Performance

Report

**1800 951 822**

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| Name of service: | Rosewood Care West Perth |
| Service address: | 67 Cleaver Street WEST PERTH WA 6005 |
| Commission ID: | 7264 |
| Approved provider: | Rosewood Care Group (Inc) |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 August 2023 |
| Performance report date: | 30 August 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 Rosewood Care West Perth (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the assessment team’s report received 10 August 2023 acknowledging the assessment team’s findings; and
* a Performance Report dated 5 April 2023 for a Site Audit undertaken from 7 February 2023 to 9 February 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Requirement (3)(e) was found non-compliant following a Site Audit undertaken from 7 February 2023 to 9 February 2023 as care and service plans were not updated following changes or incidents, and did not provide effective management strategies for staff. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including updating all behaviour support plans.

At the Assessment Contact undertaken on the 7 August 2023, care files demonstrated appropriate review of consumers’ care needs following falls and in response to behaviours and weight loss, including review of management strategies, and referral to specialist services; specialist’s recommendations were noted to have been incorporated into consumer care plans, where required, to guide staff in provision of care. Care staff interviewed said they report changes in consumers’ condition or incidents to their supervisor, and staff provided examples of when they had reviewed consumers’ care and services following an incident or adverse event. Consumers and representatives interviewed were satisfied the service communicates with them about consumers’ care and services and when something goes wrong or things change, this is communicated with them and their input is sought to update care and service plans.

For the reasons detailed above, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# 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 |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 7 February 2023 to 9 February 2023 as management strategies were not in line with best practice and had not been tailored to consumer needs, specifically in relation to behaviours and restrictive practices. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, conducting daily staff huddles, including discussions on consumers’ health and well-being; introduced ‘intentional rounding’ where staff monitor all consumers on a regular basis; and provided education to staff on the provision of best practice care that is tailored to consumers’ needs.

At the Assessment Contact undertaken on the 7 August 2023, care files sampled demonstrated consumers receive safe and effective care in relation to pressure injuries, personal care, behaviours and restrictive practices, with consumers’ preferences, needs and goals considered. One consumer’s health and well-being was noted to have been optimised following referrals to behaviour specialists where, following implementation of recommended strategies, as required psychotropic medication use decreased and there was a reduction in frequency of behaviours. Staff described how they deliver personal and clinical care in line with consumers’ needs and preferences, and consumers and representatives said consumers get the care that is right for them, including in relation to personal care and wound management.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 7 February 2023 to 9 February 2023 as consumers with sensory deficits or cognitive impairment did not have services or supports in line with recommendations to meet their well-being or quality of life. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including undertaking a review of all consumers’ behaviour support plans and lifestyle activities; and hiring new lifestyle staff to review all activities.

At the Assessment Contact undertaken on the 7 August 2023, consumers were found to be receiving safe and effective supports for daily living which met their needs and optimised their independence, health, well-being, and quality of life. Leisure and lifestyle assessments are completed in consultation with consumers and families on entry and regularly reviewed, with information gathered used to assist in the development of a lifestyle program that is tailored to consumers’ needs, goals, and preferences. Activities observed were interactive, inclusive, and well received by consumers. Separate one-to-one activities are provided for consumers who do not wish to participate in group activities, with participation logged to evaluate the success of each activity. Consumers and representatives interviewed said consumers have been supported with the provision of mobility and adaptive equipment which helps them optimise their independence and well-being.

For the reasons detailed above, I find requirement (3)(a) in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Requirement (3)(b) was found non-compliant following a Site Audit undertaken from 7 February 2023 to 9 February 2023 as not all consumers were able to move freely, both indoors and outdoors or independently gain access to their room when their entry door was closed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, ensuring all consumers are wearing their swipe cards; undertaken an audit to identify which consumers do not have cards to access their rooms; and care staff numbers are increased in the memory support unit to allow for observation of consumers to ensure they can access their rooms when they wish.

At the Assessment Contact undertaken on the 7 August 2023, the service environment was observed to be clean, well maintained, and easy to navigate. Consumers were observed to be moving freely both indoors and outdoors, including into courtyard areas, and doors to the outside areas were noted to open automatically. Doors to each consumer’s rooms are locked, and access is only possible by swipe card. The service is currently in the process of updating the doors in the memory support unit to enable them to be accessed without a swipe card. In the interim, strategies have been implemented to enable consumers to move freely and access their rooms when they wish. Each consumer room has its own temperature system with a remote control so consumers can choose their desired temperature. Emergency evacuation diagrams were displayed throughout the service, and fire equipment checks are up to date. Cleaning is undertaken in line with a daily checklist to guide staff on what tasks need to be completed. Consumers and representatives interviewed found the service environment to be comfortable and clean and indicated consumers can move freely both indoors and outdoors.

For the reasons detailed above, I find requirement (3)(b) in Standard 5 Organisation’s service environment compliant.

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)