Performance

Report

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| Name of service: | Rubicon Grove |
| Service address: | 89 Club Drive SHEARWATER TAS 7307 |
| Commission ID: | 8092 |
| Approved provider: | OneCare Limited |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 5 June 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 Rubicon Grove (**the service**) has been prepared by J. 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 2 April 2023 to 5 April 2023. 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 Aged Care Quality and Safety Commission in relation to the 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

The Quality Standard is assessed as Compliant, as six of the six specific requirements were assessed as Compliant.

Consumers said staff treated them with respect and valued their backgrounds and identities. Staff spent time with consumers to understand their background, life history and individual needs. Consumers’ care plans included information about their culture, diversity, identity and personal preferences. Consumers confirmed they received culturally safe care and services and were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers’ decisions about their care and personal choices were recorded in care plans.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, risk assessments were completed and documented in their care plans. Consumers confirmed they were provided with information that was accurate, clear, easy to understand and enabled them to exercise choice. For example, activity schedules, menus, information about complaints processes and upcoming visits from allied health professionals were displayed on noticeboards throughout the service. Consumers confirmed care and services were delivered in a way which respected their privacy. Consumers’ personal information was kept confidential in a password-protected electronic care management system.

# 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers were involved in the assessment and planning process, which identified their goals, needs and preferences. The service considered risks to consumers’ safety, health and well-being during the needs assessment and care planning process, the outcomes of which informed the delivery of safe and effective care and services. The service had policies and procedures which guided staff in assessment and care planning. Consumers confirmed their care needs assessments included end-of-life planning where they wished.

The service partnered with consumers, their representatives and external service providers when assessing, planning and reviewing care needs. A review of care plans showed consumers partnered in a coordinated needs assessment which involved medical officers and allied health professionals. Consumers confirmed they were offered a copy of their care plan and staff explained clinical matters where needed. Consumers and representatives confirmed they were involved in care plan reviews and notified when incidents occurred or care needs changed. Management and clinical staff said consumers’ care plans were reviewed bi-annually or following a deterioration in their health.

# 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe and right for them and met their individual needs and preferences. A review of consumers’ care plans, progress notes and monitoring charts reflected their individual needs and preferences. Staff were guided by policies and procedures which addressed high-impact risks to consumers such as falls, skin integrity and restrictive practices. Staff understood risks to consumers and described applicable management strategies, such as wearing appropriate footwear for consumers at risk of falls. Consumers were satisfied with how the service managed risks associated with their care.

Consumers confirmed staff discussed advanced care planning and end-of-life preferences with them, which were recorded in care plans. Staff who provided palliative care described how consumers nearing the end-of-life were supported. For example, consumers were made comfortable by staff through repositioning to minimise pressure injuries; regular personal care; ensuring adequate hydration; and monitoring pain. Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans.

Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated in staff meetings and through verbal and documented shift handovers. Consumers said referrals to other providers of care and services were timely, appropriate and occurred when needed, which was confirmed by a review of care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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

The Quality Standard is assessed as Compliant, as seven of the seven specific requirements were assessed as Compliant.

Consumers received safe and effective services that met their needs, goals and preferences and optimised their independence and quality of life. Lifestyle staff explained a lifestyle assessment was conducted with consumers following their admission to the service. Information about consumers’ preferences, likes and dislikes, interests and their social, emotional, cultural and spiritual needs was collected and used to inform the service’s activities schedule. Consumers were engaged in meaningful activities which supported their emotional and psychological well-being, such as spending one-on-one time with staff and attending the religious services. Consumers participated in their community, did things of interest to them and were supported to maintain personal relationships. Staff assisted consumers to participate in activities which interested them, such as weekly bus trips into the community, watching bands perform at the service and being visited by family and friends.

Consumers were generally happy with the quality, quantity and variety of food provided by the service. The service encouraged feedback on the quality of food provided and consumers had input to the menu. Consumers were offered meal options if the daily menu was not to their liking. Where the service provided equipment, it was safe, suitable, clean and well maintained, which the Assessment Team confirmed through its own observations.

# 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

The Quality Standard is assessed as Compliant, as three of the three specific requirements were assessed as Compliant.

The service environment was welcoming, easy to navigate and promoted a sense of independence and belonging. Consumers felt at home within the service, particularly as they personalised their rooms according to their preferences. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers were observed using different areas of the service to socialise in groups or enjoy individual activities. Consumers were satisfied with the cleanliness and maintenance of the service. Staff described the cleaning and maintenance schedules and understood how to submit requests for either service. A review of service documents confirmed regular maintenance and cleaning procedures were in place.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for use by consumers. Furniture and equipment were maintained under a preventative and corrective maintenance plan, which was up to date. The Assessment Team noted equipment was clean and in good condition.

# 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

The Quality Standard is assessed as Compliant, as four of the four specific requirements were assessed as Compliant.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available in the consumer handbook and on noticeboards throughout the service. Consumers provided feedback or made complaints at consumer meetings, during care planning conversations, verbally to staff or via a formal feedback form. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. The Assessment Team viewed documentation which confirmed complaints mechanisms and advocacy services were actively promoted to consumers.

The service took appropriate action in response to feedback and complaints and used open disclosure when something went wrong, which consumers and representatives confirmed. The service had a complaints and feedback policy which guided staff in how to document, investigate, resolve and evaluate consumer feedback and complaints. Staff and management understood their responsibilities in relation to complaints management. A review of the service’s complaints register confirmed complaints and their resolution were documented and consumers were given an apology when something went wrong. Complaints and feedback were used to improve the quality of care and services.

# 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers were satisfied with the quality of care provided by staff, although some said staffing numbers sometimes resulted in delays in care. However, interviewed consumers and representatives agreed staff numbers had no recurrent impact on the quality of care provided. Further, management provided evidence to show consumers’ care needs were responded to in a timely manner and the Assessment Team confirmed there were no adverse outcomes for consumers. The service developed an annual master roster which was reviewed quarterly and adjusted to account for consumer, management and staff feedback, as well as the staffing budget. Management rostered staff in the same wings of the service so consumers received care from those familiar with their needs. Consumers and representatives confirmed staff were kind, caring, gentle, respectful and understood their individual needs when providing care and services.

The service’s workforce was competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Staff participated in mandatory training which was role-based and monitored by management for completion. Staff said they were equipped with the knowledge to perform their roles and guided by position descriptions which required qualifications relevant to the role. Staff said they were supported during their induction through participating in buddy shifts. A review of the care staff competency booklet showed capability checks were conducted for infection prevention and control, skin integrity and manual handling. The service regularly assessed, monitored and reviewed staff performance, which included formal performance reviews.

# 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

The Quality Standard is assessed as Compliant, as five of the five specific requirements were assessed as Compliant.

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Input was provided via resident meetings, representative meetings, food advisory meetings, a feedback process, during care plan reviews, surveys and in-person discussions. The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The board of directors were kept informed of the service’s performance through monthly reports on clinical and incident data, as well as analysing the outcomes of internal audits conducted against the Quality Standards. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. For example, the service identified some consumers were having falls and in response, physiotherapy sessions were introduced to improve strength and balance, thereby minimising the impact and reoccurrence of the risk to consumers.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)