Resthaven Head Office Wayville

Performance Report

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**Commission ID:** 600495

**Provider name:** Resthaven Inc

**Assessment Contact - Site date:** 19 May 2021

**Date of Performance Report:** 24 June 2021

# Publication of report

This Performance Report **will 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(b) | 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 management
* the provider’s response to the Assessment Contact - Site report received 21 June 2021
* the Performance Report dated 7 January 2021 for the Assessment Contact – Site conducted 6 October 2020 to 7 October 2020.

# STANDARD 2 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. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

## The service was found Non-compliant with Requirement (3)(e) following an Assessment Contact conducted 6 October 2020 to 7 October 2020. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

## The Assessment Team have recommended Requirement (3)(e) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 2 Requirement (3)(e) and find the service Compliant with Requirement (3)(e). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) 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 service was found Non-compliant with Requirement (3)(e) following an Assessment Contact conducted 6 October 2020 to 7 October 2020 where it was found care and services were not regularly reviewed when consumers’ circumstances changed or when incidents impacted needs, goals or preferences, specifically for two consumers. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a template letter for communication with Office Public Advocate (OPA) and other advocates. Meetings with the OPA have been conducted to ensure effective communication between the organisation and the OPA occurs.
* Implemented a Guardianship letter template to guide staff when intaking a new consumer who is subject to a South Australian Civil and Administrative Tribunal (SACAT) order for guardianship. The template outlines services Resthaven will be providing to the consumer and requests that a copy of the SACAT order for the consumer be provided.
* Implemented a letter template to inform the Guardian when consumers’ annual reviews are due.
* Staff have been provided a copy of the new forms and policies with the changes highlighted. Staff have been directed to read the documents and adopt the changes into their work and practices.
* Reassessment policies, procedures and work instructions have been reviewed.
* All staff have attended a Defensible documentation training day and all Co-ordinators and Registered nurses have attended a Dignity of risk training day.
* Developed a Dignity of risk work instruction.
* Updated the monthly report to identify all reassessments that are overdue, including the reason why the reassessments are overdue.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and observations and documentation sampled demonstrated:

Most consumers and representatives sampled considered that they feel like partners in the ongoing assessment and planning of consumers’ care and services. Consumers and representatives confirmed staff contact them during the review process and they are required to review the care plan and sign relevant documentation.

A sample of consumer files viewed demonstrated they had recently been reviewed and were reflective of consumers’ needs, goals and preferences. Reassessment documents confirmed reviews had been completed in consultation with the consumer and included areas discussed during the reassessment process.

Clinical staff sampled confirmed the implementation of documents has assisted in ensuring all consumer information is reviewed annually or where required. Management confirmed the updated monthly assessment report has assisted the service to meet the organisation’s key performance indicator of ensuring reviews are completed within the annual timeframe.

For the reasons detailed above, I find Resthaven Inc, in relation to Resthaven Head Office Wayville, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 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 Requirement (3)(a) in relation to Standard 3. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 6 October 2020 to 7 October 2020. The Assessment Team’s report for the Assessment Contact included evidence of actions taken to address deficiencies identified which are detailed in the specific Requirement below.

The Assessment Team have recommended Requirement (3)(a) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(a) and find the service Compliant with Requirement (3)(a). The reasons for the finding are detailed in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 6 October 2020 to 7 October 2020 where it was found 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 one consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented an updated high-risk register for all consumers with wounds. The register allows progress of wounds to be monitored. The register is discussed at weekly meetings.
* The training schedule has been reviewed and additional training for clinical staff implemented and a development day for Registered Nurses has been conducted.
* Coordinators have attended a training day with the OPA unit. Staff feedback to the Assessment Team was positive indicating they are finding it easier to communicate with the OPA.
* Updated the high risk register to reflect the level of risks and actions. The register is reviewed and updated on an ongoing basis. Additionally, the register provides staff with information relating to consumers and assists with decisions regarding care or referral requirements.
* Reviewed the Clinical practice manual, including the work instructions. The instructions include a flow chart, are clearer and provide increased guidance to staff.
* Reviewed the Allied health referral form. The form includes clear timelines for urgent referrals.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and observations and documentation sampled demonstrated:

Consumers and representatives sampled stated they were satisfied with the services consumers receive, confirmed reassessments occur and changes are made to care and services as required. Additionally, consumers and representatives are confident staff know consumers well and would recognise, report and manage any issues with their health or well-being. Staff described monitoring, assessment and review processes for aspects of consumers’ clinical care needs, including skin integrity, wounds and behaviours.

Consumer files sampled reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer.

Staff provided examples of how they ensure care and services are delivered in a safe and effective manner. Staff described how care and services are tailored to consumers’ needs and indicated improvements initiated by the service have assisted in monitoring high risk consumers, including in relation to wounds, challenging behaviours and allied health service reviews. Additionally, staff stated implementation of the new Allied health referral form has ensured consumers are reviewed by allied health professionals in a timely manner.

For the reasons detailed above, I find Resthaven Inc, in relation to Resthaven Head Office Wayville, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team assessed Requirements (3)(a) and (3)(c) in relation to Standard 6. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirements (3)(a) and (3)(c) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 6 Requirements (3)(a) and (3)(c) and find the service Compliant with Requirements (3)(a) and (3)(c). The reasons for the finding are detailed in the specific Requirements below.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

The Assessment Team found overall, consumers and representatives sampled stated they are supported and encouraged to provide feedback and described mechanisms to submit feedback. Consumers receive information relating to internal and external feedback mechanisms. Consumers are encouraged to provide feedback through a range of mechanisms, including feedback forms, meeting forums and focus groups.

Management said staff are provided annual training regarding the importance of seeking feedback from consumers and how to report any issues raised. Staff sampled described how they respond to consumer feedback, in line with the organisation’s process.

For the reasons detailed above, I find Resthaven Inc, in relation to Resthaven Head Office Wayville, Compliant with Requirement (3)(a) in Standard 6 Feedback and complaints.

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

All consumers and representatives sampled by the Assessment Team confirmed they were very happy with the care consumers receive and rarely raise any issues, however, if they do the service actions them quickly.

Staff sampled described how they respond to complaints and are encouraged by management to seek feedback. Staff described the importance of identifying and acknowledging feedback, including offering an apology when things go wrong and talking to the consumer to alleviate any concerns throughout the process.

The Assessment Team found the service was able to demonstrate appropriate action is taken in response to complaints and how staff apologise when things go wrong. Management described actions they initiate in response to feedback received. Where complaints are unable to be responded to within the required timeframe, a meeting with the consumer and/or representative is conducted to provide an update about the process and an expected timeframe for resolution.

A complaints register is maintained and actions taken in response to the complaint are documented. Complaints are collated and analysed to assist with identification of emerging trends. Complaints are reported at both a service and organisational level. Additionally, complaints information is added onto an organisational complaints register and used to inform the Board.

For the reasons detailed above, I find Resthaven Inc, in relation to Resthaven Head Office Wayville, Compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

# 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)(b) in relation to Standard 7. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The Assessment Team have recommended Requirement (3)(b) met. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(b) and find the service Compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team were satisfied the service demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.

Consumers and representatives sampled by the Assessment Team confirmed staff are kind and caring. Consumers and representatives stated staff treat consumers with respect, are responsive to their needs and understand their preferences and interests.

Staff sampled spoke about consumers in a respectful manner and were knowledgeable about their care needs. Additionally, staff described how the organisation promotes a consumer focused culture which is reinforced through the training they receive.

For the reasons detailed above, I find Resthaven Inc, in relation to Resthaven Head Office Wayville, Compliant with Requirement (3)(b) in Standard 7 Human resources.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.