Performance

Report

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| Name: | Rosewood Care Leederville |
| Commission ID: | 7094 |
| Address: | 5 Britannia Street, LEEDERVILLE, Western Australia, 6007 |
| Activity type: | Site Audit |
| Activity date: | 19 September 2023 to 21 September 2023 |
| Performance report date: | 23 October 2023 |
| Service included in this assessment: | Provider: 742 Rosewood Care Group (Inc)  Service: 4622 Rosewood Care Leederville |

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 Rosewood Care Leederville (**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 and respect and felt valued. Staff were knowledgeable of consumers’ preferences and were observed treating consumers with respect. Care documentation reflected consumers’ cultural backgrounds, identity and religious preferences.

Consumers and representatives said they felt safe at the service and consumers’ cultural practices were supported. Staff were familiar with consumers from culturally diverse backgrounds and tailored care and services, accordingly, including speaking consumers’ language of origin. Care documentation reflected consumers’ culturally diverse needs and preferences.

Consumers and representatives said consumers were supported to make choices regarding care and services and maintaining important relationships. Staff described supporting consumer relationships by facilitating family visits. Care documentation reflected consumers’ individual choices regarding care and relationships.

Consumers said they were supported to take risks to enable them to live their best lives. Staff confirmed assessing consumers wishing to take risks and ensuring they understood benefits and potential harms. Care documentation evidenced strategies were in place to assist the consumer to continue to engage in risk based activities, such as smoking.

Consumers and representatives said they received consistent and timely information regarding meals, activities and events. Staff described consumers and representatives are given information through newsletters, emails, and activity calendars, and staff described using translating services to communicate information to bilingual consumers.

Consumers said their privacy was respected and staff confirmed they knocked on doors, awaited permission to enter and sought consent prior to providing care. Consumer information was secured in the service’s password protected electronic care management system and staff were observed knocking on doors prior to entry.

# 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 confirmed involvement in care assessment and planning. Staff were knowledgeable of relevant processes and care documentation evidenced assessments undertaken upon entry, in consultation with consumers and allied health professionals where necessary, including for consumers with complex healthcare needs.

Consumers and representatives confirmed care planning included consumers’ needs and preferences, including end of life wishes. Management said end of life wishes were discussed upon entry and during routine care reviews. Care documentation included information on consumers’ needs, goals and preferences, including advance care plans.

Consumers and representatives confirmed their ongoing participation in the assessment and planning of care and services. Staff described working in partnership with consumers and representatives with care documentation evidencing the involvement of various care and service providers. Policies and procedures guided staff in assessment, care plan and review processes.

Consumers and representatives confirmed staff regularly discussed their care and services and offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes and care documentation evidenced changes, updates, and timely staff communication and copies of care plans offered.

Consumers and representatives said staff regularly discussed consumers’ care needs with them, including when consumers’ circumstances changed. Staff confirmed care plans were reviewed every 6 months or in response to changes or incidents. Documentation showed appropriate care reviews in response to changing consumer needs and in consultation with allied health professionals.

# 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 and representatives said the personal and clinical care consumers received was safe, right for them and consistent with their needs. Staff were knowledgeable of consumers’ individual needs, including for restrictive practices and skin integrity. Care documentation showed consumers received care that was effective and tailored to needs and preferences of individuals.

Staff were knowledgeable of consumers susceptible to high-impact and high-prevalence risks and described the individualised management strategies including monitoring to ensure appropriate care responses. Care documentation reflected assessments undertaken to identify risks and responsive clinical mitigation strategies. Consumers said high impact risks were effectively managed.

Staff described providing comfort care to palliating consumers aligned to their preferences and regularly monitoring for signs of deterioration. Care documentation for palliating consumers confirmed their comfort and dignity was maintained by the service and representatives were involved. Staff practices were guided by a palliative care policy and procedures.

Consumers and representatives confirmed changes or deterioration to consumers’ condition was promptly recognised and actioned. Staff were knowledgeable of indicators to identify consumer deterioration and appropriate clinical and environmental responses. Care documentation evidenced prompt identification of, and response to changes, including ongoing monitoring to support change identification.

Management confirmed information about consumers’ condition, needs and preferences was communicated between staff and other providers during handovers and through electronically accessible care documentation. Care plans evidenced communication between the staff and other health professionals. Consumer’s representatives confirmed information is effectively shared between visiting health professionals and themselves.

Consumers and representatives gave positive feedback regarding the service’s referral process to specialised individuals and services. Staff described referrals made to an established network of allied health professionals, including speech pathologists and dieticians. Timely and appropriate referrals were reflected in care documentation.

Consumers and representatives provided positive feedback regarding infection control practices. Staff participated in infection control training and were guided by 2 Infection Prevention Control leads. Staff described practising antimicrobial stewardship and measures to reduce potential infection. Visitors underwent viral screening at entry and staff were observed wearing masks and practicing hand hygiene.

# 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 provided positive feedback regarding provision of safe and effective services and support for daily living. Staff described routinely meeting with consumers to discuss activities to support daily living and inviting feedback to inform planning. An activity program reflected various exercise groups and bus outings.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff described identifying behavioural changes and providing one-to-one engagement and facilitating outings to religious services. Staff were observed offering individualised support to consumers and care documentation evidenced consumers’ emotional, spiritual needs and responsive support.

Consumers said they were supported to undertake activities within the service and community, and staff described how they support consumers’ interests and relationships. Care documentation identified consumers’ preferences for daily living, including important relationships and activities of interest.

Consumers provided positive feedback regarding communication of their condition, needs and preferences with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and condition through handovers, the electronic care management system and daily discussions. Care documentation evidenced current information regarding consumers’ needs and preferences.

Consumers and representatives said consumers were promptly referred to other appropriate individuals and organisations who provided supports and services. Staff described identifying consumers’ community ties at entry and supporting consumers to maintain such connections. Documentation guided referrals to libraries and religious services.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. The seasonal menu rotated every 4 weeks and consumers could request alternative meals. Staff confirmed consumers could provide feedback through meetings and any requests for changes were addressed. Staff were observed assisting consumers during meal service and offering choices.

Consumers confirmed equipment was safe, suitable clean and well-maintained. Staff said, and observations confirmed, that shared equipment was regularly cleaned and maintained. Records evidenced timely completion of preventative and responsive cleaning and maintenance.

# 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 comfortable and provided a sense of belonging. The service environment included personalised bedrooms, navigational signage, mobility infrastructure and gardens. Consumers were observed moving freely between rooms and to the outside courtyard, as well as socialising in activity and lounge areas.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service; and most could move freely inside the service and the surrounds. Consumers in the memory support unit were assisted by staff to move throughout the service. Staff were knowledgeable of cleaning and maintenance processes and records confirmed cleaning completed.

Furniture, fittings, and equipment were observed to be safe, clean, and well-maintained. Management confirmed equipment was assessed for suitability prior to acquisition and staff knew the process for cleaning and checking equipment for safety through a preventative schedule and routine inspections. Furniture and equipment were observed to be cleaned and maintained.

# 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. Management confirmed consumers could raise concerns through feedback forms, surveys and during meetings. Consumer handbooks and posters displayed throughout the service guided consumers in understanding relevant processes.

Consumers and representatives said they were aware of advocacy and language services. Management and staff described relevant services and said some bilingual staff assisted consumers. Staff had recently attended advocacy training and information on advocacy service availability was displayed in various languages.

Consumers and representatives said their complaints were responded to promptly, apologies were given, and actions were taken to resolve their concerns. Staff described processes for responding to feedback and complaints, including the use of open disclosure. Records demonstrated complaints were recorded and actioned in accordance with service policy.

Consumers confirmed their feedback and complaints were used to improve care and services. Management described reviewing and evaluating feedback and complaints to inform improvements to care and services. Meeting minutes reflected discussion of improvements informed by consumer feedback.

# 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 their care needs being met. Management described regularly reviewing rosters to ensure appropriate mix of staff. Rosters reflected adequate allocation of permanent and agency staff, including continuous registered nurse attendance, and majority of call bells were responded to within benchmarked timeframes.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff described the service’s values and participating in related training. Management confirmed staff were advised of the code of conduct at commencement and interactions between staff and consumers was observed to be kind and respectful.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Management confirmed role candidates were qualified, security vetted, required to hold valid professional registrations and demonstrated eligibility to work. Records confirmed staff had appropriate qualifications and credentials for their roles.

Consumers and representatives said staff were well equipped and trained to perform their roles. Staff could access a range of training units and were guided by a learning and development coordinator. Records evidenced a high proportion of staff had completed annual training for topics including manual handling, restrictive practices and infection control.

Staff were knowledgeable of the annual performance appraisal process and received ongoing feedback. Management described a performance appraisal framework under which staff participate in reviews 6-months post engagement, then annually thereafter. Records evidenced a high proportion of annual performance appraisals had been undertaken.

# 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 provided input into the development and delivery of care and services. Management confirmed consumers and representatives were involved through the feedback and complaint processes, surveys and consumer meetings. Records reflected consumer involvement in the development and delivery of care and services.

Management confirmed the governing body promoted a safe and inclusive culture underpinned by information provided by the service. Senior management met weekly to address issues and the service appointed quality and compliance managers. A documented policy framework supported a culture of safe and inclusive 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 executive team analysed consumer data, and systems and processes complied with relevant legislation.

The service utilised a systematic approach to manage high-impact and high-prevalence risks, to identify, report, escalate and review risks and incidents to improve care delivery. Management and staff were knowledgeable of policies and practices to minimise risks and staff participated in training for serious incidents and elder abuse.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Staff described non-pharmacological measures to address infection, alternatives to chemical restraints and participating in training regarding open disclosure. Staff were guided by the organisation’s clinical governance framework.

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)