Performance

Report

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| Name of service: | Rosedurnate Aged Care Plus Centre (0130) |
| Service address: | 46 Orange Street PARKES NSW 2870 |
| Commission ID: | 0130 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 17 February 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 Rosedurnate Aged Care Plus Centre (0130) (**the service**) has been prepared by S. Hicks, 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 17 February 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers/representatives and the Assessment Team observations confirmed that staff treat consumers with dignity and respect. Consumer care documents sampled also reflected what is important to consumers to maintain their identity including life history, cultural, religious and spiritual needs.

The service has systems in place to identify, inform, support and review consumers to ensure dignity of risks is maintained when engaging in activities they prefer. This is combined with the service’s provision of timely and relevant information so that consumers can make informed choices and decisions about their care and services. In addition, the Assessment Team saw evidence and heard from consumers that staff follow protocols to ensure that consumer privacy is being respected and their personal information is kept confidential.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is identifying and considering relevant risks when assessing and planning consumer care. The Assessment Team reviewed care planning documentation which showed that risks to consumers’ wellbeing are assessed and discussed with consumers to support consumers to get the best care and services. This included advance care planning and end of life planning. In addition, after discussing it with consumers/representatives, it was clear that they felt they are partners in care with the service with staff involving the consumers and representatives in planning for care and other health practitioners where appropriate.

A consumer file review demonstrated care plans are completed and maintained for all consumers. Consumers/representatives felt they are well informed about the outcome of assessments for their clinical and personal care and know care plans are readily available. Care plans are also reviewed when there is a change in condition for consumers.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Sampled consumers/representatives interviewed indicated they are satisfied the personal and clinical care the services. This was supported as evidenced within care documentation that showed individualised care delivery tailored to the specific needs and preferences of consumers including end of life care. This included pain management and adequate management of the reduction and use of restrictive practices with their use being regularly monitored.

The service is effectively managing high impact high prevalence risks for consumers with effective processes to monitor high risk, incidents, falls, hospital transfers and any clinical concerns for consumers and the prevalent clinical risks. There was also evidence seen by the Assessment Team indicating the service recognises and escalates deterioration or a change in a consumer’s overall health. Consumer care needs, and relevant information are shared making referrals to specialist organisations and individuals who are better able to provide consumer needs. Minimisation of infection related risks and supporting the appropriate use of antibiotics were also evident.

Based on this evidence, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The Assessment Team saw the group activities program was reflective of consumer preferences and supported in their individual interests. Consumer emotional, spiritual and psychological needs, goal and preferences are assessed and incorporated into their care plans. In addition, consumers/representatives confirmed consumers are supported to participate in the community within and outside the service, have social and personal relationships and do things of interest to them.

Staff explained to the Assessment Team how information is shared, and how they are kept informed of the changing needs and preferences of consumers. Consumers also confirmed they are supported by other organisations and providers of other care and services.

Consumers interviewed were satisfied with the meals provided at the service. They confirmed they are given choice, variety, and special dietary needs and preferences are catered for. The Assessment Team also observed the equipment provided to consumers is safe, suitable, clean and well maintained. This includes equipment for routine and specialised care to support lifestyle needs and preferences.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all the requirements for this Quality Standard.

The service environment was observed to be safe, clean, well maintained and comfortable. The service provides both private and communal space to cater for consumers personal and social needs. The service environment is made welcoming and easy to understand and supports the consumers’ sense of belonging, independence, interaction and function. Consumers interviewed indicated they are satisfied that the furniture, fittings and equipment are safe, clean, well maintained, and meeting their needs.

Based on this evidence, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers/representatives are supported to give feedback or make a complaint and they feel comfortable doing so. The service has processes in place to encourage and support feedback and complaints. Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The service demonstrated it has processes in place to review feedback and complaints and how the information is used to improve the quality of care and services for consumers. Staff were also able to demonstrate an understanding of the principles of open disclosure in relation to their responsibilities. Lastly, the service demonstrated it has processes in place to review feedback and complaints and this is used to continuously improve the quality of care and services for consumers.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is effectively ensuring that the workforce is planned to provide safe and quality care and services for consumers. Feedback from consumers and representatives indicated that staff were kind, caring and respectful in their interactions. This was also confirmed by the observations of the Assessment Team throughout the site audit.

The service is also providing education and support to ensure staff are knowledgeable and competent in their roles and reviewing staff performance to identify and manage performance issues when required. The organisation has systems in place to manage the recruitment and orientation of new staff members to make sure they are suitable for their position.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service is engaging consumers in the development, delivery and evaluation of their care and services in combination with the organisation’s governing body, promoting a culture of safe, inclusive and quality care and services. This is supported by various committees and forums.

The organisation is effectively implementing clinical governance, risk management systems and has a centralised information management system which enables senior management and staff to access current policies and key information. The service is providing information to the governing body to ensure they are informed and accountable for the delivery of safe and quality consumer care. This includes the risk management system that provides data to review incident and complaints, to analyse trends that are provided to centre managers for response.

The Assessment Team found that restrictive practices and open disclosure are managed as part of the complaints management process. Antimicrobial stewardship is encompassed through the infection control procedure and the clinical governance procedure.

Based on this evidence, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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)