Resthaven Paradise

Performance Report

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**Commission ID:** 6938

**Provider name:** Resthaven Inc

**Assessment Contact - Site date:** 25 June 2020

**Date of Performance Report:** 20 July 2020

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(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 13 July 2020.

# STANDARD 3 COMPLIANTPersonal 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 Quality Standard is assessed as Compliant as two of the seven specific Requirements have been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(b) and (3)(d) in this Standard. These Requirements were found Non-compliant following a Site Audit conducted 17 December 2019 to 19 December 2019.

The Assessment Team recommended Requirements (3)(b) and (3)(d) in Standard 3 as met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the approved provider’s response to come to a view of compliance with Standard 3 and find the service is Compliant with Requirements (3)(b) and (3)(d).

At a Site Audit conducted 17 December 2019 to 19 December 2019, in relation to Standard 3 Requirement (3)(b), the Decision Maker found blood pressures of consumers named in the Assessment Team’s report were not monitored effectively. Additionally, the Assessment Team’s report showed that blood pressure readings were outside of range or readings were not undertaken as per the General practitioner’s request.

In relation to Standard 3 Requirement (3)(d), the Decision Maker found the hearing needs of consumers named in the Assessment Team’s report were not addressed.

In relation to both Requirement (3)(b) and (3)(d), the service has implemented a range of actions to address the deficiencies identified which I have detailed below.

### Assessment of Standard 3 Requirements

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

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since the Site Audit, including:

* The electronic care system assessment template has been amended to include a mandatory question requesting staff to confirm if a consumer has any clinical monitoring needs.
* A reporting function on the electronic care system is now being utilised to support tracking and monitoring of directives, including blood pressure monitoring. Relevant staff have received training on the reporting function. A Daily report is run by night duty staff which includes clinical directives to be undertaken. The report is provided to the relevant nursing staff for the following day.
* A blood pressure monitoring scheduling tool has been implemented. This process ensures any required blood pressure monitoring is included in the daily reporting function.
* Day shift nursing staff are required to complete all actions on the daily report list for the day, including clinical monitoring. If actions are not able to be completed, there are processes to hand these over to the next shift.
* All treating Medical officers were provided a communication which asked that they identified all consumers who required clinical monitoring. This enabled clinical staff to identify which consumes were required to be added to the electronic care system for reporting and monitoring.
* All consumers were reviewed to ensure blood pressure monitoring directives were identified and correctly documented.
* The process for daily monitoring of progress notes has been reviewed to ensure effectiveness and compliance with the Requirement.
* Relevant policies and procedures have been updated, where required, to include new processes.
* Clinical risks identified for consumers named in the Assessment Team’s report have been addressed.

The approved provider’s response provided further clarification to information documented in the Assessment Team’s report and demonstrated they agreed with the findings.

In relation to Standard 3 Requirement (3)(b), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

Overall, consumers and representatives were generally satisfied with management of high impact or high prevalence risks.

Initial and ongoing assessment processes incorporate risk identification, analysis, assessment and monitoring. Individualised strategies to mitigate/manage risks are incorporated into consumer care plans. Policies, procedures and a clinical manual provide guidance and information on best practice for clinical and care staff to assist in identifying and managing high prevalence or high impact risks for consumers.

Staff described new monitoring processes implemented, including for blood pressures and how these are documented, actioned and monitored. Additionally, staff described high impact or high prevalence risk management strategies for individual consumers in line with their care plans.

The organisation has monitoring processes in relation to Standard 3 Requirement (3)(b) to ensure effective management of high impact or high prevalence risks associated with the care of each consumer.

### 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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the service’s last assessment and have recommended this Requirement as met. The Assessment Team’s report outlined the following actions and improvements implemented since Site Audit, including:

* Hearing Australia has been engaged by the organisation to provide education and information to staff in relation to hearing loss.
* A reporting function on the electronic care system is now being utilised to support tracking and monitoring of consumer needs, including hearing and other sensory deficits. Relevant staff have received training on the reporting function.
* The process for daily monitoring of progress notes has been reviewed to ensure effectiveness and compliance with the Requirement.
* Education in relation to the use of the electronic care system was provided to four Registered nursing staff who are responsible for care evaluations.
* Education in relation to sensory needs, including the management, cleaning and safe storage of hearing aids has been provided to all staff.
* Progress notes for all consumers have been reviewed, including consumers with hearing deficits to ensure changes in care needs have been identified and management strategies included on care plans.
* Additional care audits were implemented to ensure care evaluations and reviews incorporate hearing loss or changes occurring for consumers.
* Clinical risks identified for consumers named in the Assessment Team’s report have been addressed.

The approved provider’s response provided further clarification to information documented in the Assessment Team’s report and demonstrated they agreed with the findings.

In relation to Standard 3 Requirement (3)(d), a sample of consumer files viewed, and information provided to the Assessment Team by consumers, representatives and staff through interviews demonstrated:

Overall, consumers and representatives were satisfied deterioration or change of a consumer’s health or well-being is recognised and responded to in a timely manner. In relation to a change in a consumer’s condition, representatives stated staff acted quickly, notified the Medical officer and provided appropriate care. The Representatives felt the consumer was safe and knew what they were doing.

Care staff described how they escalate changes to consumers’ health and well-being and provided examples of how they are made aware of changes to consumers’ care and service needs. Policies and procedures in relation to recognising and responding to the deterioration of consumers’ health and well-being are available to guide clinical and care staff.

The organisation has monitoring processes in relation to Standard 3 Requirement (3)(d) to ensure 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.

# 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.