**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Ravenshoe Rural and Remote Aged and Disabled Care (Radcare) Inc |
| Commission ID: | 700149 |
| Address: | 14 Moore Street, RAVENSHOE, Queensland, 4888 |
| Activity type: | Quality Audit |
| Activity date: | 6 March 2024 to 7 March 2024 |
| Performance report date: | 5 April 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1394 Ravenshoe Rural & Remote Aged & Disabled Care (Radcare) Inc  
Service: 18349 Ravenshoe Rural & Remote Aged & Disabled Care (Radcare) Inc  
Service: 18350 Ravenshoe Rural & Remote Aged & Disabled Care (RADCARE) Inc

**This performance report**

This performance report for Ravenshoe Rural and Remote Aged and Disabled Care (Radcare) Inc (**the service**) has been prepared by Bruce Bassett, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 | **Not Assessed** |
| **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 | | HCP |
| 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 their representatives said consumers are treated with dignity and respect by the staff and the consumers identity, culture and diversity is known by staff and valued. Staff spoke respectfully about the consumers and knew about the consumers’ culture and background, including where consumers have asked for certain parts of their history not to be spoken about. Management could provide examples of how consumer’s rights and dignity is respected in their assessment approach. Documentation reviewed evidenced the service has a consumer-centred approach to delivering services.

Consumers and representatives said staff understand consumers’ culture and how it can impact their care and services. All staff have received training in cultural safety and could speak to the various culture backgrounds of their consumers. Care planning documentation demonstrated the service understands the diverse needs of their consumers and delivers care in a culturally safe way.

Consumers are supported to make their own decisions about the services they receive, and the service supports consumers to be as independent as possible and to include those they want involved with their care. Consumers and representatives said they can make requests or changes to the consumers services, and these are acted on. Management and staff described how consumers are supported to make informed decisions and described how services are provided in accordance with the consumers’ preferences. They demonstrated awareness and understanding of individual consumer’s communication needs, choices and preferences.

Management said they consider risks to all consumers with their practices and adjust as required to reduce risk. Management said they discuss any potential risks with the consumer, their representatives or family as needed as well as with staff, so all parties are aware of the risks involved with a consumers care or services. Staff spoke about individual consumers and their risks and how these risks can be mitigated.

Consumers and representatives said they receive information in a way the consumer can understand, in a format appropriate to their needs, and which enables them to make informed choices. This includes information to understand aged care services and practical support to access the services they need. Management said they are currently reviewing their resources and information sheets to better meet the needs of their diverse consumer base. Management and staff could demonstrate how they assist consumers with communication difficulties.

Consumers and representatives said they are informed on how the consumers personal information will be used and this is also outlined in the home care agreement. Consumer information is stored in a secure electronic database. Policy and procedures reviewed demonstrated privacy and confidentially is important to the service. Consumers said care staff are respectful of their personal privacy. Staff were able to describe how they maintain privacy and confidentiality of consumer information.

Following consideration of the above information I have decided that Standard 1 is Compliant.

# 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 |
| 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

Consumers and representatives said they are satisfied with the care and services provided to meet consumers’ current needs, goals, and preferences. The service undertakes a range of assessments when a consumer enters the service, and these are reviewed periodically and when changes occur. Care staff could identify risks for consumers and care plans included sufficient information to guide staff in managing the risks. Risk assessment tools are used to identify health and well-being risks to consumers, including falls, pain, medication, and continence. The service has policies and procedures related to assessment and planning.

Consumers are receiving care and services that meet their needs and preferences. Care staff were knowledgeable about individual consumer’s needs and preferences. Staff advised discussions regarding advance care directives and end-of-life wishes are conducted during care plan reviews or when there is a significant change in the consumer’s condition. The service has established policies, procedures, and training modules to guide staff in effective assessment and care planning.

Consumers and representatives said the service prioritises the involvement of the consumer and other relevant individuals in the planning and delivery of care and services. Management explained how the assessment process works in partnership with other organisations, individuals, and service providers in assessment and care planning and communicates regularly regarding the changing needs of consumers. A review of care planning documentation evidenced this is taking place and information is stored in the organisation’s Electronic Care Management System (ECMS), which can be accessed by providers of care and services.

Consumers said staff discuss with them their care needs and preferences. Staff said they have access to care plans and other information through the ECMS, with access via mobile devices or as a hard copy in the consumers home folder. Review of consumer files demonstrate documentation of the outcomes of assessment and care planning. The Assessment Team reviewed care planning documentation and relevant information is readily available to staff delivering care. Consumers have a hard copy of their care plan and can request an electronic copy.

Consumers and representatives said staff regularly communicate with them about the consumer’s needs and that the care and services received are effective. Staff said, and documentation confirmed, reviews are completed annually for consumers, or when there was an identified change in the consumer’s health and well-being or circumstances. Staff undertaking reviews described the process and under what circumstances a review or reassessment may be required.

Following consideration of the above information, I have decided that Standard 2 is Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| 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 reported the clinical and personal care that consumers receive is tailored to their needs and that the service is flexible in the delivery of care and services. Staff providing personal and/or clinical care to the consumers sampled, had a good understanding of each consumer’s needs, goals and preferences relating to the delivery of that care and hold correct qualifications and clinical knowledge. Care planning documents described the consumer’s current personal and clinical care needs, with sufficient information detailing how care and services are delivered to maintain their health and wellbeing.

The service demonstrated that risks for each consumer including life choices, falls and diet choices are effectively managed. All consumers and representatives were satisfied that consumers risks are effectively managed. For consumers sampled, key risks, were risk assessed and documented in the care management software included life choices, decisions about consumers living situation and complex nursing needs. Care planning documentation identified effective strategies are in place to manage identified risks and are recorded in care plans and progress notes. Analysis and investigation are conducted by the management team for all incidents such as falls, skin injury, challenging behaviours, and infections to identify the contributing factors so that appropriate intervention actions can be implemented to prevent recurrence.

Management and staff provided examples of how care and services are adjusted for consumers nearing end of life. Consumers and representatives confirmed that their preferred choices are heard. A review of care documentation reflects that an advance health directive is in place for those consumers who choose to have one in place, and palliative care plans are in place where appropriate. The service has a registered nurse and trained staff to provide palliative care, and a local palliative care team supports the service as required.

Consumers said that the staff know them well and would pick up a change in their condition, would listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration, and care planning documentation includes consumer preferences, advance health plans, and baseline observations. These guide the staff response to deterioration for each consumer.

The service uses a live, mobile ECMS to store and manage consumer data such as personal, medical and clinical information, care plans and support plans, advance care plans and other relevant information, including consumers’ current condition and circumstances, goals, needs and preferences. Consumers say their personal or clinical care is consistent, they don’t have to repeat their story or their preferences to multiple people, and care information is shared with their consent where care is provided by others. Documents reflect how the organisation asks for consent to release or share information using methods suitable for each consumer and in accordance with privacy legislation. There is evidence that relevant members of the workforce, including external providers, have appropriate access to consumer records where needed.

Consumers said they are satisfied with the care and services delivered by external services involved in their care. Staff could describe the process for referrals, which are completed in consultation with the consumer/representative. The management team provided examples of how allied health professionals are engaged in response to changes in consumer needs. Care planning documents demonstrate referrals to allied health professionals and other service providers occurs when appropriate and in a timely manner.

Consumers said they are satisfied the service implements strategies to minimise infections to consumers. Staff provided examples of practices to prevent and control infections such as hand hygiene, the use of personal protective equipment (PPE), and COVID-19 testing. The service has documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks.

Following consideration of the above information I have decided that Standard 3 is Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | HCP |
| 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and their representatives said that the consumers feel supported to engage in activities that are of interest to them, and are provided with relevant supports, such as equipment, transport and resources, to promote their well-being, independence and quality of life. Review of care planning documentation for sampled consumers demonstrates that assessment processes and planning capture what and who is important to each consumer to promote their well-being and quality-of-life.

Consumers stated that the service supports their emotional, spiritual and psychological well-being. Staff were able to discuss various ways that they work in partnership with consumers and representatives to support emotional and psychological well-being, such as individual activities and one to one time with consumers. Staff were able to identify a negative change in a consumer’s demeanour and expressed concerned for their emotional or psychological well-being. Staff will attempt to address the issue through documented strategies as outlined in the consumer’s care planning documentation.

Consumers said they are supported to take part in community activities outside of their homes including to go shopping and to meet friends at social gatherings. Staff could describe those consumers who have developed a friendship and relationships of importance to individual consumers. Care planning documentation identified the people important to individual consumers, and those people involved in providing care and of interest to the consumer.

Consumers and representatives said staff have a good knowledge of consumer’s needs and preferences. Staff said information about the consumer’s care and services is available on the ECMS and consumers also have paper-based care plans at their residences. Care documentation evidenced ongoing communication and consultation where required.

Consumers and representatives said consumers are receiving the care and services they need. Staff described the process for referrals to other organisations and individuals involved in the consumer’s care.

Meals are not provided by the service and therefore Requirement 4(3)(f) was not assessed.

Consumers who have received equipment through a home care package program said the equipment was safe, suitable, clean and well maintained. Where relevant, allied health professionals conduct assessments of the consumer’s needs and recommend appropriate equipment. The service assists with sourcing and maintaining equipment. The service supplies temporary equipment if consumers are waiting for supply of new equipment and during outings for easier manoeuvrability.

Following consideration of the above information, I have decided that Standard 4 is Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | HCP |
| 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 said they feel supported to provide feedback and make complaints when needed. Consumers said they are encouraged to talk with staff and management whenever they have a concern, and these concerns are listened to and dealt with promptly. Most consumers said they had not yet had a reason to make a complaint about the service, however, they would feel comfortable in doing so. Care staff were able to explain how they support consumers to provide feedback or make a complaint.

Consumers are provided with information on commencement with the service including how to access advocacy services, the consumer’s right to contact the Aged Care Quality and Safety Commission (the Commission) to make a complaint, as well as information on how to access language services for assistance with interpreting or translation. Consumers said they are comfortable in raising concerns or feedback with management but were also aware of other methods they can use to raise these concerns.

Management was able to discuss the use of open disclosure and how they use this when dealing with complaints. Consumers and representatives said complaints are listened to, acted on promptly and an apology is received. The service has policies and procedures in place to assist staff with responding to complaints and these are provided to all staff during orientation.

Consumers and representatives who have provided feedback to the service said they feel the service has been able to make changes to improve care and services based on the feedback offered by them. Management demonstrated they review, analyse and trend complaint data, and use successful outcomes from the complaint investigation process to inform the service’s improvement process*.*

Following consideration of the above information I have decided that Standard 6 is Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| 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

Consumers and representatives said there is enough staff to provide safe and quality care and services. Care staff said they are not rushed and are able to ask for extra time with consumers if needed to ensure they deliver safe and effective care. The service was able to demonstrate effective processes to ensure the number and mix of staff enables the delivery of safe and quality care and services, even with unplanned leave or unexpected changes.

Management and staff spoke about consumers in a kind and caring way and knew each consumer’s background and their individual preferences. Management and care staff could describe how they treat consumers in a kind and respectful manner. Consumers said staff are kind, caring and respectful of their identity and culture.

The Assessment team observed position descriptions for each role and staff said they understand their roles, responsibilities, and the scope in which they work under. Management was able to demonstrate they undertake appropriate checks and ensure staff have the appropriate qualifications prior to starting with the service.

Management and staff described the induction and mandatory training given prior to commencing with the delivery of care and services to the consumers. Care staff said they have received training to ensure they deliver safe and effective care in line with the standards, and they receive support from the RN or other senior staff if needed.

Management and staff said they undertake performance reviews of all staff and regular check-ins with care staff are also undertaken. Management said they discuss any individual performance concerns with the staff member and work with the individual care staff member to ensure they provide safe and effective care as needed.

Following consideration of the above information, I have decided that Standard 7 is Compliant.

# Standard 8

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

The service demonstrated that consumers and their representatives are engaged in the development, delivery and evaluation of care and services. Consumers confirmed the service seeks their input into the care and services they receive, including through surveys and speaking to staff and management. Consumers expressed satisfaction with the quality of the service. The service completes surveys quarterly, they discuss any concerns with the consumers at annual care planreviews and consumer advisory board meetings are currently being planned across multiple service areas.

Management described how they and the board work together to promote a culture of safe, inclusive and quality care. A review of the service’s clinical governance framework and board meeting minutes indicate the organisation’s governing body promotes, and is accountable for, the delivery of safe, inclusive and quality care and services.

The service has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Consumers said they were satisfied with the way information about care and services is managed and how the information is provided to them. Staff said they can readily access the information they need to deliver safe and quality care and services, and to support them to undertake their roles. Continuous improvement initiatives are drawn from a variety of sources, including consumer feedback and complaints, regular analysis of incident data and staff meetings and suggestions. Home Care Package budgets and ongoing balances are monitored and managed in partnership with each consumer, including the accumulation of unspent funds or the depletion of funds available to provide ongoing care and services. Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. The service has systems to ensure it complies with the regulations it is required to meet as an approved provider of aged care services. The organisation has an established system for logging, escalating, and tracking complaints.

The service has developed effective risk management systems and associated practices. These systems identify and manage high-prevalence and high-impact risks, including abuse and neglect. The service has an incident management system. The service has developed a Clinical Governance framework to monitor clinical indicators and incidents, as well as set out roles and responsibilities.

The service has a clinical governance framework and associated policies and procedures to guide the delivery of clinical care. Clinical care is delivered by Registered Nurses, and this is documented in the consumers’ files. The service has policies on anti-microbial stewardship, and this is practiced. There are policies and procedures for minimising the use of restraints and open disclosure.

Following consideration of the above information, I have decided that Standard 8 is Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)