Performance

Report

**1800 951 822**

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| Name: | Peace Haven |
| Commission ID: | 8824 |
| Address: | 185 Penquite Road, NORWOOD, Tasmania, 7250 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 April 2024 |
| Performance report date: | 15 May 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 5095 Peace Haven |

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 Peace Haven (**the service**) has been prepared by, L Glass 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 Assessment contact (performance assessment) – site 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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)(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 |

Findings

The service demonstrated they provide safe and effective care for consumers with complex care needs. Consumers said staff attended to their complex care needs effectively. Care planning documentation demonstrated consumers identified with high-impact and high-prevalence risks, related to falls and pressure injuries, are effectively managed. Management and staff described the high-impact and high-prevalence risks to consumers at the service and how risk is minimised to ensure safe care. The service has evidence-based policies and procedures regarding high-impact and high-prevalence risks for consumers to guide staff about how to identify, mitigate and manage the risks.

Management outlined training delivered to staff on deterioration and a strengthening of quality assurance methods and management of consumer deterioration. Staff were able to describe clinical signs and symptoms indicating the need for escalation when a consumer deteriorates or there is a change identified. Review of consumer files showed appropriate escalation, responses and timeliness addressing changes or deterioration in consumers’ wellbeing.

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Consumers and representatives said they were confident staff are qualified and receive training which enables them to perform their roles competently. Staff were able to describe the qualifications, professional registrations and ongoing mandatory training required to effectively perform their roles. Management described a recruitment and onboarding process which includes the verification of qualifications and registrations, and provision of mandatory education and supported shifts to enable competent care delivery. Documentation review identified electronic systems in place to document and manage ongoing qualifications, professional registrations, education, and training records.

# 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

Consumers and representatives were confident consumers were being supported to live their best lives. Representatives said they were made aware of incidents and were involved in discussions related to ongoing risk management and risk minimisation. Staff have been trained and could identify high-impact high-prevalence risk and described the process of incident reporting and reporting of suspected abuse. Documentation review identified systems in place to capture, report and investigate incidents, risks and allegations of abuse. Policies and procedures guide staff in relation to management of risk, identification and notification of suspected abuse and neglect and incident management including incidents reportable to the Serious Incident Response Scheme.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)