Performance

Report

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| Name: | Rosehill Aged Care Facility |
| Commission ID: | 4115 |
| Address: | 12 Maxflo Court, HIGHETT, Victoria, 3190 |
| Activity type: | Site Audit |
| Activity date: | 13 September 2023 to 15 September 2023 |
| Performance report date: | 18 October 2023 |
| Service included in this assessment: | Service: 2682 Rosehill 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 Rosehill Aged Care Facility (**the service**) has been prepared by Denise McDonald, 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 staff, consumers/representatives and others.

# 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

Consumers and representatives said consumers were treated with dignity, respect and felt valued. Staff were knowledgeable of consumers’ cultural identity, diversity, preferences, goals and choices, and were observed treating consumers respectfully. Staff participated in relevant training and care documentation reflected consumers’ cultural identity and preferences.

Consumers and representatives confirmed consumers felt safe at the service and their cultural needs were respected. Staff were familiar with consumers from culturally and linguistically diverse backgrounds and tailored care and services, accordingly. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said they could make decisions regarding consumers’ care and services. Staff were knowledgeable of consumers’ choices and described supporting consumers to maintain relationships. Married consumers were observed participating in activities together with support from staff.

Consumers said they were supported to take risks to live the best life they can. Staff were knowledgeable of consumers’ risk assessments and mitigation strategies developed in consultation with allied health professionals. Care documentation identified risks and mitigation strategies and staff were guided by risk management policies.

Consumers and representatives said they received timely information through phone calls, emails and newsletters regarding consumer wellbeing, menus and activities. Staff confirmed consumer meeting minutes were displayed on noticeboards and an information management policy guided staff. Activity calendars and newsletters were observed throughout the service.

Consumers said their privacy was respected and were confident their personal information was kept confidential. Staff confirmed they knocked on doors, awaited consent to enter and prior to providing care. Consumer information was secured within the service’s password protected electronic care management system and staff were observed respecting consumers’ privacy.

# 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

Consumers and representatives provided positive feedback regarding care assessment and planning, including consideration of risks. Staff described assessments undertaken upon entry, and care documentation evidenced risk assessments, mitigation controls and records of assessment outcomes. Staff were guided by processes to assess consumers upon entry to the service.

Consumers and representatives confirmed staff routinely include them in care discussions, including about their end of life wishes. Staff were knowledgeable of consumers’ needs and preferences, including for palliative care, and care documentation included advance care plans, if appropriate. Staff were guided by end of life policies and procedures.

Consumers and representatives said they were involved in care assessment, planning and review. Staff described and care documentation evidenced, assessment and planning was discussed with consumers, representatives and other health professionals.

Consumers and representatives confirmed they could obtain a copy of their care plan if they wished. Staff confirmed updating consumers and representatives regarding care outcomes, and care documentation evidenced timely communication of review outcomes.

Consumers’ care plans were routinely reviewed every 4 months or responsively, when required. Care documentation evidenced care strategies changed following deterioration or an incident. Policies and procedures guided staff through care review processes.

# 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

Consumers provided positive feedback regarding personal and clinical care which was tailored to their needs and supported their well-being. Care documentation evidenced consumers were receiving care that was safe, effective, tailored and developed in consultation with allied health professionals. Staff were knowledgeable of restrictive practices, pain management and skin care and were guided by policies and procedures to support best practice care delivery.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff confirmed clinical and environmental measures were used to prevent or manage risks, and care documentation reflected appropriate risk assessments and interventions tailored to consumer need.

Staff said they ensured and care documentation evidenced, consumer comfort and dignity was maintained during end of life and the consumers representatives and allied health professionals were involved. Staff were guided by palliative care policies outlining assessment processes and consultation with specialist palliative services.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff knew how to identify and respond to changes, including through ongoing monitoring of consumers’ condition. Care documentation evidenced prompt identification of and response to changes.

Consumers and representatives said care is consistent and staff effectively communicated information between themselves, and others involved in the consumer’s care. Staff described, and were observed, exchanging information through handovers and meetings. Staff awareness of appropriate information sharing was guided by policies, procedures and training.

Consumers and representatives provided positive feedback regarding timely and appropriate referrals to other individuals and organisations. Staff were knowledgeable of referral processes to various allied health professionals including speech pathologists and dietitians. Care documentation evidenced timely referral of consumers to a range of specialists.

Staff described applying best practice infection control procedures when delivering care and minimising the use of antibiotics. Documentation evidenced ongoing monitoring of antibiotic use and an infection outbreak management plan was in place. Visitors were observed undergoing viral testing prior to entering.

# 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

Consumers said they were supported to engage in activities of interest with other consumers or independently. Staff confirmed activities were tailored to consumers’ needs, including sensory activities for consumers with dementia. Consumers were observed participating in various activities with staff assistance, where appropriate.

Consumers and representatives said the service supported consumers’ emotional, spiritual and psychological well-being. Staff were knowledgeable of consumers’ religious preferences and pastoral care staff provided spiritual and psychological support. Care documentation reflected individualised emotional support strategies.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Consumers were observed engaging in their preferred activities, including cooking and exercise.

Consumers and representatives said the service effectively shared consumers’ information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Care documentation evidenced up to date information regarding consumers’ needs and preferences to support daily living.

Consumers provided positive feedback regarding timely and appropriate referral to other care and service providers. Staff described collaborating with other providers, including disability carers, and libraries, to supplement care and services. Care documentation evidenced referrals to providers for additional support.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed the menu changed seasonally and consumer feedback was considered through food focus meetings and monthly surveys. Meeting minutes evidenced consumers were satisfied with the quality and quantity of food and the kitchen was observed to be clean and tidy.

Consumers confirmed equipment was safe, suitable, clean and well-maintained. Staff advised shared equipment was cleaned following each use and was in ample supply. Records evidenced completion of maintenance and safety testing and equipment was observed to be suitable, clean and maintained.

# 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

Consumers said the service was safe, easy to navigate and provided a sense of belonging. Staff confirmed consumers personalised their rooms and could mobilise independently throughout the service. Observations confirmed consumers had personalised their rooms and could move freely.

Consumers and representatives confirmed the service environment was safe, clean, well-maintained and they could move around freely. Staff described, and records evidenced, routine and responsive cleaning and maintenance. Outdoor areas and gardens were observed to be tidy and maintained.

Consumers said they had access to safe, clean and well-maintained equipment. Staff were knowledgeable of maintenance processes and confirmed requests were completed promptly. Records confirmed equipment had been inspected for safety, serviced and maintenance requests were tracked through to completion, with no outstanding items.

# 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

Consumers and representatives were aware of processes to provide feedback or make a complaint and were supported to do so. Staff confirmed encouraging feedback and complaints and feedback boxes were displayed throughout the service. Records evidenced registration of feedback and complaints and staff having participated in relevant training.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues with staff in the first instance. Staff were knowledgeable of advocacy and translation services, confirming several staff were multilingual. Posters and brochures displayed provided information on advocacy services.

Consumers and representatives said staff were responsive to their complaints, had implemented corrective changes and practised open disclosure. Staff and management described processes to respond to feedback and complaints, including the use of open disclosure. Complaints documentation evidenced complaints were registered and actioned.

Consumers confirmed their feedback and complaints were used to improve care and services. Management described recording complaints into an incident management system and discussing issues at staff meetings. Meeting minutes, surveys and continuous improvement plans reflected consumers’ feedback and complaints informing service improvements, including acquisition of new equipment.

# 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

Consumers provided positive feedback regarding staffing numbers and confirmed their care needs were met and calls for assistance responded to quickly. Staff said they were supported, and rosters reflected a full complement of permanent and casual care and clinical staff. Records evidenced a high proportion of calls for assistance were responded to within benchmarked timeframes.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff were knowledgeable of consumers’ life stories and were observed interacting with consumers in a kind and caring manner, assisting during meals and lifestyle activities. Staff were guided by policies, procedures and training regarding dignified care.

Consumers and representatives said staff performed their duties effectively and met their care needs. Management confirmed staff were security vetted and held required professional registrations and qualifications prior to onboarding. Personnel records evidenced credentials were continually monitored for validity.

Consumers and representatives were confident staff had been appropriately trained to perform their duties. Staff confirmed participating in mandatory training and management described systems to ensure staff promptly completed training requirements. Education records evidenced all staff had completed training in manual handling, infection control and serious incidents.

Staff participated in formal performance appraisals 6 months post commencement, then annually thereafter. Records evidenced all staff had undertaken performance appraisals and completed relevant training.

# 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

Consumers and representatives said they were involved in the development and delivery of care and services through meetings, feedback forms and surveys. Management confirmed consumers and representatives had been involved in service delivery, including the acquisition of new furniture and a kitchen refurbishment. Meeting minutes evidenced consumer input to the design and delivery of care and services.

The organisational governing body promoted delivery of safe and inclusive care and services and was routinely informed by the service of clinical indicators, feedback and incident data. The service’s leadership team met monthly to review overall performance and discuss lessons learned following incidents, and a clinical governance committee discussed emerging trends and responsive mitigations to ensure safe care and services.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan evidenced actions taken in response to feedback and complaints.

A systematic approach was used to manage high-impact and high-prevalence risks to identify, report, escalate and review risks and incidents to improve care delivery. Staff confirmed participating in training for falls prevention, managing changed behaviours and minimising restrictive practices. Records evidenced serious incidents had been managed in line with legislative requirements.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure, and confirmed participating in relevant training. Frameworks, policies and guidelines assisted staff to maintain best practice and staff understood the practical application of such practices in their daily duties.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)