Performance

Report

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| Name: | Riversea Mosman Park |
| Commission ID: | 7179 |
| Address: | 1 Wallace Lane, MOSMAN PARK, Western Australia, 6012 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 May 2024 |
| Performance report date: | 29 May 2024 |
| Service included in this assessment: | Provider: 1633 Curtin Heritage Living Inc.  Service: 4707 Riversea Mosman Park |

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 Riversea Mosman Park (**the service**) has been prepared by M Glenn, 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.

# 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, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff and management; and
* the provider’s response received 25 May 2024 acknowledging the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Fully Assessed |
| **Standard 8** Organisational governance | **Not Fully 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)(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 |

Findings

There are processes to identify, assess and manage high impact or high prevalence risks to the safety of each consumer. The service follows best practice and applies measures to mitigate the level of risk to the consumer, whilst supporting their independence. Key risks to consumers are identified using appropriate risk assessment tools and through consultation with consumers and representatives, as applicable. Consumers’ high impact or high prevalence risks are discussed at weekly team meetings which involve clinical staff, management, and allied health professionals. Care files sampled evidence effective management of risks related to falls, pressure injuries, and unplanned weight loss and involvement of general practitioners and allied health professionals in the assessment and management of identified risks. Representatives interviewed feel staff are providing care that is safe and right for consumers, and are satisfied with the management of specific aspects of care, including falls and skin integrity.

Care files show consumers’ needs, goals and preferences for end of life care are recognised and documented, representatives and family are included and consulted during this phase of care, and specialised support services and general practitioners are included in care planning in a timely manner to ensure consumers’ comfort is maximised. A representative said the service has been very attentive in ensuring the consumer is supported and pain free after a decision was made to decline further investigative medical procedures. The care file shows the consumer and their family were referred to specialist palliative care services to discuss end of life care and supporting comfort and dignity, and to the general practitioner for medication and pain management review following this decision. Another representative said the service has supported them to connect with a palliative care review team and a geriatrician due to the consumer’s declining health. The representative said in consultation with all the specialist support services, the family advised the service of the consumer’s wishes for end of life care which include being made comfortable and to remain at the service.

Based on the assessment team’s report, I find requirements (3)(b) and (3)(c) in Standard 3 Personal care and clinical care compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The organisation demonstrated effective risk management systems and practices, including in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents. A risk register is maintained and demonstrates mitigation strategies, delegation and responsibility for risk mitigation and review is included the governance management processes. Clinical and multidisciplinary team meeting minutes shows service management has oversight of high impact of high prevalence risks and regularly reviews consumer risks. Care files, policies and procedures demonstrate effective governance and supports for the reduction and/or mitigation of risks when supporting consumers to live their best lives. This includes completion of consumer choice agreements, in consultation with consumers and/or representatives, which outline identified risks and support measures. Consumers are supported through education and risk mitigation when choosing to undertake activities which include an element of risk. Management described how staff record, report and escalate incidents for investigation, including use of an open disclosure process. Incident management policies outline roles and responsibilities, including investigation, analysis and process improvement. Incidents and near misses are recorded and investigated in a timely manner, in line with the service’s process and policies, with process improvements identified and actioned to improve individual care and services.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance 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)