Performance

Report

**1800 951 822**

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| Name: | Bayside Hostel |
| Commission ID: | 3539 |
| Address: | 5 McDonald Street, MORDIALLOC, Victoria, 3195 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 May 2024 |
| Performance report date: | 3 June 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 2287 Bayside Hostel |

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 Bayside Hostel (**the service**) has been prepared by M Nicholas, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 May 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Representatives reported that clinical staff refer consumers to appropriate health care providers in response to changes in consumer condition or following a concern being raised by a representative.

Clinical staff described how they refer to and collaborate with other health care providers to meet individual consumer care needs following gaining consent from representatives. Clinical staff provided examples of individualised strategies implemented in response to recommendations by other providers of care and services.

There was evidence of collaboration with other services to reflect the development of positive behaviour support strategies and escalation of care. A review of consumer care documentation demonstrated the service makes timely referrals to other health care providers to support consumer care needs. The service has a process for referrals with incidents and progress notes reviewed by case managers to ensure appropriate referrals are made and review of consumer care occurs.

With consideration to the available information summarised above, I find the service compliant with requirement 3(3)(f).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

A Food, Nutrition and Dining Targeted Assessment Contact was conducted at the service on 23 January 2024. At the time of this visit, the Assessment Team noted consumers were not consistently provided meals which aligned with their dietary requirements and staff were not adequately trained in the dining experience, swallowing difficulties and texture modification. Management explained that since the visit on 23 January 2024, they have implemented actions to address the identified concerns. The Assessment Team recommended this requirement was non-compliant, however, with consideration to the available information and Approved Provider response, I have come to a different view and consider this requirement compliant.

The service has ordered new equipment to improve the temperature of texture modified meals, engaged a specialist to review catering and appointed new hospitality staff. Management and staff described training completed on consumer dietary preferences, the dining experience, swallowing difficulties and texture modification which was consistent with documentation.

The Assessment Team observed the meals provided were of suitable quality and quantity and the menu demonstrated variety and choice. Most consumers and representatives were satisfied with the provision of choice, quantity and quality of meals and reported they receive adequate hydration and nutritious meals in accordance with their dietary preferences and needs. However, some representatives were dissatisfied with the level of assistance provided to consumers during mealtimes. A review of consumer care and handover documentation demonstrated inconsistencies in relation to consumer dietary requirements, needs and cultural preferences.

The Assessment Team noted that consumers did not consistently receive assistance during mealtimes or meals which aligned with their dietary preferences and needs as outlined within care documentation. Management acknowledged this feedback and advised additional training and further communication with staff is required in relation to consumer dietary preferences and care plans.

The Approved Provider submitted a response to the Assessment Team report (the response) indicating all available staff have attended toolbox training sessions on dietary requirements and preferences, dietary care plans, weight loss, swallowing difficulties, texture modification and the dining experience. The response indicated that the lunchtime meal service is also observed by management and spot checks are completed with progress regularly discussed in meetings. The response indicated a care champion role has been created to check consumer preferences and a process has been established to communicate consumer preferences, allocate staff to provide assistance during mealtimes and ensure consumers receive meals in accordance with their dietary requirements. The response indicated that the service has implemented an unplanned weight loss campaign which is monitored on the service’s Plan for Continuous Improvement (PCI). The service’s PCI will also be reviewed as part of a quality compliance validation audit undertaken at the service.

With consideration to the available information summarised above, I find the service compliant with requirement 4(3)(f).

# 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

A Food, Nutrition and Dining Targeted Assessment Contact was conducted at the service on 23 January 2024 with concerns raised over the cleanliness of the service.

Most consumers and representatives were satisfied with the cleanliness of the service and reported that it is well maintained. Consumers confirmed they feel safe and comfortable and can move freely around the service environment.

Staff described cleaning regimes and confirmed the service environment is kept clean and clutter free, allowing consumers to move around safely. Staff described how hazards are managed including the process of escalating maintenance issues. Management described strategies recently implemented to ensure a clean service environment including additional daily cleaning, purchasing new cleaning equipment, and recruiting additional cleaning staff.

The Assessment Team noted cleaning logs were up to date and cleaning was completed in accordance with staff feedback. A review of the service’s online maintenance requests showed no outstanding issues posing significant risks to consumers. The Assessment Team observed the service to be clean and well maintained with consumers moving freely around the service.

With consideration to the available information summarised above, I find the service compliant with requirement 5(3)(b).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)