Performance

Report

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| Name of service: | Ross Robertson Memorial Care Centre |
| Service address: | 19 Cornhill Road VICTOR HARBOR SA 5211 |
| Commission ID: | 6898 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 18 September 2023 |
| Performance report date: | 16 October 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 Ross Robertson Memorial Care Centre (**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 staff, consumers, representatives and others.

The approved provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 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

Validated risk assessments are used to identify consumers’ care needs, preferences, and develop individualised care plans. Staff demonstrated an understanding of best practice clinical care and know how to access policies and procedures for guidance. Staff were knowledgeable about consumers' needs and described how care is delivered to meet consumers’ preferences. Consumers and representatives are satisfied with the personal and clinical care provided.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

Systems and processes ensure the skill mix and number of staff deployed is based on consumers’ care needs. Staff allocations and rosters are reviewed daily and staff said there is enough staff rostered to ensure the appropriate care is provided to consumers. Staff were observed not rushing consumers when providing care and services and were answering call bells in a timely manner. Consumers and representatives are satisfied with staffing levels and said the service provides quality care that meets consumers’ needs, goals and preferences.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Policies and procedures guide staff in the assessment of consumers’ risks, with risk mitigating strategies discussed with consumers and/or representatives to ensure consumers can make informed decisions. High impact or high prevalence risk data is identified through clinical assessment and incident reviews with monthly and quarterly reports developed and discussed at Board and sub-committee meetings. Consumers said they are supported to live the best life they can, including being supported to take risks if they wish to.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)