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 6 December 2023 |
| Performance report date: | 10 January 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 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, management and others.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **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** |

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)(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

Care files sampled demonstrated care and services are reviewed regularly for effectiveness and when incidents impact the needs, goals, and preferences of consumers. Care plans are reviewed every four months, with any changes to consumers' health communicated to staff through handover. Assessments and care plans are updated to reflect changes to consumers’ care and service needs, and referrals are made to appropriate allied health specialists where required. Strategies for consumers who had experienced falls had been reviewed for effectiveness, with falls reviewed and assessments, such as falls risk and mobility and transfer assessments updated to include allied health recommendations. Behaviour support plans are updated following a change in behaviour to ensure optimal management of strategies, with input from the medical officer and allied health specialists, where required. Behaviour charts are utilised, with the information gathered evaluated for effectiveness and included in behaviour support plans. Allied health assessments and care plans had been updated to reflect recommendations relating to dietary requirements for consumers who had experienced unexplained weight loss. Consumers and representatives said the service communicates well with them and they are informed of incidents or changes to consumers' health as they occur.

Based on the assessment team’s report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 |

Findings

Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Care files evidenced effective management of risks relating to falls, unplanned weight loss, pain, fluid restrictions, diabetes, pressure injuries, and changed behaviours, and included strategies to minimise these risks. Care files also evidenced involvement of medical officers and allied health specialists in consumers’ care, with recommendations incorporated into care plans. Staff described care and services provided to each consumer and identified risks, and said they have received training, specifically in relation to management of falls, weight loss, fluid restriction, restrictive practices, and documentation. Clinical staff described strategies to manage individual consumer risks and provided examples to minimise impact of risks identified. Consumers and representatives were satisfied with management of risks, including those related to restrictive practices, behaviours, swallowing and falls.

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

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Consumers and representatives said staff know what they are doing and have confidence in them to perform their role effectively and safely. The service has processes to ensure the workforce has the appropriate qualifications and knowledge to effectively perform their roles. All staff are required to complete mandatory training at commencement of employment and on an annual basis. Modules include competency assessments to test and facilitate staff comprehension. Incidents, complaints, surveys and clinical indicators are regularly reviewed to identify staff who require additional support and training. For example, in response to a complaint relating to falls management, several initiatives were implemented to improve staff knowledge and practice, including training and a post falls reference sheet. Staff registrations, clearances and the banning order register are monitored to ensure staff are suitably qualified for their roles, and position descriptions are available to staff outlining duties and responsibilities for each role. Staff described specific care needs for individual consumers, said they work within their skills and knowledge base, and are satisfied with the supervision and support they receive from management and colleagues when learning new skills.

Based on the assessment team’s report, I find requirement (3)(c) in Standard 7 Human resources 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)