Performance

Report

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| 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 20 February 2024 |
| Performance report date: | 17 April 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 G Cherry, 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.
* Performance reports dated 27 October 2023 and 17 January 2024.
* Notification regarding closure of Direction Notice and Non-Compliance Decision 15 February 2024.

# Assessment summary

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

Findings

A finding of non-compliance in requirements 3(3)(a) and 3(3)(d) followed a site audit visit conducted on 8 to 10 August 2023.

Requirement 3(3)(a) - at an assessment contact on 20 February 2024 the provider demonstrated actions taken to address/remedy previous non-compliance, including review of psychotropic medication management by an external consultant.

The service demonstrates processes to ensure safe and effective provision of best practice personal/clinical care tailored to individual consumer’s needs, particularly in relation to falls management, restrictive practices and behaviour management and skin integrity/wound management. Interviewed consumers and representatives provided mostly positive feedback regarding safe/individualised care provision expressing examples of satisfaction including communication from management. Document review detail care directives tailored to consumers specific needs/preferences and the assessment team observed staff assisting as per directives.

An effective multi-disciplinary approach to falls prevention/management is evident; staff demonstrate knowledge of preventative strategies, incident reporting, post fall reassessment including medical officer/physiotherapist involvement. Registered nurses assist in individual and group setting mobility programs. Document review details updated mobility assessments, additional information in care plans regarding mobility changes or increased risk of falls and an observation program for those consumers requiring additional supervision. Policy/procedures are generic and do not direct staff regarding specific management, including head injury/unwitnessed falls/frequency of observations nor management follow-up, however the service demonstrates this occurs. Management personnel acknowledge generic policy directives advising service specific updates are planned to occur.

Effective behaviour management relating to restrictive practice aligned with current legislation is evident; consumer documentation details current/valid/informed consent. Staff receive training regarding management of changed behaviours and demonstrate knowledge of potential triggers/individualised strategies and use of medication when needed. Involvement by external service providers assists in managing behaviours. Representatives’ express satisfaction relating to care provision for their relatives.

The service demonstrates preventative approaches/equipment for consumers at risk of developing pressure injuries and wound management. Staff demonstrate knowledgeable of preventive strategies, required monitoring/documentation processes and escalation of concerns to clinical staff. I find requirement 3(3)(a) is compliant.

Requirement 3(3)(d) - at an assessment contact on 20 February 2024 the provider demonstrated actions taken to address/remedy previous non-compliance, including staff training relating to recognising signs of deteriorating, implementation of monitoring processes relating to weight management, review by medical officer and provision of nutritional drink supplements.

The service demonstrates effective processes to facilitate recognition/response to changes or concerns relating to consumers’ mental health, emotional, cognitive, or physical ability. Management advised of recent focus relating to staff education in recognising changes in condition, and introduction of a successful alert process ensuring all staff have input. Documented education records demonstrate staff training on recognising/identifying/reporting deterioration and/or changes to consumer’s condition. All interviewed consumers and representatives’ express satisfaction regarding effectiveness in responding to changed needs and documentation reflects effective management of same. Staff describe actions taken in response including escalation processes to clinical staff, medical officers, allied health professionals and or hospitalisation when required. Case conferences to ensure consumer/representative involvement in decisions is evident. I find requirement 3(3)(d) is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |

Findings

A finding of non-compliance in requirement 7(3)(d) followed a site audit visit conducted on 8 to 10 August 2023. At an assessment contact on 20 February 2024 the provider demonstrated actions taken to address/remedy previous non-compliance, including implementation of a process to ensure staff attendance at regular mandatory training sessions, a process reflecting planned training dates to alert staff awareness, and digitisation of recruitment/onboarding process.

Management described recruitment/onboarding process guided by an electronic system. Newly recruited staff participate in an orientation program aligned with delegated role/responsibilities and receive staff guidance/support. Staff are required to complete skills-based competency assessments relating to the Quality Standards during orientation and ongoing. Staff advise of a notable increase in education sessions on related topics including restrictive practice, open disclosure, antimicrobial stewardship, and reporting requirements.

Training is provided using a combination of online learning and in situ. Sampled consumers and representatives’ express confidence in staff ability to deliver care/services, noting they are well trained and equipped to perform their roles. Monitoring processes including recording of staff attendance ensures management have oversight in compliance. Management detail use of consumer/representative feedback, clinical indicator data, incident reports, staff performance reviews and observation to ensure staff knowledge/understanding of requirements and/or identify further training needs. I find requirement 7(3)(d) is compliant.

**Standard 8**

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| Organisational governance | |  |
| 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**

A finding of non-compliance in requirement 8(3)(e) followed a site audit visit conducted on 8 to 10 August 2023. At an assessment contact on 20 February 2024 the provider demonstrated actions taken to address/remedy previous non-compliance, including review of psychotropic medications by senior clinical management team, engagement of an external aged care consultant ongoing to review all medications, weekly clinical review of consumers susceptible to high impact/ prevalence risks and communication methods to board members for oversight/awareness.

The service demonstrates management and staff are aware of their obligations relating to the clinical governance framework. All interviewed staff acknowledge receipt of education regarding restrictive practices, identifying changes in consumers’ behaviour, reporting responsibilities and escalation processes, antimicrobial stewardship and open disclosure processes. They demonstrate knowledge of role/responsibility, including escalation to medication officers and pathology testing. Documents detail evidence of open disclosure processes when informing consumers/representatives of incident outcomes. Documents detail current psychotropic medications, including diagnosis, reasons for medication, appropriate/informed consent, and behaviour support plans guide staff in individualised care provision. Effective monitoring processes ensure those consumers identified as high impact/prevalence risk receive appropriate preventative strategies and care. I find requirement 8(3)(e) is 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)