Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Raelene Boyle Retirement Village |
| Service address: | 2 Vida Street ABERFELDIE VIC 3040 |
| Commission ID: | 8203 |
| Approved provider: | Ryman Aged Care (Australia) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 March 2023 to 24 March 2023 |
| Performance report date: | 11 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 Raelene Boyle Retirement Village (**the service**) has been prepared by G.Hope-Simpson, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said they were treated with dignity and respect. Staff understood consumers’ backgrounds in accordance with their care planning documents and described how they invested time to understand consumers’ background, life history and needs. The service had policies and procedures that promoted a culture of diversity, inclusion and respect, alongside freedom of expression and choice for consumers.

Consumers said they received culturally safe care. Care and services delivered by staff considered consumers’ cultural preferences and needs, such as using cue cards for consumers who preferred to converse in a different language. Staff undertook cultural awareness training to ensure delivery of culturally safe care.

Consumers were supported to exercise choice and independence, decide who was involved in their care, and maintain relationships. Staff supported consumers to connect with their families, as well as respecting their choice when not to attend outings. Policy and procedures guided staff on providing choices for consumers and promoting their independence.

Consumers said they were supported to take risks which enabled them to live their best lives. Care planning documents evidenced risk assessments were undertaken to support consumers who wish to take risks, and the mitigation strategies in place.

Consumers were provided timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how they facilitated consumer choices and varied communication methods to suit consumers’ needs. Menus, activity calendars and notices were displayed throughout the service.

Consumers said their privacy was respected, expressed confidence in the service to protect their personal information, and described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Approved Providers’ policy guided staff on the expectations of consumers privacy.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

A comprehensive assessment and care planning process was undertaken when consumers entered the service to identify their needs, goals and preferences. Staff described how assessments informed delivery of safe and effective care. Care plans reflected what was important consumer care preferences, and advance care and end of life planning were included.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. This was reflective of consumer and representative feedback.

Most consumers and representatives said staff explained information about care and services, and they could access a copy of the consumer's care plan when they wanted to. Progress notes, medical reports and incident reports demonstrated that outcomes of assessment and planning are effectively communicated to the consumer and/or their representative

Care planning documents were reviewed every 3 months, or earlier if changes to a consumer’s condition were recognised or any incidents occurred. Clinical incidents were reviewed monthly at service and organisational levels to identify strategies to minimise the risk of reoccurrence, and improvements implemented.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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. | Compliant |

Findings

Consumers and representatives said consumers received tailored, and safe care which optimised their health and well-being. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. Restrictive practices were managed in line with legislative requirements. Care planning documents showed staff were using strategies and policies and procedures to guide and deliver effective and individualised care.

Care planning documents identified high impact and high prevalence risks were effectively managed and strategies implemented to minimise risks. For example: the service introduced fortnightly high-risk meetings to discuss incidents associated with consumers which were considered high-risk. Consumers and representatives were satisfied risks were well-managed.

Care planning documents showed consumers who were nearing end of life had their dignity preserved and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service had a palliative care policy which guided staff in providing best practice end of life care.

Progress notes reflected timely identification of, and response to, deterioration and changes of consumers. Staff described strategies used for identifying and responding to changes in consumers’ behaviour or condition, including facial expressions indicating pain. Consumers and representatives were confident staff would identify a change in their condition and respond appropriately, along with planned management strategies.

Consumers and representatives said the consumers’ care needs and preferences were effectively communicated between staff, and they received the care they needed. Care documentation, including care plan summaries and progress notes, provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs.

The service had a network of approved individuals, organisations or providers they can refer consumers to. Care planning documents reflected referrals to other health professions were timely and occurred when needed. The workforce understood the process to refer matters to other providers.

Consumers and representatives were satisfied with the service’s management of COVID-19 and the minimisation of infection-related risks. The service had an Infection Prevention Control Lead, and members of the workforce understood the precautions required to prevent and control infection, and the steps they would take to minimise the need for antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| 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 |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said they were supported to do things of interest, and staff encouraged participation in activities which optimised their well-being and quality of life. Care plans reflected consumers’ preferred activities and relevant supports. Lifestyle staff said there were specific activities developed for consumers in the special care unit, which focused on one-on-one activities and interaction. The Assessment Team observed consumers participating and enjoying activities.

Consumers said they were supported in their spiritual, emotional, and psychological well-being. Staff said if they identify a change in a consumer’s mood or emotional need, they provide additional support such as one-to-one conversation, and encourage them to communicate with their families. Care planning documents included information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Lifestyle staff organised outings to enable consumers to engage in their local community, such as weekly bus trips and children visiting from the local primary school.

Most consumers and representatives interviewed considered information was adequately communicated between staff. The Site Audit Report brought forward mixed feedback from a consumer representative and the Assessment Team found some care planning documents lacked information regarding services and supports for daily living. There had been no impact to consumers as a result of this documentation issue, and the Assessment Team found staff were familiar with consumers likes, dislikes, and could describe their needs and preferences in detail. A plan for continuous improvement initiative had been raised to address the documentation gaps.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care where required. Care planning documents showed the service collaborated with external services to support the needs of consumers.

Most consumers and representatives were satisfied with the quality and quantity of food and said they could request alternative options when they do not like what is on the menu. The Assessment Team observed meal services in the dining room were timely and organised, and consumers enjoying their meals.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers were generally satisfied with the cleanliness of equipment, however one consumer said they had not seen their personal mobility equipment cleaned. Management provided evidence that personal mobility equipment such as wheelchairs and walkers were cleaned by care staff as part of the night duty responsibilities.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was observed to be welcoming, sufficiently lit, and corridors were free from equipment to support ease of interaction and movement. Consumers had access to various activity spaces, hairdressing and beauty salons, as well as a café. Consumers and representatives said the service was welcoming, easy to navigate, and they could personalise their rooms.

Consumers and representatives said the service environment was clean and well-maintained. Communal areas and outdoor spaces were observed to be tidy and free of hazards. Staff described how maintenance was managed at the service, and the steps they would undertake if they identified a hazard or safety issue. Documentation reviewed showed cleaning and maintenance processes were completed in a timely manner.

Consumers said the equipment was well maintained, cleaned, and they could report any concerns to maintenance. Maintenance staff described monthly environmental audits occurred at the service, which included checks of the hot water and call bell systems. At the time of the Site Audit, the service was in the process of implementing contracts with qualified service providers to enable a preventative maintenance schedule to ensure equipment is regularly maintained, in good working order, safe and fit for purpose. The call bell system was observed to be in working order.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were encouraged to provide feedback, and said they were comfortable to raise any concerns with management or staff and feel safe doing this. Suggestion boxes were available to consumers and representatives throughout the service. Staff described the process they follow should an issue be raised with them directly by addressing it or escalating it.

Most consumers and representatives said although they were aware of other avenues for raising a complaint, such as through the Commission, they were comfortable raising concerns with management and staff. The Assessment Team found although some consumers and representatives were unable to describe the language, advocacy and external complaints services available to consumers if required, they were comfortable to raise their concerns directly with staff and did not have a need for these services. Upon raising with management, they advised they would discuss the services available at bi-monthly consumer and representative meetings. Brochures and other written information in relation to advocacy and language services were provided on admission and displayed throughout the service.

Staff were aware of the underlying principles of open disclosure, including acknowledging when things go wrong, to apologise, and to use all complaints as opportunities for improvement. Staff and management were able to describe the process that was followed when feedback or a complaint was received.

Feedback and complaints were reviewed and used to improve the quality of care and services. Management advised recent consumer feedback for a shade cloth to be added to the outdoor sitting area outside the café had resulted in quotes being obtained by the service.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The workforce was planned and the number and mix of personnel deployed was sufficient to support delivery and management of safe and quality care and services. Some consumers and representatives felt at times there was shortages of staff which resulted in delays with their care, whilst others did not identify any negative impact on consumers’ health and wellbeing, with consumer needs being met. Management acknowledged the feedback and provided evidence of call bell response times for those consumers with concerns to delays in care. Documentation showed call bells were mostly addressed within the target time of less than 10 minutes.

Consumers said staff were respectful, kind and caring. The Assessment Team observed several kind and respectful interactions between staff and consumers, including staff addressing consumers by their preferred name. Members of the workforce were trained and educated in staff code of conduct and cultural care.

Consumers and representatives considered staff perform their duties effectively, confident staff were trained appropriately and skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements. All members of the workforce said they were trained, equipped and supported to deliver safe and effective care. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

The Assessment Team found, and documentation reviewed demonstrated regular assessment, monitoring and review of staff performance. As the service was operating for less than one year, staff performance reviews were conducted 3 and 6 months after commencement, or when required.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| Requirement 8(3)(d) | 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. | Compliant |
| 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

Consumers were satisfied with their level of engagement in the development, delivery and evaluation of care and services. The service had a number of consultation methods to involve consumers such as participating in meetings, forums, surveys and care plan reviews.

Management confirmed the governing body promoted a culture of quality, safety, and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback.

The Approved Provider had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The Approved Provider has a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Members of the workforce had been educated about the policies and were able to provide examples of their relevance to their work.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)