Performance

Report

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| Name of service: | Riddell Gardens Hostel |
| Service address: | 10 Spavin Drive SUNBURY VIC 3429 |
| Commission ID: | 3674 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 2 May 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 Riddell Gardens Hostel (**the service**) has been prepared by M. Nassif 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.

# Assessment summary

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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 | |  |
| 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect and provided examples of how their identity, culture and diversity was valued. Staff interactions with consumers were observed to be respectful with consumers being treated as individuals. Management explained staff were provided annual training on dignity and respect and that consumers’ history and stories help guide staff in providing individualised care.

Consumers said their life history and cultural and spiritual needs and preferences were discussed and captured in care planning documents. Staff said they had received cultural safety training and were knowledgeable about cultural safety for individual consumers. The organisation had cultural safety and identity policies and procedures to guide staff.

Consumers said they were able to make choices about their care and services and maintain important relationships. Management explained how the service supported consumers to maintain their independence, make decisions and maintain relationships. Staff were observed asking consumers about their preferences for activities and meals.

Consumers said they felt confident the service would support them to do things they like to do, including activities that involve risk to them. Management described how they supported consumers to make choices involving risks, to enable them to live the best life they could. Care planning documents showed risks were identified and discussed at each review and dignity of risk forms were completed and reviewed.

Management described how the service provided current and accurate information to consumers in various ways to ensure it was understood. Information displayed on notice boards and in consumers’ rooms such as menus, newsletters and activity calendars appeared clear and easy to understand. Consumers and staff explained how they used the information provided to support consumers’ choices.

Staff were observed being respectful of consumers’ privacy such as by knocking on doors before entering and closing doors to deliver care. Electronic records containing personal information was password protected and other clinical records were kept in locked areas or shredded if no longer needed. The service had mandatory annual privacy training for staff and current policies.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents showed assessment and planning included consideration of risks to consumers health and well-being and informed the delivery of safe and effective care. Consumers and representatives were satisfied their current needs and preferences were considered in the care planning process and clinical and other risks were discussed. Clinical staff explained how they use scheduled and as needed assessment and planning to deliver safe and effective care.

Consumers and representatives said they were given an opportunity to discuss their current care needs, goals and preferences and their advance care plans and end of life care wishes. Care planning documents included current goals and preferences and palliative and end of life plans. Staff had comprehensive knowledge of how the care planning process considered current needs, goals and preferences and end of life care.

Consumers and representatives felt they were partners in the development and delivery of care. Care planning documents demonstrated consumers, representatives and external providers were engaged in the assessment and care planning process.

Consumers and representatives said care plans are discussed regularly and they are offered a copy of care plans. Care planning documents showed they were frequently updated to reflect the outcomes of assessments and changing care needs, and these were communicated to consumers and representatives. Staff provided examples of how care plans were accessed and discussed with consumers and representatives and copies offered.

Consumers and representatives said they were notified when circumstances changed or incidents occurred and this led to a care plan review. Staff demonstrated knowledge of how incidents, identified deterioration and outcomes of assessments prompted a care plan review, outside the regular periodic reviews.

# 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 |
| 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives were satisfied the personal and clinical care delivered was tailored to their needs and optimised their health and wellbeing. This was reflected in care planning documents which demonstrated delivery of best practice care. Staff understood consumers’ clinical and personal care needs to ensure safe, effective and tailored care. The service has policies and procedures in place to support the delivery of care provided, such as skin and wound care, restrictive practices and pain management.

Consumers and representatives said high impact or high prevalence risks were effectively managed. Care planning documents and assessment tools identified effective strategies to manage key risks to consumers. Clinical staff explained how incidents were documented in the electronic system and reported on to ensure high prevalence and high impact risks were identified and effectively managed.

Records showed consumers that had received end-of-life care had their dignity preserved and comfort maximised with their pain and skin managed and spiritual needs met. Consumers and representatives that had completed advanced care directives confirmed the process was respectful and consultative. Staff explained how active palliative and end of life care was provided in line with consumers’ documented goals and preferences.

Consumers and representatives said staff promptly identified and responded appropriately to a deterioration or change in consumers’ condition. Records evidenced that changes or deterioration in consumers’ health or wellbeing were identified and actioned in a timely manner. Staff provided feedback on how, when deterioration occurs, assessments and charting is commenced, referrals are completed, and representatives are contacted.

Consumers and representatives were satisfied with the way changes in care needs were communicated. Staff explained how information about consumers’ care was shared through discussions, shift handovers and updates and accessing care plans. Care planning document included information provided by external health providers.

Care planning documents evidenced timely input from external providers such as medical officers, mental health and behaviour support services, physiotherapists, dietitians, speech pathologists and endocrinologists. Clinical staff described the process for referring consumers to external health professionals and allied health services.

Consumers and representatives said they were satisfied with the service’s infection control practices and the management of COVID-19. Staff said they received training on infection prevention and control strategies and outbreak management processes. Staff explained how the infection control practices minimised antibiotic use as part of sound antimicrobial stewardship. Infections were recorded in the electronic database system and tracked through the quality and clinical monthly reporting.

**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 |
| 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they got the services and supports for daily living that met their needs, goals, and preferences. Care planning documents captured the consumers’ life story and identified consumers’ choices, lifestyle likes/dislikes, social affiliations, spiritual and religious needs, and the supports required to live their best life. Staff demonstrated a clear understanding of what is important to the consumers and their likes/dislikes.

Consumers said the service promoted their emotional and spiritual well-being. Staff described how they recognised when consumers were feeling low and outlined the services and supports in place to promote consumers’ emotional, spiritual, and psychological well-being. Care planning documents outlined consumers’ emotional and spiritual needs and the strategies in place to meet these needs.

Consumers and representatives said they were supported to participate in their community within and outside the service. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents recorded the important relationships, activities of interest and supports needed for consumers to participate in the wider community.

Consumers said the staff were aware of their current condition, needs, and preferences, and the communication process was well conducted. Staff described the process for communicating internally and externally to others with responsibility for providing care. The service utilised various methods to communicate current consumer information effectively such as the electronic care management system, shift handover discussions and clinical care meetings.

Staff explained how the service provided timely and appropriate referrals to other providers of care and services. Consumers said where the organisation had been unable to provide a suitable service or support, they were referred promptly to other appropriate providers to meet their needs. Care planning documents showed the organisation collaborated with other individuals and organisations providing care and services and referred consumers promptly. Consumers said the food provided was varied, of good quality and there was plenty provided at mealtimes and in between meals. The meal service was observed to be comfortable, unrushed and consumers were receiving appropriate assistance in a dignified and timely manner. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences, including meal size, dietary needs, and any support required.

Consumers and representatives said the equipment was safe, suitable, clean, and well maintained. Staff described the processes for identifying equipment that required maintenance and scheduled preventative and reactive maintenance records showed maintenance was up to date and with no requests outstanding. Equipment available to consumers was observed to be safe, suitable, clean, and well maintained.

# Standard 5

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| Organisation’s service environment | |  |
| 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

The service appeared homely and welcoming with clear signage and consumers appeared to be navigating around with ease. Consumers described the service as their home and said they could personalise their rooms and access all areas of the service.

Staff described the processes in place to ensure the service environment was safe, clean, well-maintained and comfortable. Consumers were observed moving freely, both indoors and outdoors. All external doors to the secured courtyard areas were unlocked and accessible to consumers.

Documents showed the service had processes in place to ensure furniture, fittings and equipment was safe, clean and well maintained. Cleaning and maintenance schedules showed how routine and as required maintenance and cleaning of furniture and equipment was effectively managed. Furniture, fittings and equipment was observed to be clean, well maintained and safe.

# Standard 6

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| Feedback and complaints | |  |
| 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable providing feedback or making a complaint. Staff described the various feedback and complaint mechanisms available and how they supported consumers and representatives to make complaints. Information about providing feedback and complaints was in the consumer welcome packs and seen displayed in multiple areas around the service along with feedback lodgement boxes.

Consumers and representatives said they were aware of various methods for raising and resolving complaints. Staff described how they provided information to consumers and representatives in relation to advocacy and language services and external complaint avenues. Posters, brochures and information about language, advocacy and external complaints services was displayed around the service and provided in consumers’ handbooks.

Consumers that had provided feedback or complaints were satisfied appropriate action had been taken by the staff and management. Staff demonstrated an understanding of the open disclosure process and detailed actions taken in response to complaints received by consumers. Records confirmed open disclosure had been used when something had gone wrong.

Consumers and representatives felt their feedback and complaints were generally used to improve the quality of care and services. Management provided examples and detailed the process for documenting feedback and complaints and using them to improve care and services. The organisation had documented policies in relation to capturing feedback and complaints to identify areas for continuous improvement.

# 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 |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives were satisfied with the care provided and call bells were answered promptly where possible. Records showed there were no unfilled shifts and call bells were responded to in a timely manner. Staff said they were happy with the current staffing levels despite some use of agency staff. Staff said management was doing everything they could to recruit new staff.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services. This was consistent with observations. Management explained how staff interactions with consumers were monitored.

Consumers and representatives felt confident staff are sufficiently skilled to meet their care needs. Management detailed processes for ensuring the workforce was competent and have the qualifications or knowledge to effectively perform their roles. Records showed members of the workforce had the qualifications, registrations and checks to effectively perform the duties as set out in position descriptions.

Consumers and representatives said staff knew what they were doing and could not identify any areas where staff required more training. Staff said they were trained, equipped, and supported by the service to deliver safe and effective care and services in line with the Quality Standards. Documents showed staff were recruited and received initial and ongoing training.

Management detailed how the service regularly assessed monitored and reviewed the performance of each member of the workforce. The organisation had a documented policy on staff performance management and staff files evidenced performance appraisals being completed.

# Standard 8

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| Organisational governance | |  |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers felt they were involved in the development, delivery and evaluation of care and services provided to them. Management described how the service consulted consumers in the development, delivery and evaluation of the care and services provided through consumer experience surveys, feedback mechanisms, and consumer forum meetings. Records evidenced changes made as a result of consumer input.

Consumers and representatives felt the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. Documented frameworks, policies and procedures set out how the governing body had oversight of the service and ensured quality care and services were delivered in accordance with the Quality Standards. For example, risks were reported, escalated and reviewed by management and the governing body.

Management and staff described how the organisation had effective organisation wide governance systems in relation to; information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. Policies and procedures detailed the processes in each governance system and staff described the key principles of the organisation’s governance systems.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff explained the risk management processes and identified the key areas of risk and mitigation strategies.

The organisation had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed they had received training on these policies and systems and described the key principles and processes.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)