Performance

Report

**1800 951 822**

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| Name of service: | Raffles Assisted Aged Care |
| Service address: | 2 Peregrine Way TWEED HEADS SOUTH NSW 2486 |
| Commission ID: | 0564 |
| Approved provider: | McKenzie Aged Care Group Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 July 2023 to 25 July 2023 |
| Performance report date: | 22 August 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 Raffles Assisted Aged Care (**the service**) has been prepared by J Earnshaw, 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

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

Consumers/representatives advised consumers are treated with respect and dignity and described staff as caring and knowing consumers’ backgrounds.

Staff demonstrated awareness of what is important to consumers and their individual needs.

The service has policies and processes related to consumer rights, respect and dignity.

Care documentation reflected consumer history and background, and what is important to consumers to maintain their identity.

Staff interactions with consumers were observed to be kind, caring and respectful.

# 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 |

Findings

The service demonstrated the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals, and preferences, including the management of hygiene care, pain management, continence care, wound management, weight loss, nutrition, and hydration, optimising consumers’ health and wellbeing.

Consumers/representatives provided positive feedback on the care and services consumers receive at the service. Staff demonstrated knowledge of consumers’ individual care needs and preferences and additional support strategies.

Care documentation identified individualised strategies to guide staff in the provision of personal and clinical care delivery to consumers and effective assessment, management, and evaluation of care delivery. The organisation has policies and procedures available to guide staff in the delivery of clinical practice.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

The service environment was observed to be safe, clean, and well-maintained, enabling free access both indoors and outdoors, with well-maintained gardens, courtyards, and communal areas.

Consumers provided positive feedback regarding cleaning services, maintenance, and the service environment.

Staff described processes for reporting and actioning maintenance issues identified. The service demonstrated effective management of preventative and reactive maintenance through an electronic management system.

Staff described cleaning processes and tasks undertaken on a daily basis, including touch point cleaning.

Consumers were observed to move freely and safely throughout the service, aided by wide corridors with handrails, large and small common areas with seating, garden areas, courtyards, and walkways.

# 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 |

Findings

The service has processes to ensure the workforce is planned and deployed to deliver quality care and services according to consumer needs.

Consumers spoke positively about staff, the care received and reported receiving care in a timely way.

Staff reported having sufficient time to undertake their duties and described processes for filling vacant shifts and when unexpected leave occurs, including reallocating staff to other areas of the service to ensure each area has staff with the appropriate skills mix.

The service utilises agency staff as required, conducts staff satisfaction surveys, and has a registered nurse rostered 24 hours, 7 days a week.

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)