Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | The Royce Manor |
| Commission ID: | 0938 |
| Address: | 123 Mulgoa Road, PENRITH, New South Wales, 2750 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 December 2023 |
| Performance report date: | 17 January 2024 |
| Service included in this assessment: | Provider: 3355 The Royce Aged Care Pty Ltd  Service: 7281 The Royce 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 The Royce Manor (**the service**) has been prepared by Therese Solomon, 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.
* the provider’s response to the assessment team’s report received 2 January 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 4** Services and supports for daily living | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

Requirement 3(3)(g)

* Ensure the effective management of the minimisation of infection related risks.
* Ensure staff consistently adhere to infection prevention and control practices.
* Ensure procedures to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics are consistently followed.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| 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. | Not Compliant |

Findings

The service has systems in place to manage an outbreak and minimise infection related risks, however practices in place to minimise the spread of infection and promote appropriate prescribing and usage of antibiotics were not consistently followed. Consumers and/or representatives provided negative feedback in relation to infection control practices at the service. Staff were observed breaching infection control protocols, and staff knowledge around infection control and antimicrobial stewardship was inadequate.

Review of the medication advisory committee meeting minutes identified and an area for development in relation to the understanding of the principles of minimisation of infections and antimicrobial stewardship.

The Approved Provider responded with additional documentation and a comprehensive plan for continuous improvement containing actions to address the identified non-compliance.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 3(3)(g) is found Non-compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| 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 |

Findings

The service demonstrated it enables consumers to participate in the community, both within the service and in the broader community, to have social and personal relationships, and do things of interest to them. Consumers and/or representatives confirmed this was occurring. Staff and management explained ways in which they support consumers to participate in their community, both within and outside the organisation’s service environment.

The service has a lifestyle program with a range of group activities which include exercises, bingo, quizzes, bus outings, entertainers, music therapy, church services, cultural days, special events, balloon tennis, happy hour, movies, garden walks, and interactive games. The lifestyle team produce a monthly calendar of activities which is distributed to consumers. A separate program is prepared for consumers living in the memory support unit, which is better suited to their needs and abilities.

The recreational activities officers explained how they support individuals who choose not to participate in the group activities or have interests that are not included in the program. This would normally involve supplying resources for the consumer and providing one-to-one time to assist the consumers in their special interest.

Lifestyle assessments and care plans are reviewed and updated for consumers in the electronic care documentation system. A review of consumers files showed they are individualised and cater to consumer needs and preferences. Lifestyle staff could describe the individual needs and preferences of consumers and the strategies they use to support them.

Based on the information provided by the Assessment Team and the Approved Provider, Requirement 4(3)(c) is found 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)