**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Rubies Nursing Care |
| Service address: | 2H,46-50 Gungahlin Village, Hibberson Street GUNGAHLIN ACT 2912 |
| Commission ID: | 201416 |
| Home Service Provider: | Rubies Nursing Pvt Limited |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 13 April 2023 |
| Performance report date: | 26 May 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 Rubies Nursing Care (**the service**) has been prepared by M Franco, 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.

# Services included in this assessment

**Home Care:**

* Rubies Nursing, 26152, 2H,46-50 Gungahlin Village, Hibberson Street, GUNGAHLIN ACT 2912

# Material relied on

The following information has been considered in preparing the 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 staff, consumers/representatives.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP |
| 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 |

Findings

At the time of the performance report decision, the service is:

* The service evidenced they have implemented a Care Plan Policy and procedure to guide staff on the process or triggers for reassessment. The service provided further documentation to the Assessment Team detailing assessment and planning processes and the Assessment and Planning document reflects the service’s name change to Rubies Community Care.

Review of seven consumers Falls Risk Assessment Tool (FRAT) and vulnerable consumer checklist by the Assessment Team, identified consistent information in the assessment of the falls risk across all care documents.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Assessment Team undertook a review of the complaints register that demonstrates feedback and complaints are consistently recorded, monitored, responded to, and used to inform continuous improvement activity. The service was able demonstrate feedback and complaints information is used to inform continuous improvement activity and discussed during staff meetings and management meetings. The Assessment Team sighted multiple meeting minutes with planned actions and outcomes relating to feedback and complaints data.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| 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 |

Findings

The service was able demonstrate that items discussed in meeting minutes, provided direction to establish safe and quality care, and accountability. The Assessment Team sighted formal documentation of governance meeting outcomes and decisions which were captured appropriately, staff meeting minutes and actions and training alternance sheets to ensure actions occur. For example, some standing agenda items documented sighted:

* Safety and service delivery
* Operations
* Accident and Incident
* Workplace culture
* Code of Conduct
* Staff to read all new policies
* Near misses reporting

Management and the service provide oversight of service delivery that promote a culture of safety.

The service demonstrated that complaint and feedback trends are identified and considered for further service improvements through the continuous improvement plan. Opportunities for continuous improvement at an operational level are identified through a range of mechanism such as consumer complaints, feedback, surveys, and informal feedback received. Staff are also able to provide verbal feedback at any time.

The Assessment team sighted the services Continuous Improvement Plan which included feedback and complaints data are being implemented and recorded.

Personnel records were sighted by the Assessment Team, and they included evidence of on-the-job training attendance sheets and documented discussions.

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)