Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Rosebank Nursing Home |
| Service address: | 45 Station Street YEA VIC 3717 |
| Commission ID: | 4380 |
| Approved provider: | Yea and District Memorial Hospital |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 17 March 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 Rosebank Nursing Home (**the service**) has been prepared by P Sherin, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 6 March 2023.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said they are treated with dignity and respect, are supported to exercise choice and independence, and to take risks of their choosing. Consumers provided examples of how staff are aware of and accommodate their individual preferences and described how they are encouraged to maintain connections with people important to them. Consumers and representatives said they are provided with accurate and timely information, consumers’ privacy is respected, and personal information is kept confidential.

Care planning documentation for consumers reflected information to guide staff in the delivery of care and services individualised to consumer preferences. Information regarding important relationships to the consumer and persons to involve in decision making was included under care planning. For consumers who choose to take risks, there was evidence of a completed risk assessment and care plan in line with the service’s dignity of risk policy.

Staff spoke about consumers in a way that indicated respect and an understanding of consumers’ personal circumstances. Staff described how they support consumers to partake in risks of their choosing by discussing the risks with the consumer and implementing strategies to minimise risks and ensure consumer safety. Staff were aware of consumers’ personal preferences and were able to identify practical ways in which they maintain consumers’ privacy and confidentiality of information.

All staff were able to describe available strategies to provide culturally safe care and services. This includes discussions with family members and representatives to inform culturally appropriate care, and access to communication books, cue cards and signage to communicate with consumers from a culturally and linguistically diverse background. Various cultural and religious days of celebration are offered to consumers as part of the service’s activities schedule including but not limited to Easter, Australia Day and National Aboriginal and Islanders Day Observance Committee (NAIDOC) week.

The organisation has documents which outline consumers’ right to dignity and respect. Policies and procedures are available to guide staff in relation to cultural diversity and inclusion, dignity of risk and consumer choice and decision-making. Staff are provided with information on aged care rights and receive training on maintaining consumer privacy and dignity as part of orientation and ongoing education.

The Assessment Team observed staff treating consumers with dignity and respect by referring to them by their preferred name, asking for consent before providing care and respecting their privacy by knocking on doors to seek consent before entering rooms. A variety of information was observed available and accessible for consumers including newsletters, consumer handbooks, activities schedules and updates related to COVID-19 displayed via noticeboards around the service.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said consumers receive the care and services they need, staff discuss consumers’ needs, goals and preferences and they are involved in care planning and review processes. Consumers were aware they can access a copy of the care plan should they require this.

Registered staff described the assessment and care planning review process and how it incorporates consideration of risks to consumers’ health and wellbeing. Registered staff described how they undertake discussions on consumers’ needs, goals and preferences on entry to the service and via monthly care plan reviews. Staff described the needs and preferences of consumers, which aligned to consumer and representative feedback and care planning documentation. Staff confirmed they have access to information regarding outcomes of assessments and reviews via the service’s electronic care management system, and via shift handovers and electronic messaging.

Care planning documentation demonstrated assessments and care plans were individualised to consumer needs, identified risks and captured appropriate risk mitigation strategies. Planning included discussions on end of life care and reflected the involvement of the consumer and representatives. Care planning documentation reflected consultation with other health professionals, external practitioners and specialist services where appropriate. Care plans evidenced a regular review on a monthly basis, and when incidents occur or there is any change to a consumer’s needs and circumstances.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives reported they felt consumers were receiving safe and effective personal and clinical care, tailored to their needs and which optimises their health and wellbeing. Consumers and representatives confirmed staff respond quickly to any changes in a consumer’s health and condition and regularly contact representatives to provide updates and communicate any changes.

The Assessment Team reviewed care planning documentation including for consumers with wounds, pain, falls and changed behaviours. There was evidence of the effective management of high impact and high prevalence risks associated with the care of consumers including involvement of specialists, utilisation of clinical equipment and pharmacological and non-pharmacological interventions in place.

The service has a dedicated registered nurse to oversee restrictive practices. For those consumers who had restrictive practices applied, care planning documentation contained information to support the use of the restrictive practice including authorisations and consents, behaviour support plans and evidence of regular monitoring and review.

Care documentation demonstrated consultation with consumers and representatives regarding end of life wishes and included advance care directives. In the case of one consumer who had recently deceased, a palliative care plan had been implemented in line with the consumer’s end of life preferences and wishes.

Care documentation reflected prompt and appropriate action taken in response to changes in a consumer’s health including timely referrals to other health professionals and specialists.

Staff described how they provide safe and effective personal and clinical care catering to each consumer’s needs and were able to identify individual consumers’ risks and the strategies used to manage and mitigate these risks.

Staff explained how advance care planning is discussed at entry to the service and revisited during the care plan review process. Care staff said they report any deterioration or change in health status to registered staff on duty. Registered staff described how they notify the consumer’s medical officer and representatives and organise referrals to other health professionals as appropriate if there is a clinical incident or if they identify a change in a consumer’s condition or needs.

The Assessment Team observed staff attending shift handover and communicating information regarding changes to consumers’ care and service needs.

The service has documented policies, procedures and an outbreak management plan to guide staff practice in relation to infection control, antimicrobial stewardship and the management of an outbreak. The service has appointed a trained infection prevention and control lead and maintains a vaccination register. Staff demonstrated knowledge of infection control practices relevant to their roles and were observed practicing appropriate infection prevention and control protocol.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 and representatives felt the service’s lifestyle program supports consumer lifestyle needs and said staff assist consumers to be as independent as possible. Consumers described how they are supported to engage in activities of interest to them and to maintain social and personal relationships including receiving visits from family and pets. Consumers described how they continue religious practices at the service and how staff support their emotional and psychological wellbeing by spending time with them and listening to them when they are feeling low.

Review of the service’s lifestyle calendar and consumer meeting minutes identify a varied program developed based on consumer input. Consumers have access to regular church services, one to one prayer sessions and volunteers who provide one on one engagement and emotional support. Various cultural and religious days of celebration are offered to consumers as part of the service’s activities calendar. Staff demonstrated an understanding of what consumers like to do and the support they require to participate in activities or pursue individual interests. Care planning documentation reflected information about activities of interest to the consumer, social and personal relationships and strategies to deliver services for daily living and support consumers’ emotional and spiritual needs.

Consumers and representatives confirmed the service was aware of consumers’ individual preferences and needs and the information was shared within the service and with other providers when changes occur. Care planning documentation evidenced collaboration with external services to support the diverse needs of consumers, including connecting consumers to volunteers. Management described how staff can access external organisations to supplement lifestyle activities and can refer consumers to an external social worker and pastoral care provider where required.

Consumers said they enjoy the meals at the service, they are offered choices and have the opportunity to provide feedback directly to the chef, via monthly consumer meetings, feedback forms and annual food surveys which is considered. Care planning documentation confirmed consumers’ dietary requirements and preferences are recorded and were consistent with consumer feedback. Staff were able to describe how they are informed of any changes to consumer’s dietary needs and preferences.

Consumers and representatives said they were satisfied with equipment provided for daily living which is suitable to their needs and kept clean and well maintained. Staff described processes for identifying faulty equipment and lodging maintenance requests. A wide range of lifestyle activity equipment was observed available for consumer use and in suitable condition.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 provides a safe, welcoming and comfortable environment for consumers. The environment is easy to navigate, enabling free movement both indoors and outdoors and optimising consumers’ sense of independence, interaction and function. Consumer rooms are personalised with items of meaning. There are wide corridors with handrails, furnished lounge and dining areas, well maintained gardens with outdoor seating and a library area for consumer use.

Consumers expressed their satisfaction with the service environment reporting they feel safe and at home living at the service and appreciate how the service is kept clean and well maintained. Consumers said staff are competent in the use of equipment when providing care and services.

The Assessment Team observed consumers moving freely both indoors and outdoors, mobilising independently using mobility aids, accessing outdoor gardens and seating areas and socialising in communal areas around the service.

Furniture, fittings and equipment were observed to be clean, well maintained and in good condition suitable for consumer use. Electrical and fire safety equipment were tagged to evidence recent testing and safety checks. The service utilises an electronic system to log, track and action maintenance requests and staff are aware of how to submit requests using this system. Maintenance staff are responsible for preventative and reactive maintenance during business hours with an on-call arrangement after hours in case of emergency.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives said they feel encouraged and supported to provide feedback and raise concerns and feel safe to do so. Most consumers and representatives said they were aware of advocates, language services and other methods for raising and resolving complaints, however preferred to raise any concerns directly with staff or management. Consumers said the service is responsive to feedback and whilst most consumers said they did not have a reason to make a complaint, they felt confident appropriate action would be taken were they to do so.

Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms if required. Staff were aware of how to access interpreter and advocacy services.

Staff and management demonstrated an understanding of the principles of open disclosure and provided examples of where an open disclosure process had been applied in response to complaints and incidents. Review of the service’s documentation identified timely and appropriate response and resolution of complaints.

Management described the service’s process in relation to documenting and responding to feedback and complaints. Complaints are entered into the service’s feedback register maintained by the service’s Chief executive officer who holds responsibility for closing off each complaint. Where a broader issue is identified, this is also captured under the service’s Plan for Continuous Improvement. Management advised consumer satisfaction surveys are conducted regularly to seek feedback from consumers/representatives on care and services.

The service has policies on feedback and complaints management and open disclosure to guide staff practice. The Assessment Team observed feedback and complaints forms, brochures and information on access to external complaints agencies, advocacy and language services available for consumers around the service. Review of the service’s Plan for Continuous Improvement identified various improvements made in response to feedback, complaints and suggestions from consumers and representatives.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives expressed satisfaction regarding staff numbers at the service stating staff are available when needed to provide care and services and attend quickly in response to call bells. Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff are kind, caring and treat consumers well. The Assessment Team observed staff responding promptly to requests from consumers and staff and management interacting respectfully with consumers and engaging with them in a kind and caring manner.

Staff across various roles said staff numbers are sufficient to provide care and services in accordance with consumer needs and preferences. Volunteer pastoral care staff are available to consumers and attend activities regularly. Management described strategies to replace staff on planned and unplanned leave, including extending shifts, offering additional shifts and engagement of agency staff. Review of call bell response times identifies majority calls are attended to promptly. Management advised they directly monitor staff performance on the floor and utilise consumer and representative surveys to obtain feedback regarding staff behaviour and ensure workforce interactions with consumers meet the organisation’s staff behavioural expectations.

The service has policies to guide staff in relation to consumer dignity, respect, diversity and inclusion and provides staff training on these topics. Information on the Charter of Aged Care Rights is displayed on noticeboards around the service.

Consumers and representatives felt staff perform their duties effectively, are well trained and equipped to perform the functions of their roles. Staff described the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Staff confirmed they can raise requests for further training and development if required which is supported by management.

Management advised the service employs highly skilled registered and enrolled staff trained to respond to emergency care and consumer deterioration due to the service’s staffing model whereby the service’s clinical staff is shared between the co-located hospital and the service. The service provides buddy shifts to new staff, conducts orientation and competency assessments and delivers mandatory and ongoing role-specific training. The service has recently appointed an education coordinator who is also a trained medical officer responsible for the training and development of staff.

Review of documentation demonstrates the service maintains position descriptions for each role and monitors national criminal history checks, Australian Health Practitioner Regulation Agency qualifications and staff vaccinations. Review of staff training records identifies staff have completed mandatory training on topics including but not limited to the serious incident response scheme, restrictive practices, infection control, manual handling and fire safety.

Management advised staff performance is monitored through observations, analysis of clinical data and feedback from consumers and representatives. Any issues in performance identified through these monitoring mechanisms are addressed immediately and trigger a performance review. Staff confirmed they had undergone performance appraisals that included feedback from supervisors and a discussion on areas for improvement.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The service actively engages consumers and representatives in the development, delivery and evaluation of care and services via monthly consumer meetings, regular surveys and encouraging the submission of feedback via feedback forms or contacting staff and management directly. The Board is connected to the consumer cohort within the small community through existing relationships and friendships with consumers and staff and via regular visits to the service. A dedicated community advisory committee provides independent advice to the Board and members of the committee consult directly with consumers and representatives. Consumers said they considered the service is well run and they are able to provide feedback and input into care and service delivery which is considered by management.

The organisation’s governing body is supported by a number of committees including those relating to audit and risk, clinical governance, finance, quality and strategic improvement. The Board, senior executive and specialised committees review information including but not limited to clinical and incident data and trend analysis, operational and financial information, complaints trends and outcomes of internal audits and surveys. The organisation uses this information to ensure compliance with the Quality Standards and to promote a culture of safe, inclusive and quality care and services.

The service demonstrated effective governance systems and processes in relation to information management, continuous improvement, financial governance, workforce management, regulatory compliance, and feedback and complaints.

Management described its continuous improvement processes and provided examples of recent improvements. This included the allocation of clinical portfolios in areas such as dementia, palliative care, medications and wound care for registered staff; the establishment of additional communication pathways with staff to enable better identification of risks; and the provision of staff education on procedural skills and medication errors to ensure better management of clinical care in line with medical practitioner recommendations.

The organisation has a documented clinical governance framework and policies and procedures on restrictive practice, open disclosure and antimicrobial stewardship. Policies and procedures are also available to guide staff practice in relation to the management of high impact and high prevalence risks, abuse and neglect, consumer choice and decision-making and incident management and reporting. Review of training records identified staff are provided training on these policies as part of mandatory education and have access to further training via toolbox talks, online modules and external providers. Staff demonstrated a shared understanding describing how they applied the procedures relevant to their role.

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)