Performance

Report

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| Name of service: | Roseneath Aged Care Centre Pty Ltd |
| Service address: | 205 Meade St GLEN INNES NSW 2370 |
| Commission ID: | 2369 |
| Approved provider: | Roseneath Aged Care Centre Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 5 December 2022 to 7 December 2022 |
| Performance report date: | 12 January 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 Roseneath Aged Care Centre Pty Ltd (**the service**) has been prepared by James Howard, 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 conducted from 5 December 2022 to 7 December 2022; 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.
* Other information and intelligence held by the Commission in relation to this service.

# 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 | | Compliant |
| 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 advised staff treated them with dignity and respect, and they were aware of their identities and cultural backgrounds. Care planning documentation captured consumers’ details regarding their identity, background and cultural practices.

Consumers and representatives confirmed the service provided care that was consistent with their cultural traditions and preferences. Staff described how they delivered care that met the specific cultural needs and preferences of consumers.

Consumers felt they were supported to exercise choice and independence, make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence.

The service demonstrated it supported consumers to take risks to enable them to live the best lives they can. Care planning documentation identified risks were identified through risk assessments, and appropriate measures were taken to ensure consumers were provided with the necessary knowledge and information to make informed decisions regarding their chosen risks.

Consumers confirmed they were provided with timely and accurate information and were kept informed via whiteboards in their rooms, noticeboards throughout the service, and weekly meetings. The Assessment Team observed a menu displayed in the main lounge area for consumers’ information.

Consumers advised their privacy was respected, and personal information was kept confidential. The Assessment Team observed staff guiding consumers to their rooms to provide personal and clinical care.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 confirmed they received the care they required, and risks were identified and managed to promote their independence and safe care. Staff advised assessment outcomes were documented in consumer care plans which guided the delivery of safe and effective care.

Consumers and representatives indicated they were provided the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end-of-life care. Care planning documentation reflected the identification of end-of-life care preferences and advance care directives.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and when required, staff sought input from health professionals. The Assessment Team observed the physiotherapist and medical practitioner consulting with consumers within the service.

Consumers and representatives confirmed outcomes of assessments and planning were communicated to them and they could access their care plans upon request. Staff utilised the service’s electronic care management system to access and communicate outcomes of assessment and planning.

The service was guided by policies and procedures for recording and reporting incidents, and care plans were updated when consumers’ circumstances changed or incidents occurred.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 considered consumers received safe and effective care that was best practice, tailored to their needs and which optimised their health and well-being. The service had policies and procedures in place to support the delivery of care provided, such as falls, behavioural risks and restrictive practices.

Care planning documentation noted high impact or high prevalence risks were effectively identified and managed by the service. Staff explained high impact high prevalence risks and the strategies in place to manage risks. Care documentation showed evidence of assessment and planning, with consideration to care risks, which were highlighted to guide clinical and care staff.

Consumers and representatives confirmed staff had spoken to consumers about advance care planning and their end-of-life preferences. Management and staff described changes made to the delivery of care for consumers requiring end-of-life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Consumers and representatives stated they were satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions.

The service demonstrated consumers’ care was documented and effectively communicated. Consumers and representatives expressed satisfaction with the delivery of care, including the communication of changes to consumers’ condition.

Care planning documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Staff were aware of the process for referring consumers to health professionals and allied health services.

The service had policies and procedures in place which guided staff practices on antimicrobial stewardship and infection control management. Consumers and representatives were satisfied with the with the service’s management of COVID-19 precautions and infection control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 were satisfied consumers received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and quality of life. Staff described the needs and preferences of consumers and this information aligned with care planning documentation.

Consumers advised the service provided supports for daily living which promoted consumers’ emotional, spiritual and psychological well-being. Staff advised the service supported consumers by encouraging personal connections and celebrating and encouraging religious and cultural beliefs. This included assisting a consumer to visit a local church and also holding church services on Sundays.

Consumers and representatives felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. The Assessment Team observed consumers participating in individual and group activities within the service, which included bingo, cooking classes and making Christmas decorations. The Assessment Team observed a mental health service visitor with a dog attending to two consumers at the service.

Care planning documentation provided adequate information to support the delivery of effective services and safe care. Staff indicated they utilised care planning documentation, task lists and clinical handover sheets to guide the delivery of care.

Consumers indicated they were referred to individuals and other organisations for care and services in an appropriate and timely manner. Care planning documentation identified the involvement of other organisations and providers of care and services, such as allied health providers, a hairdresser, staff from Dementia Services Australia, and community visitors who came to the service to interact with residents.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Care planning documentation identified the dietary requirements and preferences of consumers.

Staff advised they had access to equipment that was safe and well maintained, and they were adequately trained to use it. Consumers and representatives stated the equipment provided is safe, suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 and representatives advised the service environment was welcoming, with good natural lighting, wide passageways, accessibility aids for consumers to move freely such as handrails, and clear signage throughout the service. The Assessment Team observed the rooms of consumers were personalised according to the consumer's preference and taste, containing photographs and decorations.

Consumers and representatives stated the service was clean, well-maintained and comfortable, and could move freely, both indoors and outdoors. Staff explained how they assisted consumers to access all areas of the service, including internal sitting areas and reading nooks, and external courtyards.

The Assessment team observed the maintenance register and identified consumer equipment such as walking frames and wheelchairs, were cleaned regularly. Consumers indicated furniture and equipment was suitable, clean, well maintained and safe.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 stated they felt comfortable and understood how to provide feedback or make complaints, including through feedback and complaints forms, consumer and representative meetings and the weekly “wellness meeting”. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

The Assessment Team observed information regarding advocacy and external complaint services on display throughout the service. There was a dedicated feedback box in the kitchen for any complaints or feedback about meals. Consumers and representatives were aware of various methods for raising and resolving complaints.

The service had documented policies regarding consumer feedback and open disclosure processes to guide staff practice in relation to resolving consumer complaints. Staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process.

Consumers and representatives confirmed the service used feedback and complaints received from consumer and representative was used to improve care and services. Management explained the processes in place which ensured feedback was used to improve services and provided examples.

# Standard 7

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| Human resources | | Compliant |
| 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 were satisfied the workforce was planned to enable the delivery and management of safe and quality care and services; however, some consumers considered the service was short-staffed but did not identify any impact on, or concerns about, their care needs. Management described a recent recruitment exercise for additional staff and explained the service had used agency staff but preferred not to do so, with the last use of agency staff being in October 2022.

Consumers and representatives felt staff were kind, caring, respectful and gentle when delivering care and services. Staff advised the service had a policies and procedures which set out the expected behaviours of staff.

Management detailed the processes which ensured the workforce was competent and had the qualifications or knowledge to effectively perform their roles. Consumers and representatives felt confident staff were sufficiently skilled to meet their care needs.

The service demonstrated staff were trained, equipped and supported to deliver care and services that met consumer’s needs and preferences, and the Quality Standards. Staff described the orientation process and the training requirements relevant to their role.

The service regularly undertook assessment, monitoring and review of the performance of each member of the workforce. Management described the performance appraisal process and records showed all staff appraisals for 2022 were completed.

# Standard 8

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| Organisational governance | | Compliant |
| 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 considered the organisation was well run and confirmed they were participated in the development, delivery, and evaluation of services. The regular consumer and representative meeting provided a forum for consumers and representatives to provide feedback and have an open discussion as to actions taken based on previous feedback.

The service demonstrated the governing board was accountable for the delivery of care and services, and promoted a culture of safe and inclusive care for consumers. The organisation had various committees and meetings, which reviewed information regarding the quality and safety of the care delivered at the service and identified trends and areas for improvement.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff confirmed information about each consumer’s needs, goals, preferences was accessible by the workforce.

The service had risk management systems implemented to monitor and assess high impact or high prevalence risks associated with care of consumers. Staff described the risk management processes at the service, including key areas of risks that had been identified and mitigated.

The service demonstrated it had a clinical governance framework and supporting policies in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff described the process of open disclosure, including their responsibilities and management involvement in meeting with consumers and consumer representatives to openly discuss clinical issues. Clinical staff stated open disclosure was promoted by management and the Board 'from the top down'.

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)