Performance

Report

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| Name: | Raffles Assisted Aged Care |
| Commission ID: | 0564 |
| Address: | Peregrine Way, TWEED HEADS SOUTH, New South Wales, 2486 |
| Activity type: | Site Audit |
| Activity date: | 30 April 2024 to 2 May 2024 |
| Performance report date: | 6 June 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 5340 Raffles Assisted Aged Care |

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 Raffles Assisted Aged Care (**the service**) has been prepared by Katherine Richards, 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.

The Approved Provider did not submit a response to the Site Audit report.

# Assessment summary

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| 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

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| 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers advised they were treated with dignity and respect, and their identity and culture was valued. Staff were familiar with consumers’ identity and culture and described how they treated consumers with dignity and respect through considering their life stories and backgrounds to deliver tailored care. Care and service plans reflected the supports to be provided to consumers to maintain their identity.

Consumers and representatives confirmed their care was culturally safe, and staff recognised and respected their culture. Care planning documentation captured the specific cultural needs and practices the consumer wished to maintain. Staff demonstrated an understanding of consumers’ cultural values, and advised they had received training to ensure the delivery of culturally safe care.

Consumers and representatives advised consumers were supported to make choices regarding their care, including a couple that resided in the service together who were supported to maintain their relationship. Staff described the decisions of consumers, and outlined how consumers were supported to independently make decisions. Care planning documentation captured consumers’ choices and the individuals involved in decisions about their care and services.

Care planning documentation evidenced risk assessments were completed in consultation with staff, consumers and their representatives, and potential risks were discussed. Staff were familiar with the risks taken by consumers, and described the risk mitigation supports they provided to promote consumer safety. Consumers explained staff had met with them to explain risks, consequences, and supporting actions for safety.

Consumers and representatives advised they were kept updated with timely information to support informed decision-making, and information was communicated in alignment with their preferences. The lifestyle activity schedule and menu was observed to be displayed in consumers’ rooms. Staff described how they communicated changes to consumers’ care and services through newsletters and consumer meetings.

Consumers confirmed their privacy was respected, and staff knocked on their doors and awaited their consent prior to entering. Staff advised they discussed consumers’ personal information in private to ensure their confidentiality, and the electronic care management system was kept password protected. Staff were observed to knock on consumers’ doors, and documents were stored securely in locked offices.

# Standard 2

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| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care planning documentation evidenced validated risk assessments were completed upon the consumer’s entry to the service, and on an ongoing basis to identify risks and inform the delivery of safe and effective care and services. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks. Policies and procedures informed assessment and care planning practices to guide staff in the delivery of tailored consumer care.

Consumer and representative feedback reflected the assessment and planning process identified and addressed consumers’ current needs, goals and preferences, inclusive of end-of-life planning. Care planning documentation evidenced consumers’ end of life preferences were documented and regularly reviewed. Staff explained how they approached care planning to understand consumer needs and preferences, including for advance care and end-of-life directives.

Consumers and representatives confirmed receiving regular communication from staff, and the partnered approach to assessment and planning of consumers’ care and services. Care planning documentation evidenced the involvement and collaboration with consumers, representatives, medical officers, and a range of allied health professionals. Staff described how the assessment and planning process was enhanced through the involvement of external providers of care and services.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of the consumer’s care and service plan. Care planning documentation reflected the outcomes of assessment and planning were communicated with consumers and representatives. Staff stated communication was provided consumers, representatives and their external providers of care following an assessment.

Management advised care and service plans were reviewed for effectiveness on a regular basis, and when changes in condition or an incident occurred. Care and service plans evidenced they were reviewed in line with scheduled timeframes, and changes to the consumer’s care were implemented when required.

# 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)(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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives advised consumers received safe and effective personal and clinical care which was tailored to their needs. Staff demonstrated an understanding of consumers’ care needs and strategies to ensure the consumer’s well-being was optimised, explaining available guidance for delivery of best practice care through policies and procedures. Care planning documentation evidenced personalised strategies for consumer care to ensure provision of safe and effective personal and clinical care and monitoring for effectiveness.

Care planning documentation evidenced high impact risks to consumers were identified and risk mitigation strategies were in place. Staff provided examples of the high impact risks associated with the care of each consumer, and management advised consumers’ risks were monitored by the clinical risk register to ensure risks were identified and appropriately managed. Procedures and flowcharts in relation to key risks, including falls, wounds, weight loss and behaviour management were observed to be located in nurses’ stations and communicated during handover.

Care planning documentation for a late consumer evidenced their advance care directives were followed, and they received comfort care. Staff described how they would identify consumers nearing end of life and adapt care to ensure wishes and preferences were met, and their end-of-life clinical care pathway was followed. Palliative care training was provided to staff, with support from palliative care services, focused on optimising consumer comfort and dignity.

Care planning documentation evidenced deterioration or changes in consumers’ health were recognised, escalated, and responded to in a timely manner. Management advised changes in the consumer’s condition were recognised through information discussed in handovers, daily reviews of progress notes, care and service plan reviews, incident reports and feedback. Consumers and representatives confirmed staff were responsive to changes in the consumer’s well-being.

Staff advised consumers’ current information relating to their conditions, needs and preferences were communicated during daily handovers and documented in the electronic care management system. Consumers and representatives confirmed consumers’ needs and preferences were effectively communicated between staff. Care planning documentation evidenced consumers’ information was effectively shared with others involved in the delivery of their care and services, including Allied health and specialist providers.

Consumers and representatives confirmed consumers were referred to medical officers and allied health professionals when required. Care planning documentation demonstrated timely referrals were made to specialist providers and allied health professionals following the identification of consumer needs. Staff described the process to refer consumers to external providers of care and services and were guided referral policies and procedures.

Consumers and representatives provided positive feedback regarding the infection control measures in place, and the management of infectious outbreaks, including COVID-19. Staff demonstrated a shared understanding of antimicrobial stewardship, including obtaining a pathology result prior to the prescription of antibiotics. Staff were observed to wear appropriate personal protective equipment and practice hand hygiene.

# Standard 4

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| 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed staff understood consumer’s needs, goals, and preferences. Staff explained how services and supports supported consumer needs for participation and independence in line with care planning documentation.

Consumers and representatives advised consumers’ emotional, spiritual, and psychological well-being was supported, and they could access religious services. Staff confirmed they provided one-to-one supports to ensure the emotional well-being of consumers who did not join group activities was maintained or could connect for additional support through the Resident support officer. The monthly activities calendar was observed to include a range of scheduled religious services.

Consumers and representatives confirmed consumers were supported to participate in activities within the internal and external community, and to maintain contact with their family and friends. Staff advised they supported consumers to participate in the external community by organising bus trips to various places of interest including cinemas and gardens. Care planning documentation identified the supports required to assist consumers to participate in the activities of interest to them.

Consumers and representatives advised consumers’ daily living choices and preferences were effectively communicated to staff in a range of roles. Staff demonstrated an understanding of consumer’s needs and preferences, and described how current information was shared within the service and with external providers of care and services. Care planning documentation captured consumers’ needs and preferences, and this information accessible to staff.

Care planning documentation identified the collaboration with external organisations and providers of care and services to support the diverse needs of consumers. Policies and procedures were in place to guide staff practice to ensure consumers were appropriately referred to external providers of care and services. Consumers confirmed they were provided with timely referrals to receive additional emotional and spiritual supports when required.

Consumers and representatives mostly provided positive feedback regarding the quality of the meals provided to consumers, however some consumers advising the meat served to them was of poor quality. Management advised they were aware of this issue and were in the process of conducting a project to improve the quality of meals by purchasing additional kitchen equipment and trialling different cuts of meat. Staff explained the menu was informed through consumer feedback and preferences.

Consumers confirmed their equipment was kept clean, well maintained and suitable for their use. Staff described their roles and responsibilities to ensure equipment was cleaned and maintained in alignment with procedures. All personal and shared equipment was observed to be in operational order, with disinfectant wipes accessible and used throughout the service.

# Standard 5

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| 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives described the service environment as open and welcoming. Handrails, floor plans, and signage were available to assist consumers to move independently throughout the service, with communal areas available to support interaction. Consumer rooms were personalised with photographs and artwork.

Consumers and representatives confirmed the service environment was clean and well maintained, and consumers could move freely through indoor and outdoor areas. Staff described their responsibilities to ensure the cleanliness of communal areas, high touch points, and consumers’ rooms. The cleaning schedule evidenced the regular cleaning of the service environment and the rooms of consumers.

Consumers and representatives advised their furniture, fittings, and equipment were kept clean and well maintained, and they could report any issues to staff. Preventative and scheduled maintenance reports evidenced the scheduled servicing of various equipment, and the involvement of external contractors where required. Staff described the procedures to report and manage maintenance issues, and confirmed they had access to sufficient safe equipment to meet consumers’ needs.

# Standard 6

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| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives confirmed they were supported to provide their feedback and could raise complaints during consumer meetings or directly to staff. Feedback forms and a locked lodgement box was observed to be displayed within the foyer of the service. Management advised consumers and representatives could share concerns through hardcopy or electronic feedback forms, during meetings, surveys, or by email.

Consumers and representatives were aware of external avenues to raise and resolve their complaints, including through the Commission. Staff demonstrated an understanding of internal and external feedback and complaints methods, and explained how they could engage translation services to support consumers if required. Pamphlets and information regarding advocacy and language services were available throughout the service.

Consumers and representatives advised appropriate action was taken in response to their complaints and feedback. Complaint documentation evidenced timely actions were taken to resolve complaints, and consumers were provided with an acknowledgement and apology in response to adverse events in line with open disclosure processes. Staff were knowledgeable of open disclosure practices, and outlined their responsibilities to ensure the consumer’s feedback was documented and submitted for management.

Consumers confirmed their feedback and complaints led to improvements and could offer examples. Complaints and feedback data was trended and analysed to inform continuous improvement actions. Management detailed, and provided examples of, the processes in place to utilise feedback and complaints to improve the quality of care and services.

# 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed there were sufficient staffing levels to meet consumers’ care needs. Staff advised there were enough staff, and any unfilled shifts due to unplanned leave were filled by agency staff who were familiar with the service, or by management and senior staff. Management explained monitoring processes to ensure consumers needs and legislative requirements were met.

Consumers and representatives advised staff treated consumers with respect, and they were considerate of consumers’ needs. Staff were observed to treat consumers in a kind and respectful manner when providing assistance during activities, meal services and general interactions. Management described how the service promotes a culture of respect through available resources and training, and monitoring processes included seeking feedback and reviewing survey outcomes.

Management advised staff’s police checks, registrations, qualifications, and references were checked prior to the commencement of employment. Consumers and representatives confirmed staff were competent to perform their roles and meet consumers’ care needs. Position descriptions included they key responsibilities and required qualifications and competencies for each role.

Staff outlined the training they received during the orientation process and on a regular basis to support outcomes required by the Quality Standards. Management advised training was provided to staff through face to face or online sessions, and reminders were sent to staff for outstanding training. Processes supported management oversight of staff compliance with training.

The performance of staff was monitored through the review of progress notes, spot checks, competency assessments, clinical indicators and feedback. Management advised performance appraisals for non-probationary staff were not being completed at this stage due to the recent acquisition of their service and their transition from a paper-based appraisal system to an electronic system, however from August 2024 onwards, performance appraisals will occur on an annual basis. Management explained available actions for management of staff underperformance.

# Standard 8

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| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed they were engaged in the evaluation of their care and services, and the Service surveyed consumer confidence in feeling supported to provide feedback. Management advised consumers and representatives were encouraged to engage in the delivery and evaluation of care and services through care and service plan reviews, consumer meetings, feedback processes and the consumer advisory body. Consumer meeting minutes evidenced consumers actively provided their suggestions in the evaluation of care and services.

The clinical governance framework established the responsibilities of the various levels of the organisation, including leadership teams and the governing body, and outlined their accountabilities in the delivery of care and services. The governing body maintained oversight through the regular receipt of reports from management, and the analysis of key performance indicators which included clinical incidents, call bell responses, survey results and staffing levels.

An effective organisation wide governance system with supporting policies and procedures in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management were in place to guide staff practice. Staff advised all the information required to perform their duties was accessible through policies and procedures on the intranet, the organisation’s web page and the electronic care management system. Management described the processes in place to apply for, and receive funding to purchase additional equipment to ensure the consumer’s needs were met.

Effective risk management systems and practices, including policies and procedures were in place to guide staff practice regarding the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff demonstrated a shared understanding of elder abuse and neglect, and their reporting responsibilities if they identified or suspected the abuse or neglect of consumers. Incidents were recorded in the electronic incident management system, and incidents were analysed and reported upon monthly to the governing body. Consumers were supported to live their best lives through tailoring care and supporting consumer risks identified within assessment and planning processes.

A clinical governance framework and supporting policies was in place to ensure the quality and safety of clinical care. Staff outlined the open disclosure principles they utilised when responding to complaints and incidents, including acknowledging and apologising for the issue and communicating the outcomes to consumers and representatives. Staff were knowledgeable of the consumers subject to restrictive practices and demonstrated a shared understanding of the regulatory requirements regarding minimising the use of restrictive practices.

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