Performance

Report

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| Name: | Rosemore Aged Care |
| Commission ID: | 2574 |
| Address: | 18 Kingsgrove Road, BELMORE, New South Wales, 2192 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 5 October 2023 |
| Performance report date: | 2 November 2023 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 945 Rosemore Aged Care |

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 Rosemore Aged Care (**the service**) has been prepared by G Cherry, 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, consumers/representatives and other.

# Assessment summary

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| Standard 6 Feedback and complaints | 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 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)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 6(3)(a)

The service demonstrates multiple methods to encourage/support consumers/representatives in providing feedback/making complaints, including information displayed throughout the service and via regular information provision. Document review demonstrate at both organisational and service level, methods for improved communication sought to assist consumers who converse in differing languages than English. Actions include creation of cue cards, provision of staff education regarding interpreter and advocacy services plus complaint management processes. Policies/procedures guide staff in organisational expectations. Sampled consumers express satisfaction of knowledge in using mechanisms available to make complaints, expressing confidence management resolve issues to their satisfaction. Interviewed staff describe processes to support consumers experiencing language/communication barriers. In response to low levels of consumer/representative feedback, management created a new role of ‘care champion’ to focus on seeking consumer/representative feedback to inform/improve care.

Requirement 6(3)(d)

The service demonstrates timely and effective action is taken in response to complaints. Sampled consumers/representatives consider management and staff respond and provide information relating to action/resolution/positive outcomes. Representatives’ express satisfaction issues raised are promptly addressed to improve consumer’s day to day experience. A process exists to analyse data to identify possible trends and implement improvement strategies where necessary. Document review demonstrates recorded complaints are acknowledged and responded to, evidencing management collaboration with complainants to resolve issues and offer an apology. Multiple avenues gather complaints/feedback and documents demonstrate feedback is used to inform improvement activity. Interviewed staff note feedback/complaints are reviewed/used to improve quality of care, giving examples of improved changes.

# 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

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Sampled consumers/representatives consider a competent workforce possessing appropriate skills and knowledge to meet consumer’s needs. Management demonstrates effective systems to ensure staff obtain appropriate qualifications and skills. Care champions (as additional support for registered nurses and care managers) supervise/mentor staff and respond to feedback/complaints. An organisational management role exists to encourage person centred practice, provide advice to consumers/representatives and support staff skills. A new chef collaborates with consumers to meet their individual needs, resulting in increased satisfaction. Recruitment processes take into consideration applicants prior experience to ensure employment of those most suitable to the role and management personnel observe practices to identify/respond to improvements. Attendance at educational sessions is monitored resulting in enhanced attendance with multiple staff enrolment in dementia education and a process ensures qualifications, registrations, and current staff competencies. Staff described their roles and responsibilities noting provision of additional training if required and were observed appropriately engaging with consumers.

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)