**Performance**

**Report**

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| Name: | Ryman Aged Care Australia |
| Commission ID: | 301024 |
| Address: | 242 Jells Road, (at Weary Dunlop Retirement Village), WHEELERS HILL, Victoria, 3150 |
| Activity type: | Quality Audit |
| Activity date: | 13 March 2024 to 15 March 2024 |
| Performance report date: | 11 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: 6868 Ryman Aged Care (Australia) Pty Ltd  
Service: 26423 Ryman Aged Care Australia Pty Ltd

**This performance report**

This performance report for Ryman Aged Care Australia (**the service**) has been prepared by Nicola Eastwood, 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)

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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 | | 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

I am satisfied based on the Assessment Team’s recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirm being treated with respect by staff, describing their culture and identity as valued and what is important to them acknowledged. Documentation reflected input from consumers related to preferences, and goals of care with cultural consideration embedded in assessment and care planning. This was supported by a consumer account confirming staff were aware of their background.

The service effectively demonstrated provision of support to facilitate consumer choice and connections, with management providing appropriate information about informed decision making and the Charter of Aged Care Rights on admission. Management described the process of selecting support workers who best align with the consumer’s preferences to encourage respectful connections.

Consumers and representatives described service supports to enable them to live their best lives, with staff and documentation demonstrating consideration of consumer rights to take risks being appropriately balanced with safety considerations.

Management described frequent updates provided to consumers with consumers and representatives confirming the receipt of current information in a timely manner, including monthly statements and up to date care plans.

Consumer privacy is respected with staff explaining practices and protocols to maintain consumer confidentiality. Management described the requirement for staff to complete mandatory training and acknowledgement of privacy and confidentiality, and code of conduct documentation on commencement of employment.

# Standard 2

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and their representatives confirmed the service seeks to understand consumer needs and preferences through processes of assessment and care planning. Staff describe ongoing risk assessment using validated risk assessment tools and consideration of consumer preferences to inform care planning and care delivery. Staff also confirmed they receive daily handovers including changes in consumer care needs, hospital transfers/returns, appointments, or falls through their phone application. Care file documentation demonstrated consideration to increased risks and complex consumer care needs.

A review of documentation reflected consumer current needs and preferences were captured in the assessment and care planning process. The Assessment Team noted while advance care planning was not routinely discussed with consumers, brochures related to advance care planning was included in the service admission pack.

Staff described being able to access care plan information though the electronic management system and mobile application. Consumers confirmed their involvement in assessment, planning and review processes and a review of documentation demonstrated care plans had been signed by consumers.

The service described weekly discussions with care coordinators to identify any consumer changes or concerns. Consumers and representatives confirmed a regular consultative approach to ongoing assessment, care planning and review. Management described a scheduled plan for annual review, and when there is a change in preference, goal or need, with documentation supporting care plans were up to date and consumers and representatives had received copies.

# Standard 3

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with personal care, describing care tailored to their needs with staff responsive to changes. Staff explained how they support consumer personal care needs and respond to changes in care requirements. Care documentation demonstrated ongoing monitoring of personal and clinical care and management described clinical staff access to best practice guidelines.

High-impact or high-prevalence risks associated with consumer care are identified, with care plans mostly evidencing appropriate clinical and allied health assessments informing strategies to manage and mitigate consumer risk. The service has a risk register that identifies low, medium, and high-risk consumers, and an incident management register to identify risks, resolutions and triggers indicating reassessment as required, and policies and procedures provide guidance to staff in the management of high impact, high prevalence risk.

Staff detailed appropriate care delivery for consumers nearing end of life and the service has documented guidance material to support staff delivery of end-of-life care. Consumers and representatives confirmed staff know them well, being able to identify and respond to deterioration or change. Staff explained changes to consumer clinical and/or personal care, being immediately escalated and regular meetings between staff and clinical managers are held to report consumer deterioration.

Documentation reflected information is appropriately communicated to others involved in consumer care. Case managers described the process of referral to other organisations and health service providers with care documentation identifying referrals made in response to identified change in consumer condition or need. Consumers confirmed involvement of others in their care with documentation demonstrating referrals to medical practitioners, podiatrists, occupational therapists, wound specialists, dietician, and physiotherapists.

Staff described completing hand hygiene, infection prevention, and Personal Protective Equipment (PPE) training and the service has policy to guide staff practice in infection prevention and control.

# Standard 4

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| 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)(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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers confirmed the services they receive help them to maintain independence and quality of life. Consumer documentation reflected the services most suited to each consumer. Staff demonstrated an understanding of the activities most important to consumers. Management confirmed the service ensures the support it provides optimises consumer independence and quality of life by aligning with consumer preferences.

Staff provided information related to how they assist consumers to do the things they like. Care plans provided clear directives to support consumers in achieving their goals. Care documentation also reflected consumer participation with tailored programs and activities to fulfil individual needs, goals, and preferences. The Assessment Team observed a monthly calendar showcasing social support groups and available activities for consumers choosing to participate.

Consumers confirmed staff understanding of individual needs and their ability to provide well-coordinated, tailored support services. Staff confirmed they update consumer information promptly to reflect any changes in their condition, needs and preferences.

Management described the assessment and referral process, noting that consumers were often referred to different social support groups or bus outings offered by the service.

Meals are accessible in the dining room or through home delivery upon request. Consumers have the flexibility to choose pre-prepared meal delivery service. Staff confirmed, consumers dietary preferences and requirements, such as allergies or modified food recommendations, are electronically available.

Consumers felt supported with equipment purchase and confidence with accessing repair and maintenance services. Care documentation demonstrated equipment purchase following assessment, conducted by service’s allied health professionals.

Management explained that the service provides transportation to appointments and for social outings to consumers wishing to participate. Vehicle documentation included insurance, registration, and maintenance schedules. The Assessment Team confirmed vehicles cleanliness and logbooks compliance.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers were satisfied with the venues provided within the village for social support groups, the environment was clean and well maintained supporting free movement and access to all areas. Management described regular preventive maintenance occurs at each site and demonstrated to the Assessment Team the process for reporting maintenance, triaging and completion.

# Standard 6

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers confirmed knowledge of the complaints process and expressed preference for verbal feedback. The service’s complaints process is highlighted in consumer information packs and prominently displayed throughout the village environment.

The service provides information in Consumer Information Packs related to advocacy, external complaints process, and interpreting services to consumers. Discussion with staff showed their knowledge of language, advocacy, and external complaints avenues for consumers, along with an understanding of the

The service’s complaints process involves investigating and resolving issues with an open disclosure approach. A review of the complaints register highlighted delays in communication and financial statements as main concerns. Two improvement areas were identified and increased support was provided to consumers to assist their understand of Home Care Packages (HCP) statements and a new case manager was hired. All complaints were addressed according to the service policy.

The service conducted complaints reviews to improve quality of care, holding regular staff meetings to address concerns raised by staff, consumers, representatives, and relevant external professional services. Management improvements identified through the complaints process, including the implementation of a new electronic documentation management system to enhance information systems, care delivery and financial statement transparency, and the introduction of a ‘nurture team’ for home care packages inquiries, aimed at improving communication with consumers.

# Standard 7

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The HCP program at the service employs various professionals including nurses, care staff, and case managers with subcontracted allied health and specialist nursing services. Acknowledging the rising acuity of consumer needs, the service is recruiting substantially across all villages. Management provided evidence of the recruitment process and recent hires to ensure adequate consumer care.

Consumers and representatives confirmed staff are respectful, kind and treat them well. They described high levels of satisfaction with staff interactions and confirmed staff engage with them in a friendly and professional manner.

Management ensures regular reviews of staff qualifications, skills, and program knowledge through an electronic flagging system. All positions have approved position descriptions, and qualifications are verified to meet these standards. Regulatory obligations such as police checks, medical assessments, statutory declarations, and drivers’ licence checks are conducted.

Management detailed the recruitment, onboarding, and induction process, highlighting training through an online platform to track completion. Staff receive prompts for outstanding requirements and an onboarding pack containing the code of conduct and duty of care. Training covers various aspects including first aid, CPR, COVID Safe training, hand hygiene and Personal Protective Equipment (PPE), delivered both online and face to face. Training records are reviewed to ensure compliance for staff. Management clarified that staff must undergo probity checks before commencing services.

The service conducts regular monitoring, supervision, and performance review for staff, with annual performance and development reviews completed. Management explained an underperformance process managed by direct supervisors, with human resources department support provided for both managers and staff undergoing performance management.

# Standard 8

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed their role in evaluating care and services and reported their participation completing surveys. The service utilises complaint reviews to enhance the quality of care provided. The service is in the process of establishing a Resident Advisory Committee with the aim of amplifying consumer feedback and cultivating an inclusive culture.

The organisation’s governance structure, led by a board of directors, oversees operations, and sets objectives. Reporting channels through the clinical governance committee are established, with clinical, operational and quality staff reporting to the Board. Risks are monitored and reported to the Board, with additional legal input regarding contract compliance. Monthly monitoring of subcontractors is conducted with reports submitted to management.

The service utilises information management systems with password protection and varied access levels to comply with organisational guidelines. These systems capture complaints on the organisation’s complaints registers. A new consumer documentation management system is being piloted to improve service delivery for consumers, with full implementation by May 2024.

The service identified improvement opportunities, including the need to enhance the current documentation system. A Resident Advisory Committee is being established to promote feedback and inclusion. An audit on all HCP consumer is ongoing to identify risks due to the heavy fire-grade doors, alongside an organisation wide review of door opening structures to address potential access issues. The organisation’s finance team provide monthly forecasting report to the Board and meeting follows to discuss the report.

The organisation’s Human Resources team manages workforce governance, overseeing position descriptions, performance evaluations, and education.

The service has a system to monitor police checks for all staff and contractors and is committed to including police checks for Board members in the service’s improvement opportunity. The governance team remains current with regulatory requirements through government departments, funding bodies, and legal services. Policy updates and staff training are managed through the HCP management. The organisation has a process for managing and monitoring complaints and feedback. Open disclosure processes are used to action and resolve complaints.

Management explained that staff and organisational risks are documented in the organisation risk register, with incidents delegated to case managers for investigation and reporting. The workplace health and safety team provide monthly reports to executive management with consumer risks logged in the register. Incidents such as falls, and elder abuse require reporting in both client and incident management systems. The service is reviewing the risk assessment process for the HCP program in light of a new electronic documentation system. The service demonstrated knowledge of Serious Incident Response Scheme reporting guidelines.

Infections are monitored monthly to identify and analyse trends with regular reviews of handwashing and general infection prevention and control strategies to ensure consumer safety. Staff undergo annual mandatory training in infection prevention and control. The service has outbreak management strategies for various infectious agents including Covid-19, Influenza and Gastroenteritis.

The service has restrictive practice policies and guidelines available. Management stated there are no restrictive practices occurring service wide. The HCP program collaborates with contracted allied health professionals and general practitioners to assess and monitor restrictive practices and mechanical restraint equipment when needed.

The open disclosure policy was viewed on site and its use is evidenced throughout the services’ complaints and incident management systems. Consumers and staff confirmed that open disclosure is conducted by the service.

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