Compliant, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they understood and felt comfortable to provide feedback or make complaints. Staff explained processes to encourage and support consumers and representatives provide feedback and complaints, with available options including discussions, including in meetings, feedback forms, and online. Feedback forms and boxes were located throughout the service and management advised these were checked at least weekly, and the online feedback system provided alerts of new items.

Consumers and representatives reported awareness of advocates, language services and external complaint avenues. Staff said whilst there was no current need, methods were available to book interpreters. Advocacy material was readily available and displayed throughout the service, with meeting minutes recording a recent information session from an advocacy service.

Staff demonstrated understanding of the open disclosure practice used in response to complaints, including providing an apology and ongoing communication throughout investigation of the issue. Consumers and representatives said complaints or concerns were responded to and resolved. Complaints were recorded within the register, along with actions taken reflecting appropriate and timely actions to resolve the concern and prevent recurrence.

Consumers and representatives gave examples of how feedback and complaints had been used to make improvements. Management identified main trends within complaints and actions or proposed actions being used to make changes. A system and procedure for receiving, monitoring, and actioning feedback and complaints from various avenues and informed continuous improvement activities.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Overall, consumers, representatives and staff said there were sufficient staff to meet consumer care and service needs, although one stated they believed there may be benefits to having more clinical staff. Management described the rostering system and how it considered consumer needs, with monitoring of care minutes and staff allocation. Processes to fill vacant shifts were effective, and documentation reflected the service was meeting care minutes and legislated clinical requirements.

Consumers and representatives described staff as kind and caring, and staff demonstrated awareness of consumer identity. Management explained staff were informed of expectations through the staff handbook and service’s visions and values, which were displayed at reception and within the staff room. Processes to monitor workforce interactions with consumers included observations, collecting feedback, and encouraging staff to report non-compliance.

Management outlined processes to ensure staff competence through recruitment processes and ongoing mandatory and ad hoc training. Staff competency was supported and monitored through probation and orientation processes. Role descriptions outlined pre-requisite skills and qualifications, and personnel records demonstrated ongoing monitoring of necessary role requirements such as professional registration, police checks, or vaccination records.

Management detailed processes to monitor staff performance, including through formal performance appraisals and informal monitoring through observations, incident reviews, and feedback. Interviewed staff confirmed they had a performance appraisal and could describe the process and outcomes, which included opportunities for development. Management described processes to manage under performance of staff, including involvement of the human resources department if necessary.

# 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

This Quality Standard is Compliant, as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the service operations and management, including through consultation in consumer meetings and the consumer advisory body. Management explained the range of methods capturing input from consumers and representatives including meetings, feedback processes, surveys, conversations, and care reviews. The service demonstrated efforts to establish an organisational consumer advisory body, who engaged with organisational management and the governing body, however, there had been no interest from the current consumer cohort to participate.

Management described the organisational structure and hierarchy, explaining reporting channels between different areas to measure performance or outline additional needs. Key areas of performance were measured and monitored through audits, surveys, analysis of incidents, complaints, and quality indicators, with Board meeting minutes including a standard item for review. The Board included executive and non-executive members, including clinical experience. Management offered examples of how the Board responded to meet consumer needs.

Organisation wide governance systems ensured policies and principles effectively translated into practice for key areas. Information management systems enabled access to consumer information, training, policies, and procedures and staff were familiar with use. Financial governance included pathways for extraordinary spending to meet consumer needs. Changes to legislation were monitored through a range of methods, discussed by governing body, and communicated to the service and consumers as required.

Risk management systems and practices included policies and procedures to guide staff in identifying elder abuse and neglect and reporting incidents. Management described how they analysed reporting to identify high impact and high prevalence risks, with monitoring through weekly clinical meetings. The framework supported consumers to live their best life, with processes to support risks of choice. Staff understood their responsibilities to report and escalate incidents, which were monitored by management and the governing body.

The clinical governance framework incorporated policies and procedures with demonstrated understanding, reflected within staff feedback. Whilst the impact of security measures had not been identified as being a restriction to free movement of consumers, there was no reported impact by consumers, and an immediate review was undertaken recognising potential for improvement in interpretation of the organisation’s policy, and improvement actions commenced. Monitoring and oversight of key clinical areas was undertaken at service and organisational level.

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)