Performance

Report

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| Name: | Ruby Manor |
| Commission ID: | 0763 |
| Address: | 10 Ruby Street, CARRAMAR, New South Wales, 2163 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 July 2024 |
| Performance report date: | 6 August 2024 |
| Service included in this assessment: | Provider: 2622 The Sisters of Our Lady of China Health Care (2) Pty Ltd  Service: 5873 Ruby Manor |

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 Ruby Manor (**the service**) has been prepared by M.Wyborn, 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 Assessment contact (performance assessment) – site 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 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The service demonstrated effective management of high-impact and high-prevalence risks associated with care of each consumer. Consumers and representatives advised of their satisfaction with how the service manages risk(s) associated with their care and well-being. The service effectively identifies its key performance indicators through incidents including falls, wounds and pressure injuries, skin integrity issues, infection, and responsive behaviours. The service appropriately analyses consumer clinical data and discusses this information at daily ‘10@10 meetings’, weekly clinical huddles, and monthly multidisciplinary clinical meetings. The service demonstrated that when factors are identified, appropriate strategies are implemented and management is notified. Consultation with consumers and their representatives is undertaken in a timely manner and this includes assistance and advice from the multidisciplinary team if necessary. Relevant information is documented in the incident investigation record and changes are reflected in the consumer’s care plan. Clinical staff demonstrated appropriate oversight of the high-impact and high-prevalence risks for consumers and were able to discuss different strategies and interventions they have trialled to reduce or prevent the risks for individual consumers. Clinical staff demonstrated effective consultation and collaboration with other organisations and specialists in consumer care planning to ensure appropriate delivery of care according to individual consumer needs.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers and representatives advised they are satisfied with how the service facilitates timely and appropriately referrals for consumers to specialists, organisations and other providers of care and services. The service has implemented a plan for continuous improvement which includes initiatives such as an update to the service’s referral process and clearer guidance to support staff knowledge and adherence to the referral processes. The service has appointed additional members of the multidisciplinary team such as nurse practitioners, medical officers, and geriatricians to help assist in the provision of appropriate consumer care. Care planning documents indicate appropriate referrals according to individual consumers’ current needs. Management and registered nursing staff demonstrated appropriate knowledge of the process for referral to medical officers and other health professionals, and staff advised that referrals are often made to specialists, geriatricians, dietitians, physiotherapists and speech pathologists for consumer assessment and treatment.

With these considerations, I find Requirements 3(3)(b) and 3(3)(f) as 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

The service demonstrated a workforce that enables delivery of safe and quality care and services that meet each consumer’s needs and preferences. Consumers provided positive feedback highlighting that the service routinely meets their needs and that staff consistently achieve positive outcomes relating to their care and services. Staff provided positive feedback highlighting that the service delivers a workforce that enables consumer clinical and personal care to be delivered in accordance with the consumer’s needs and preferences. Consumers and representatives advised that the service delivers adequate levels of staff to deliver their care and services. The service recently implemented a plan for continuous improvement which included initiatives including providing all staff with dementia specific training as well as specific lifestyle training to support staff deliver care during busy periods such as lunch, dinner and sundowning times. The service facilitates ongoing review of behaviour support plans by specialist services to ensure adequate strategies are implemented to address changes in consumer condition, and staff have received training in behaviour support plans to ensure that consumer needs are addressed in a timely manner. The service has also upgraded their call bell system and acquired a new deck phone. Management highlighted that consumer and staff feedback is used to ensure workforce deployment meets the acuity of consumers. Staff reinforced that the service is responsive to their feedback and have recently updated workforce commitments during lunch and dinner services and deployed an additional registered nurse to support clinical staff and medical officer to review consumer care planning and assessment. Management demonstrated effective monitoring and review of workforce needs and reinforced that timely updates are made in respect to changes in consumer acuity and continuity of care. The service demonstrated access to casual staff, however, highlighted their approach to using agency workforce to escort consumers to appointments and during emergencies such as COVID-19 outbreak. The organisation demonstrated an active recruitment program to ensure they maintain a suitable workforce to enable continuity of care for consumers.

With these considerations, I find Requirement 7(3)(a) as 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)