

**Performance Report**

**1800 951 822**

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| Name: | Rose Court Aged Care Facility |
| Commission ID: | 6975 |
| Address: | 3 Grant Avenue, GILLES PLAINS, South Australia, 5086 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 October 2024 |
| Performance report date: | 18 November 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 Micheal Cooper, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received 8 November 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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 Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* In relation to Requirement 8(3)(c) the approved provider must implement systems and processes to ensure it complies with all relevant legislation, regulatory requirements, and professional standard guidelines.

# 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 |

Findings

Consumers and representatives provided positive feedback in relation to the clinical and personal care consumers receive. Staff demonstrated knowledge and understanding of consumer’s individual personal and clinical care needs and described ways they support consumers. Staff demonstrated knowledge and understanding of the service’s escalation protocols and pathways. Service documentation evidenced organisational systems, policies and procedures to guide staff in the delivery of safe and effective care. Care documentation evidenced the service is safely managing consumer’s care needs in relation to complexed clinical care, diabetes management, implementation and monitoring of restrictive practices, and behaviour management.

I have considered the information in the assessment contact report, and I have placed on the information provided including evidence of effective organisational systems to guide the delivery of safe and effective care and services, and staff knowledge of consumer’s individual care needs and organisational processes.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living |  |
| 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 |

Findings

Consumers and representatives provided positive feedback in relation to supports for daily living. Consumers and representatives explained they are supported to maintain personal relationships and participate in activities of interest to them within and outside the service. Service documentation, and interviews with staff demonstrated the service seeks feedback from consumers through consumer meetings and consumers are provided a monthly calendar to inform activities that are scheduled within the service. Consumers were observed participating in activities of interest to them throughout the assessment contact.

I have considered the information provided in the assessment contact report and I have placed weight on effective systems in place to support consumers to participate in their community, maintain relationships with individuals who are important to them, and to participate in activities of interest to them.

It is my decision Requirement 4(3)(c) is 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

Consumers and representatives provided positive feedback in relation to consumer care and services, and explained staff consistently meet their daily living needs and preferences. Service documentation evidenced systems in place to replace and manage unfilled shifts when unplanned or unexpected leave occurs including the use of overtime and access to staff from 3 local sister sites. Service documentation and interviews with staff demonstrated the service monitors call bell response times daily to inform continuous improvement.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback provided by consumers and representatives interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(a).

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance |  |
| 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.
 | Not Compliant |

**Findings**

The service demonstrated effective organisation wide governance systems in place including areas of information management, continuous improvement, financial governance, workforce governance, and feedback and complaints.

Staff provided positive feedback in relation to the service’s information management processes and confirmed they have access to relevant information including policies and procedures to guide the delivery of safe care and services. Information including policies, procedures, and care planning documentation was available to staff and those who share care responsibilities. Service documentation and interviews with staff and management demonstrated systems in place to identify areas for continuous improvement. The service’s plan for continuous improvement register demonstrated improvement actions are being implemented as areas for improvement are identified. The services governing body demonstrated financial processes in place to budget the needs of consumers residing in the service including monthly reporting of financial expenditure, profit and loss. Service documentation demonstrated processes to capture complaints and seek feedback to inform areas for improvement based on feedback. The service’s complaints register evidenced actions taken within a timely manner to address complaints.

The assessment contact reported the service is not meeting their legislative care minute responsibilities. The approved provider, in response, acknowledged the assessment contact findings and explained the service has a business intelligence plan in place to work towards meeting their care minute responsibilities. The approved provider’s response outlined actions the service is taking to meet their legislative requirements including:

* Ongoing recruitment.
* Engagement and networking with local registered training organisations and other education providers.
* Retention strategies including the implementation of a buddy program to support new employees during their onboarding to the organisation.
* Ongoing review of consumer’s clinical care needs to support and identify the need for increased care and services.

In coming to my decision for Requirement 8(3)(c) I have acknowledged the information provided in the assessment contact report and approved providers response. While I acknowledge the actions taken by the provider and actions the service plans to take to remediate the deficiencies, I am of the view the actions being taken by the service will take some time to be fully implemented and evaluated for effectiveness.

The service did not demonstrate they are complying with all relevant legislation and regulatory requirements.

It is my decision Requirement 8(3)(c) is Not Compliant.

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