**Performance**

**Report**

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| Name: | River HealthCare |
| Commission ID: | 700945 |
| Address: | 11 Lahey Cove, COOMERA, Queensland, 4209 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 14 December 2023 to 15 December 2023 |
| Performance report date: | 22 January 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: 8975 Rescare Podiatrists Pty Ltd  
Service: 26657 River Healthcare

**This performance report**

This performance report for River HealthCare (**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 (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 did not submit a response to the Assessment Contact report.

# Assessment summary for Home Care Packages (HCP)

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable as not all Requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all Requirements have been assessed** |
| **Standard 7** Human resources | **Not Applicable as not all Requirements have been assessed** |
| **Standard 8** Organisational governance | **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 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)(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

The service was found to be non-compliant in Requirements 2(3)(a), 2(3)(b) and 2(3)(e) following a Quality Review conducted 17 and 21 April 2023.

Requirement 2(3)(a)

The service was found non-compliant with Requirement 2(3)(a) as risks to the consumers’ health or care practices being utilised were not consistently documented.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found evidence of assessment, by a registered nurse where appropriate, which effectively identified risks to the consumer’s health and wellbeing and documentation of care planning strategies to manage these risks to provide safe and effective care. The Assessment Contact report presents feedback from consumers and representatives confirming their participation in assessments of their needs prior to care and services being implemented. The Assessment Team recommended Requirement 2(3)(a) to be ‘Met’.

Requirement 2(3)(b)

The service was found non-compliant with Requirement 2(3)(b) as consumer goals documented in their assessment and care planning information were non-specific and generic in nature. Therefore, did not address the specific needs, goals and preferences of individual consumers and did not provide adequate strategies to staff to provide care that was tailored.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team received feedback from consumers and representatives that staff discuss consumer’s goals and preferences, including information about Advance Care Directives (ACD). Staff and management described how consumers’ goals are identified based on what consumers like to do and assessment and care planning documentation provided evidence of individualised goals and discussions about end-of-life wishes. The Assessment Team recommended Requirement 2(3)(b) to be ‘Met’.

Requirement 2(3)(e)

The service was found non-compliant with Requirement 2(3)(e) as a significant number of consumers did not have a baseline assessment, assessment and care planning was not regularly reviewed, nor reviewed when the consumers condition or circumstances change, such as following a clinical incident.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found evidence of reviews of consumers’ assessment and care planning information. Consumers and representatives said staff are responsive to consumer’s changing needs and work with them to review the effectiveness of consumer’s care and services. Staff and management described a schedule of review with frequency dependent on the complexity of the consumer’s care needs, and described how the need for review is recognised. The service’s electronic care management system supports this process through alerts and weekly reporting to capture consumers due for a review. The Assessment Team recommended Requirement 2(3)(e) to be ‘Met’.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirements 2(3)(a), 2(3)(b) and 2(3)(c) to be Compliant.

# 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)(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 |

Findings

The service was found to be non-compliant in the Requirements 3(3)(a), 3(3)(d) and 3(3)(e) following a Quality Review conducted 17 and 21 April 2023.

Requirement 3(3)(a)

The service was found non-compliant with Requirement 3(3)(a) as it was found consumers’ clinical and/or personal care was not tailored to their individual needs, specifically for consumers with needs related to pressure injury care, oxygen therapy, restrictive practices and falls management.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found consumers and representatives to be satisfied their care clinical and personal care is tailored to the consumer, delivered in a way that is right for them and optimises consumers’ health. Staff demonstrated knowledge of how they tailor care to individual consumers to meet their needs. In relation to restrictive practices, staff and management demonstrated knowledge of best practice approaches and advised no consumers currently has any restrictive practices in place. The Assessment Team confirm the service has a restrictive practice decision making tool and restrictive practice policy and procedure. The Assessment Team reviewed consumer care planning documentation and found specific instructions are provided to guide staff practice in the provision of personal care and clinical care including skin and wound care, and medication management. The Assessment Team recommended Requirement 3(3)(a) to be ‘Met’.

Requirement 3(3)(d)

The service was found non-compliant with Requirement 3(3)(d) as deterioration in consumers’ condition was not effectively recognised and responded to, specifically in relation to changing needs and seeking a reassessment through My Aged Care (MAC), and to changes in a consumer’s nutrition and hydration.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found consumers and representatives felt confident in staff’s ability to promptly identify and respond to a deterioration in the consumer’s health. The Assessment Team found examples which demonstrated this in consumer care documentation.

Staff described their responsibility in identifying signs of deterioration, documenting the observed change, and seeking further assessment and interventions as appropriate. Management described effective processes of communicating changes in consumers’ condition. The Assessment Team sighted clinical information and guidelines developed by the registered nurse attached to consumers’ electronic files for care staff to refer to which supports them to respond to signs of clinical deterioration effectively. The Assessment Team recommended Requirement 3(3)(a) to be ‘Met’.

Requirement 3(3)(e)

The service was found non-compliant with Requirement 3(3)(e) as it did not demonstrate effective communication and documentation of consumers’ needs and preferences; the use of a restrictive practice for a consumer was not communicated or documented, and documentation of falls on the service’s falls register was inconsistent.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found staff to be able to access relevant and accurate information that includes consumers' needs and preferences in consumer care files. Staff provided feedback to the Assessment Team that service instructions and consumer alerts appear on their mobile phone application and are accessible at the point of care delivery. Staff advised they record notes each visit, and care documentation aligned with evidence presented by staff during interviews. The service has policies and procedures to support information sharing and documentation of consumers’ needs, goals and preferences. The Assessment Team recommended Requirement 3(3)(e) to be ‘Met’.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirements 3(3)(a), 3(3)(d) and 3(3)(e) to be Compliant.

# Standard 7

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| Human resources | | HCP |
| 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

The service was found to be non-compliant in the Requirements 7(3)(d) and 7(3)(e) following a Quality Review conducted 17 and 21 April 2023.

Requirement 7(3)(d)

The service was found non-compliant with Requirement 7(3)(d) as it failed to demonstrate staff are trained to deliver outcomes required by the Quality Standards such as the Serious Incident Response Scheme (SIRS), the use of restrictive practices and the Code of Conduct.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found consumers and representatives to be satisfied with the care and services consumers receive and did not raise any concerns related to training. Management demonstrated improvements to the service’s schedule of training such as a comprehensive annual training calendar, mandatory training modules, engagement of an external learning provider, online and face-to-face delivery of training and a system of monitoring staff participation, professional registrations, and police checks. Clinical staff have produced digital fact sheets to support the care of newly admitted consumers which provide a brief overview of how to manage specific conditions. The Assessment Team recommended Requirement 7(3)(d) to be ‘Met’.

Requirement 7(3)(e)

The service was found non-compliant with Requirement 7(3)(e) as it did not have a process of workforce performance reviews and reviews had not been completed.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found the service had implemented a performance and development review process to meet with individual employees and discuss goals, professional development, training, and strengths and learning opportunities. The Assessment Team observed performance reviews to have been commenced with some groups of staff being completed, while other planned or in progress. The Assessment Team recommended Requirement 7(3)(e) to be ‘Met’.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirements 7(3)(d) and 7(3)(e) to be Compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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 was found to be non-compliant in the Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) following a Quality Review conducted 17 and 21 April 2023.

Requirement 8(3)(b)

The service was found non-compliant with Requirement 8(3)(b) as incidents and clinical data were inconsistently documented and reported to the governing body which did not allow effective analysis of the information to ensure safe, quality and inclusive care and services.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found the service has effective reporting processes to ensure the governing body is well informed and accountable for safe and inclusive care and service delivery to consumers. The Assessment Team viewed documentation which provide evidence of communications related to safety and quality to the governing body, and communications to staff, consumers and other stakeholders, and evidence of effective processes of oversight. The Assessment Team recommended Requirement 8(3)(b) to be ‘Met’.

Requirement 8(3)(c)

The service was found non-compliant with Requirement 8(3)(a) as effective organisation wide governance systems related to information management, workforce and regulatory compliance were not demonstrated. Care documentation failed to capture strategies for the individual consumers, policies and procedures were incomplete and there were deficiencies in staff practice and training. The service did not demonstrate processes to ensure it meets regulatory obligations, specifically in relation to SIRS.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found the service had made improvements and systems of governance were demonstrated to be effective. The service utilises an electronic care management system which supports service delivery operations, including consumer records and staff rostering. Support workers have access to consumer information through a mobile application and there are established communication and documentation processes. There are policies and procedures which outline the roles, responsibilities, and accountability of members of the workforce. I have considered evidence presented under Standard 7 of the Assessment Contact report which demonstrates staff are trained and understand the policies and procedures they work under. Evidence viewed by the Assessment Team demonstrates discussion of regulatory requirements, aged care reforms and operational system changes required in response, and that policies and procedures are reviewed in response to regulatory changes. The Assessment Team recommended Requirement 8(3)(c) to be ‘Met’.

Requirement 8(3)(d)

The service was found non-compliant with Requirement 8(3)(a) as it did not demonstrate effective identification and management of risks to consumer wellbeing, or an effective organisation wide risk management system.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found the service has a current risk management framework, including policies and procedures to manage and respond to high-impact or high-prevalence risks, and an effective incident management system which ensures management oversight. Staff had received training in incident and risk reporting. The Assessment Team recommended Requirement 8(3)(d) to be ‘Met’.

Requirement 8(3)(e)

The service was found non-compliant with Requirement 8(3)(a) as the services had a clinical governance framework which had not been reviewed in recent years, staff did not demonstrate contemporary understanding of the use of restrictive practices and had not received adequate training.

At the Assessment Contact (performance assessment) – Site on 14 to 15 December 2023, the Assessment Team found the service had reviewed their clinical governance framework, including policies and procedures relating to antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Staff had received recent and relevant training in these topics and were able to provide examples how the organisation’s policies were relevant to their practice. Management described how the service monitors and identifies improvement actions to ensure clinical care and service delivery aligns with best practice. The Assessment Team recommended Requirement 8(3)(e) to be ‘Met’.

I have considered the evidence presented in the Assessment Contact report, as summarised above, and I find Requirements 8(3)(b), 8(3)(c), 8(3) (d) and 8(3)(e) to be Compliant

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)