Resthaven Head Office Wayville

Performance Report

6 Bartley Crescent   
Wayville SA 5034  
Phone number: 08 8373 0211

**Commission ID:** 600495

**Provider name:** Resthaven Inc

**Assessment Contact - Site date:** 6 October 2020 to 7 October 2020

**Date of Performance Report:** 7 January 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 30 October 2020.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement (3)(e) in relation to Standard 2 and have recommended Requirement (3)(e) as not met. All other Requirements in this Standard were not assessed.

The Assessment Team were not satisfied the service demonstrated consumer reassessments are completed in line with the organisation’s policies and procedures.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 2 Requirement (3)(e) and find the service Non-compliant with Requirement (3)(e). I have provided reasons for my findings in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team were not satisfied the organisation ensures all consumers are reviewed on a regular basis in line with the organisation’s policies and procedures. This was evidenced by the following:

* The Key performance indicator dashboard indicated 149 care plan evaluations were overdue.

The Assessment Team’s report focussed specifically on three consumers and noted:

Consumer A

* The consumer sustained a fall resulting in a fracture and prescription of strong pain relief. A referral for an allied health review was initiated on the day of the fall, however, at the time of the Assessment Contact, 19 days later, the referral had not been actioned or the consumer reassessed.

Consumer B

* During a hospital admission, an allied health professional recommended a piece of equipment as the consumer was at a higher risk of falls. The consumer notified a senior staff member and was informed an in home allied health review would be required. However, at the time of the Assessment Contact, nine days later, an assessment had not been completed.

Consumer C

* The consumer attempted to open the car door on two occasions whilst travelling with staff. A reassessment was not completed. A progress note eight days later indicates an alert was added to the consumer’s file, including management strategies. Documentation viewed indicates management strategies were not added to the care plan until a month later.

The provider’s response indicated they agreed with some aspects of the Assessment Team’s report and outlined actions taken. Additionally, the response included a Plan for continuous improvement outlining actions in progress and completed and further clarifying information in response to the information in the Assessment Team’s report, including:

* Reviewed source data which indicated 86 care plan reviews overdue. At 30 October 2020, 68 reviews have been completed, seven consumers have been discharged and 13 consumers have been unavailable. Review dates and times have been booked for the 13 consumers in November 2020.

In relation to Consumer A

* The consumer was contacted by a senior staff member on the day of the incident and care options discussed. The provider’s response indicates more contact could have been made in line with the organisation’s policies and expectations. An apology has been provided to the consumer and the staff member counselled. Review by an allied health specialist has been completed.

In relation to Consumer B

* The need for further home assessments may be avoided if allied health staff describe appropriate dimensions of equipment required. However, the consumer was discharged with a request via phone from the hospital allied health specialist indicating the consumer would require an in home allied health assessment to arrange equipment. An allied health specialist, an employee of the organisation, was advised.
* Ongoing dialogue between the service and hospital allied health staff occurred relating to particulars of the equipment required. An in home allied health assessment occurred 16 days after these discussions were finalised and the equipment is now in place.

In relation to Consumer C

* In response to the incident, the consumer was reviewed the following day and the care plan updated two days later.
* Staff have access to consumer alert information and a text alert was sent to all staff. Documentation provided as part of the provider’s response indicates staff had access to updated management strategies implemented in response to the incident.

I acknowledge the provider’s response and the associated documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find that at the time of the Assessment Contact care and services were not regularly reviewed when circumstances changed or when incidents impacted needs, goals or preferences, specifically for two consumers.

Following a fall which resulted in a fracture, an allied health assessment was not completed for Consumer A until 19 days later. Whilst an allied health referral was initiated on the day, no follow up relating to progress of the referral was undertaken to ensure care and services remained safe and appropriate for the consumer. The provider’s response indicated more contact could have been made with the consumer in line with the organisation’s policies and expectations

In relation to Consumer B, a hospital allied health specialist recommended an in home assessment be completed for a piece of equipment as the consumer was at higher risk of falls. This assessment had not occurred at the time of the Assessment Contact. The provider’s response indicates an in home allied health assessment occurred 16 days after these discussions were finalised.

In relation to consumer C, information provided as part of the provider’s response demonstrates appropriate management strategies were implemented in response to the incidents. Additionally, information provided demonstrates staff members were provided with information relating to the updated care strategies.

For the reasons detailed above, I find the provider, in relation to Resthaven Head Office Wayville, Non-compliant with Requirement (3)(e) in Standard 2.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirements (3)(a) and (3)(d) in relation to Standard 3. The Assessment Team have recommended Requirement (3)(a) as not met and Requirement (3)(d) as met. All other Requirements in this Standard were not assessed.

In relation to Requirement (3)(a), the Assessment Team were not satisfied the organisation adequately demonstrated each consumer gets safe and effective personal and clinical care tailored to their needs and which optimises their health and well-being. The Assessment Team’s report specifically highlighted two consumers.

In relation to Requirement (3)(d), consumers interviewed provided various examples of how the organisation manages changes to their health. Staff interviewed demonstrated awareness of the service’s processes when identifying a decline in consumers’ health and described examples of actions they have taken in response to emergency situations.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 3 Requirements (3)(a) and (3)(d) and find the service Non-compliant with Requirement (3)(a) and Compliant with Requirement (3)(d). I have provided reasons for my Non-compliant finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team were not satisfied the organisation adequately demonstrated each consumer gets safe and effective personal and clinical care tailored to their needs and optimises their health and well-being. Two consumers were not supported with their personal care in accordance with their needs and preferences. This was evidenced by the following:

Consumer A

* Progress notes indicate the consumer requested assistance with showering four times a week in the afternoons by a male staff member. Senior staff confirmed this request had not been actioned in the eight days between the consumer’s request and admission to hospital and staff had not been attending the consumer’s home to assist with showering. A senior staff member stated they were still working on finding a male staff member to be able to assist the consumer with their personal care.
* Progress notes on two occasions (seven days apart) indicate the consumer reported having difficulty mobilising. A senior staff member visited the consumer on the Friday following the second report and noted the consumer was able to weight bear but only able to take a few steps with support. The consumer declined an urgent Medical officer or hospital review.
* The consumer accepted having a carer over the weekend as a welfare check due to their declining condition. No concerns were noted over the weekend or on the following Monday. The consumer indicated during a phone contact on the Tuesday they were in trouble and not feeling well. An ambulance was contacted by senior staff and the consumer transferred to hospital.

Consumer B

* During a hospital admission, an allied health professional recommended a piece of equipment as the consumer was at a higher risk of falls. The consumer notified a senior staff member and was informed an in home allied health review would be required. However, at the time of the Assessment Contact, nine days later, an assessment had not been completed.
* The consumer would like more services. This had not been discussed with a senior staff member as there had been no home visits since the consumer’s hospitalisation.
* Invoices do not provide the level of detail as the services are not itemised.

The provider’s response included a Plan for continuous improvement outlining actions in progress and completed and further clarifying information in response to the information in the Assessment Team’s report, including:

In relation to Consumer A

* The provider acknowledges the response to find male staff to undertake showering was delayed. Two senior staff are male and could have undertaken this task in the interim. Performance review and disciplinary action have been taken. A continuous improvement initiative relating to communication and escalation of issues has been implemented. Evidence of this improvement was included in the provider’s response.
* The response indicates senior staff had concerns relating to the consumer’s well-being on the Monday, however, the consumer would only talk to a certain senior staff member who was unavailable. A senior staff member made contact with the consumer the following day where the consumer stated they were unwell but reluctant to go to hospital. The senior staff member arranged an ambulance to transfer the consumer to hospital for medical assessment.

In relation to Consumer B

* The provider’s response included documentation demonstrating extra services had been offered to the consumer, however, these were declined.
* In relation to invoicing, the provider’s response indicates the organisation is able to provide the consumer with a more detailed transaction list. A copy of the invoice document was provided as part of the response.

I acknowledge the provider’s response and the associated documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find that at the time of the Assessment Contact the service had not ensured that each consumer received personal care that was tailored to their needs and optimised their health and well-being, specifically for Consumer A.

I have placed weight on the evidence documented in the Assessment Team’s report relating to the consumer’s request for male staff to assist with showering. This was not actioned in the eight days between the consumer’s request and admission to hospital as staff stated they were still working on finding a male member of staff to assist. The Assessment Team’s report indicates senior staff confirmed staff had not been attending the consumer’s home to assist with showering in these eight days. The provider’s response indicates two senior staff are male and could have undertaken this task in the interim.

I have also considered documentation provided as part of the provider’s response indicating senior staff had concerns relating to the consumer’s well-being on the Monday. Documentation indicates the consumer was ‘rapidly deteriorating’ three days prior to Monday with welfare checks initiated over the weekend. Case notes provided for the Monday note a time of 3.55pm and indicate the consumer would only talk to a certain senior staff member who was unavailable. A case note the following day at 12.01pm indicates ‘client follow up regarding condition – spoke to RN attending [date] client is rapidly deteriorating and is unable to now stand-up’. I find it reasonable that senior staff should have implemented further measures to monitor the consumer between Monday and the further contact on Tuesday in the context that the consumer’s condition was known to be deteriorating and a follow up phone call did not take place until 12.01pm on the Tuesday. The consumer was subsequently transferred to hospital.

In relation to Consumer B, issues identified in the Assessment Team’s report relating to allied health review and equipment recommendations and the provider’s response have been considered in Standard 2 Requirement (3)(e) which has been found Non-compliant.

For the reasons detailed above, I find the provider, in relation to Resthaven Head Office Wayville, Non-compliant with Requirement (3)(a) in Standard 3.

### Requirement 3(3)(d) Compliant

*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.*

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(c) in relation to Standard 7 and have recommended this Requirement as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 7 Requirement (3)(c) and find the service Compliant with Requirement (3)(c).

Most consumers interviewed considered that they get quality care and services when they need them from people who are knowledgeable, capable and caring.

The organisation has a workforce development system, including policies and processes for professional development. There are processes to identify and develop training requirements and an annual mandatory training program is in place. Staff are required to undertake the mandatory training program and additional modules dependent on their roles and duties.

There are processes in place to monitor staff attendance at mandatory training sessions and to ensure currency of professional registrations.

Staff interviewed stated they are supported by all levels of management and have access to policies, procedures and training opportunities to support them to undertake their roles.

The service and organisation have monitoring processes in place to ensure the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Based on the information detailed above, I find the provider, in relation to Resthaven Head Office Wayville does comply with Requirement (3)(c) in Standard 7.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirements (3)(c) and (3)(d) in relation to Standard 8 and have recommended these Requirements as met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response to come to a view of compliance with Standard 8 Requirements (3)(c) and (3)(d) and find the service Compliant with Requirements (3)(c) and (3)(d).

The Assessment Team found the service demonstrated organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Additionally, the service demonstrated effective risk management systems and practices related to management of high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

A range of policies and procedures are available to ensure governance and risk management systems and practices are effectively implemented and maintained. There are reporting processes to Executive and Board level, including in relation to improvement initiatives, financial governance, significant complaints and human resource management. Corporate processes are in place to ensure legislative changes and updates are identified and incidents involving alleged or suspected assaults are actioned in line with legislative requirements.

Based on the information detailed above, I find the provider, in relation to Resthaven Head Office Wayville does comply with Requirements (3)(c) and (3)(d) in Standard 8.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

The provider’s response included a Plan for continuous improvement which demonstrates the provider is proactively addressing the areas highlighted in the Assessment Team’s report.

**Standard 2 Requirement (3)(e)**

* Ensure staff have the skills and knowledge to:
* Identify, report and appropriately manage changes to consumers’ health and well-being.
* Implement reassessment and review processes in a timely manner in response to consumers’ changing circumstances and following incidents.
* Ensure policies, procedures and guidelines in relation review of care and services are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to review of care and services.

**Standard 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
* Acknowledge, report and implement strategies in a timely manner to ensure clinical and personal care is tailored to consumers’ needs and optimises their health and well-being.