Performance

Report

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| Name of service: | Bayside Hostel |
| Service address: | 5 McDonald Street MORDIALLOC VIC 3195 |
| Commission ID: | 3539 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 September 2023 |
| Performance report date: | 13 October 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 Bayside Hostel (**the service**) has been prepared by L. Malone, 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 - Site; the Assessment Contact - 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 3 October 2023

# 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 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 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 Assessment Team received positive feedback from consumers and representatives about the clinical and personal care delivered. Evidence in the form of staff interviews and documentation demonstrated the use of restrictive practice as a last resort and that the use of restrictive practices is minimised. For one consumer, assessment paperwork for a now ceased restrictive practice was incomplete and monitoring documentation for the use of another practice was inconsistent. I am satisfied by the response and actions by management presented in the report, staff knowledge about when and how they apply restrictive practices that the use of restrictive practice at the service is minimised. Personal care delivered to consumer is safe and effective and tailored to individual needs. The Assessment Team found pain is appropriately assessed and managed, the impact of pain on wellbeing and functional participation is considered and a range of strategies are used in pain management such as heat packs and medication.

I acknowledge the Approved Provider’s response further outlining actions taken by the service including care documentation review and staff training in relation to restrictive practices.

I have considered the evidence presented in the Assessment Contact – Site report and find Requirement 3(3)(a) compliant.

# 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 |

Findings

The Assessment team received positive feedback from representatives about how supports for daily living meet their needs, goals and preferences. Staff said their demonstrated knowledge of consumers needs and preferences informs the type of support they provide and encourage consumer participation. Assessment and care planning documentation included information about consumers background, people of importance and lifestyle choices to inform support which optimises well-being. The service has processes of monitoring participation and identifying consumers who require increased support, including those living with dementia.

I have considered the evidence presented in the Assessment Contact – Site report and find Requirement 4(3)(a) compliant.

# 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 Assessment Team received mixed feedback in relation to the number and mix of staff available. Most consumers and representatives were satisfied with the number and mix and described their care as meeting consumer’s needs. Some concerns were raised regarding weekend staffing, however other evidence demonstrated actions taken by the service to address the issue and feedback from representatives was that staffing had improved. Evidence in the form of staff interviews and documentation demonstrated effective processes of planning the workforce in consideration of what is safe and quality care for consumers, and of ensuring deployment of the right number and mix of staff such as when unplanned leave occurs. The Assessment Team made observations of staff attending to consumers in a timely manner.

I have considered the evidence presented in the Assessment Contact – Site report and find Requirement 7(3)(a) compliant.

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)