Performance

Report

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| Name of service: | Riverwood Hostel |
| Service address: | 990 Padman Drive WEST ALBURY NSW 2640 |
| Commission ID: | 0340 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 27 March 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 Riverwood Hostel (**the service**) has been prepared by E Woodley, 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

All consumers and their representatives interviewed by the Assessment Team said consumers are treated with dignity and respect, and provided information about their identity, religion and spirituality being valued. Care planning documentation included information regarding consumer’s backgrounds, identity and religious preferences, and the service demonstrated care provided to consumers is culturally safe.

All consumers and representatives interviewed said consumers can make decisions about how their care and services are delivered and who is involved in their care. Consumers and representatives said consumers can maintain relationships of choice and they feel welcome when they have visitors at the service. Most care planning documents identified consumer choices around how care is delivered, and staff described how consumers maintain relationships of choice. Most consumers and representatives said they are provided with verbal and written information to help them make day-to-day choices at the service. Consumers interviewed said they are supported to do the things they want to do that may involve some associated risk. Staff were able to describe how consumers take risks in a safe way. Most risk assessment forms follow the organisation’s policies and show documented risk mitigation strategies.

Consumers and representatives interviewed described how consumer’s privacy is respected and their personal information is kept confidential. Staff interviewed described how they respect consumer’s privacy including not discussing consumer personal information in common areas, keeping computers locked, and office areas closed.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The service demonstrated that assessment and planning includes consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care. A review of care documentation for sampled consumers demonstrated a suite of comprehensive risk assessments are completed upon entry to the service and are reviewed every 6 months or when changes occur. For sampled consumers, risk associated with falls, difficulty swallowing, and diabetes were assessed to inform safe consumer care. However, the Assessment Team identified some gaps in the details included in one consumer’s behaviour support plan.

For consumers sampled, care documentation reviewed by the Assessment Team detailed their current needs, goals and preferences, including advance care planning and end of life preferences. Care and services plans were noted to have been reviewed every 6 months, or when an incident or change impacted on the care needs, goals or preferences of the consumer. For example, following falls or deterioration in a consumer’s condition.

Consumers and representatives interviewed reported they are involved in consumer’s assessment and planning on an ongoing basis and are notified when other health care providers are involved in the assessment and planning of the consumer. Review of sampled consumer files identified consumers, representatives and other health professionals who provide care, are involved in the assessment, planning and review of the consumer’s care delivery.

Some consumers interviewed said they did not know what a care plan is and do not recall seeing a copy of their care plan. However, consumer said they are satisfied with how they are updated regarding their care and services, including any changes. Service management said they regularly inform consumers on how to access their care plans during resident meetings and through newsletters.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

All consumers and representatives interviewed by the Assessment Team said they are satisfied with the care and services provided to consumers. A review of sampled consumer care documents identified individualised care delivery that is safe, effective and tailored to the specific needs and preferences of each consumer. Staff interviewed demonstrated individual knowledge of consumer’s personal and clinical care needs and how they meet these. Best practice care was demonstrated regarding restrictive practices, wound management, and pain management.

Assessment and planning documentation demonstrated the service identifies high impact and high prevalence risks and effectively records and manages them through clinical data monitoring, and implementing effective risk mitigation strategies for the consumers.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. For a consumer who had recently passed away at the service the Assessment Team found their advanced care directive and end of life wishes were reviewed with the consumer and their family. The consumer’s medical officer was involved in the management of their care and the consumer received pain medications to ensure they were comfortable during the end of their life.

Consumers and representatives interviewed said deterioration in consumer’s condition is identified, acted on, and communicated to them in a timely manner. For the consumers sampled, review of care documentation showed timely identification of deterioration or change in their condition. Staff were able to describe how they review consumers when deterioration is identified, such as undertaking assessments, using screening tools, and referring them to a medical officer or hospital if required.

Consumers and representatives interviewed said the consumer's care needs and preferences are effectively communicated between staff. For consumers sampled, a review of care planning documentation demonstrated progress notes and care plans provide adequate information to support effective sharing of the consumer's information to support safe care. For most consumers sampled, care planning documentation showed timely and appropriate referrals to allied health professionals, medical specialists, wound care specialists, the palliative care team, dementia support service, dietitians, and others.

Consumers and representatives interviewed said they are satisfied with service’s infection control procedures and said they receive regular updates from the service regarding COVID-19 information and screening procedures. The service has infection control policies and procedures that document the procedures for staff to follow for standard and transmission-based precautions. Registered nurses and care staff interviewed had a good understanding of antimicrobial stewardship and infection control.

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team said they feel supported to live their life as independent as possible and participate in activities that promote their well-being and quality of life. Review of consumer’s care documentation demonstrated assessment processes capture lifestyle services and supports important to the individual consumer and this information informs care plans to guide staff practice. Consumers interviewed said they are supported to keep in touch with people who are important to them and visitors feel welcomed to the service. Consumers said they are supported to do the things they like to do both inside and outside the service, and felt their emotional, spiritual and psychological well-being were supported.

Consumers interviewed said they feel information regarding their daily living, choices and preferences is effectively communicated and staff who provide daily support understand their needs and preferences. For the consumers sampled, care documentation provides adequate information to support effective lifestyle services and supports.

Consumers interviewed said they have access to the services they need to meet their needs, including access to other services and organisations if required. The service engages volunteers who visit regularly to support consumers in their activities and support. Consumers are referred to community groups, religious ministers, and volunteer services as required to provide lifestyle and psychological support.

All consumers and representatives interviewed said meals are varied and of suitable quality and quantity. Most consumers said they are satisfied with the meals offered, can choose from multiple options every meal and have a say in the menu.

Consumers interviewed indicated they are satisfied equipment used for their personal needs and activities was regularly checked for safety and regularly cleaned. Staff interviewed said they have access to suitable equipment, and consumer equipment is well maintained and clean.

# 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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

The service environment was observed by the Assessment Team to be welcoming and comfortable. The service is easy to navigate with signage to support consumer’s function. Furniture and decorations provide a home-like environment. The Assessment Team observed consumer bedrooms to be spacious and furnished with personal affects including photos and memorabilia. Each room had its own ensuite and access to an internal courtyard.

Consumers interviewed provided feedback the environment is safe, clean and well maintained both indoors and outdoors. Consumers confirmed they were satisfied with the cleanliness of their rooms. The common areas and consumers rooms were observed by the Assessment Team to be safe, clean, clutter-free, well maintained and comfortable.

The Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Consumers interviewed were satisfied with the furniture, fittings and equipment. The service demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment.

# 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

The service demonstrated consumers and their representatives are encouraged and supported to provide feedback and make complaints, and felt confident their concerns would be addressed in a timely manner. The service has processes to provide feedback and complaints including feedback forms, locked boxes for anonymous complaints, consumer meetings, and verbal communication to staff, management or members of the board when they visit the service.

Most consumers and representatives interviewed said they were not aware of how to make complaints to external organisations, however they advised they did not need to as they preferred to raise their concerns directly with staff and management. The Assessment Team observed brochures and posters displayed around the service which provide information on external complaints mechanisms including the Commission, and advocacy services. The Assessment Team provided feedback to service management regarding consumers not being aware of external complaint mechanisms and they advised they would talk about it at the next staff, resident and representative meetings.

The service’s feedback and complaints policy includes open disclosure. Staff interviewed were able to explain how they applied open disclosure should they receive feedback or a complaint. The Assessment Team identified where feedback was provided from consumers in relation to food or laundry services, open disclosure was used in accordance with the organisation’s feedback and complaints policy. The service demonstrated feedback and complaints information is used to improve the quality of consumer care and services.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The service demonstrated the workforce is planned to enable the delivery and management of safe and quality care and services. The number and skill mix of staff is managed effectively. Consumers interviewed said their needs are met in a timely manner and they do not have to wait long for assistance when they use their call bell. Review of the staff roster and allocation sheets for the fortnight prior to the Site Audit identified all shifts were filled.

Consumers and representatives interviewed said staff engage with them in a respectful, kind and caring manner and are gentle when providing care. The Assessment Team observed interactions between staff, management, consumers, and representatives to be kind, caring and respectful.

The service demonstrated the workforce is competent with experienced clinical and care staff. All consumers and representatives interviewed expressed their satisfaction with the competency and training of staff at the service. Workforce documentation reviewed by the Assessment Team evidenced staff are appropriately qualified and professional registrations are kept current. The service maintains a register of professional registrations, staff criminal history, visa checks, and vaccination records. The Assessment Team confirmed the service has position descriptions which establish responsibilities, knowledge, skills and qualifications for each role. The service demonstrated orientation and monitoring processes for new staff. Most staff interviewed provided feedback they had undertaken mandatory training including on the Quality Standards, the serious incident response scheme (SIRS), and restrictive practices.

The service demonstrated regular assessment, monitoring and review of each staff member’s performance is undertaken. There is a system to ensure all formal performance appraisals are conducted in a timely manner. Staff confirmed they have opportunities to develop their skills and experience. Review of sampled staff’s personnel files indicated performance appraisals had been completed in the last 12 months.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The Assessment Team found the organisation’s quality and compliance systems are effective to ensure care and services are developed and evaluated in consultation with consumers and representatives. Consumers interviewed confirmed they are involved in the evaluation and development of care and services. There are regular face-to-face visits from directors of the board who engage directly with consumers. The service demonstrated the board promotes a culture of safe, inclusive and quality care. For example, the organisation’s clinical governance team collate reports across all services which includes information about incidents, complaints and clinical indicators which are provided to the board for review. Regional management meets regularly with service management to review clinical and incident data, financial information, results of internal audits, surveys, and complaints trends. The board uses this information to assess the service’s compliance with the Quality Standards, to enhance performance and mitigate risks, and to monitor and take accountability for care and services.

The service has effective policies, processes and systems in place for the governance of information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The organisation has effective risk management systems and practices, including a framework for management of high impact or high prevalence risks, response to abuse and neglect of consumers, supporting consumers to live their best life, and how incidents are reported and managed. Management and nursing staff interviewed described how critical incidents are identified, managed and reported through the service’s incident management system. Review of the incident management system and staff feedback found it is consistent with the organisation’s policies and procedures, including in accordance with SIRS legislation.

The organisation has a clinical governance framework that is underpinned by policies and procedures to guide staff practice. The service provided policies in relation to antimicrobial stewardship, open disclosure and the use of restrictive practices.

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