Rubies Nursing Care

Performance Report

163 Langtree Crescent
CRACE ACT 2911
Phone number: 0420979572

**Commission ID:** 201416

**Provider name:** Rubies Nursing Pvt Limited

**Assessment Contact - Desk date:** 31 March 2022

**Date of Performance Report:** 17 June 2022

# Performance report prepared by

M Murray, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Rubies Nursing, 26152, 163 Langtree Crescent, CRACE ACT 2911

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with management.
* the approved provider’s response to the Assessment Contact - Desk report received 26 April 2022 and a response to a request for further information received on 13 June 2022.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

A summary is not provided as only one Requirement was assessed.

The Quality Standard is assessed Non-compliant as Requirement 8(3)(d) has been found Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Manager was able to discuss the risk management systems the service has in place with the Assessment Team, however, was unable to provide an example of risk mitigation occurring at the service.

The Manager was able to discuss the strategies implemented to ensure staff are aware of their responsibilities in identifying and responding to abuse and neglect of consumers and to ensure consumers are supported to live the best life they can. However, was unable to provide any other evidence to verify how risk management is applied in day to day practice, or a documented example where a risk raised was managed in line with the service’s policy.

The approved provider’s response to the Assessment Team’s report included some evidence that was not provided to the Assessment Team on the day. Evidence submitted included various assessments, checklists, incident reports, training records and care management documentation.

In reviewing the documentation submitted, I am not satisfied that the provider is actively minimising risks in consultation with consumers. At the time of the visit the manager was unable to fully engage with the Assessment Team which indicates to me that governance structures and information flows which inform good governance are not in place to inform the governing body to the level expected by this Requirement.

Evidence submitted by the approved provider noted engagement with third party organisations to discuss consumers at risk, however, I note these engagements occurred after the date of this Assessment Contact. The approved provider notes that it does not always have visibility to hospital discharge information for consumers, however, evidence of the approved provider’s re-assessments of new or potential risks to consumers post hospitalisation as part of its usual day to day risk management practices have not been submitted.

I note, the elder abuse policy submitted does not provide guidance to staff on signs of different types of elder abuse and what to be alert to when undertaking their roles. The approved provider did not provide any other guidance material available to staff.

The Manager was unable to provide the Assessment Team with the organisation’s COVID-19 management plan. A plan was submitted by the approved provider in their response, in reviewing the plan I find it generic, for example it does not give consideration to the fact that the workplace for most employees is a consumer’s home.

Based on the evidence (summarised above) at the time of the Assessment Contact I find the approved provider did not comply with this Requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

# Standard 8 Organisational governance

Requirement 8(3)(d)