Performance

Report

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| Name of service: | Resthaven Bellevue Heights |
| Service address: | 47 Eve Road BELLEVUE HEIGHTS SA 5050 |
| Commission ID: | 6076 |
| Approved provider: | Resthaven Inc |
| Activity type: | Site Audit |
| Activity date: | 11 January 2023 to 13 January 2023 |
| Performance report date: | 13 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 Resthaven Bellevue Heights (**the service**) has been prepared by  
J Howard, 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 conducted from 11 January 2023 to 13 January 2023. 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.
* The provider’s response to the site audit report, received 1 February 2023.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# 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 the service was assessed as Compliant with all six of the six specific requirements in this Standard.

Consumers said staff treated them with dignity, respect and valued them as individuals. Staff understood consumers’ individual backgrounds, preferences, cultures and diversity, which were recorded in care plans. Consumers confirmed staff respected their cultural backgrounds and care was consistent with their preferences. Consumers were supported to communicate their decisions, maintain relationships of choice and choose when family and friends were involved in their care. Consumers said they decided how and when their care was delivered and the service respected their choices.

Consumers were supported to take risks which enabled them to live their best lives. The service used a risk assessment process for consumers wishing to take risks, which included consultation with consumers, representatives and medical professionals before completing a consent form and implementing mitigation strategies. Consumers received information in easy-to-understand formats such as noticeboards, daily menus and activities calendars. Staff respected consumers’ privacy, with staff seeking permission prior to entering consumers’ rooms. The Assessment Team noted unattended nurses’ stations were locked and the service’s electronic care management system was password-protected.

# 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 the service was assessed as Compliant with all five of the five specific requirements in this Standard.

The service considered risks to consumers’ health and well-being during the needs assessment and care planning process. Consumers and representatives were involved in the care planning process and received the care and services needed. Staff understood the care planning process and described how consumers’ needs guided the delivery of care and services. A review of consumers’ care plans confirmed the service conducted needs assessments which identified their needs, goals and preferences, including end of life planning where consumers wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. Consumers’ care plans showed their needs were regularly reviewed and consumers confirmed their needs were met. Staff explained the outcomes of assessment and planning to consumers and their representatives, as well as offering a copy of the care plan. Consumer representatives confirmed the service notified them when their loved one’s circumstances changed or when an incident had occurred.

# 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 the service was assessed as Compliant with all seven of the seven specific requirements in this Standard.

*Requirement 3(3)(a):*

The Assessment Team recommended Requirement 3(3)(a) as non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 3(3)(a), as detailed below.

The Assessment Team provided information that one consumer of the seven interviewed was not receiving care tailored to their assessed needs. The finding was based on feedback from the consumer and their representative regarding an issue of a personal nature.

Notwithstanding the Assessment Team’s recommendation, I note the consumer and their representative gave conflicting feedback about the consumers’ care experience. The consumer’s and representative’s feedback was overwhelmingly positive rather than negative. For example: the consumer stated staff were quick and did not listen to them; but also said staff explained what they were doing and looked after them properly; and the consumer was happy with the care provided and liked being at the service. The primary concern of the consumer and their representative was the gender of care staff who attended to the consumer’s personal care. The consumer’s representative said they had raised the consumer’s gender preference for care staff with a registered nurse.

During the Site Audit the consumer’s and their representative’s feedback was shared with management, who advised the consumer’s gender preference for care staff had not been bought to their attention by the registered nurse. Once aware of the consumer’s feedback, management addressed the issue with the consumer and their representative, following which the consumer’s preference was added to their care plan.

In response to the Assessment Team’s finding, the service provided documented evidence showing the consumer had been assessed for risks related to: nutrition, hydration and swallowing; mobility/transfer/positioning for pain management; continence management; maintaining skin integrity; and challenging behaviours. The service advised there was no information in the consumer’s admission documents which cited their gender preference for care staff, otherwise it would have been immediately included in the person’s care plan.

I note the Assessment Team’s finding that six of seven interviewed consumers and eight of nine interviewed consumer representatives, said consumers received care that was safe and right for them and met their individual needs and preferences. A review of consumers’ care plans, progress notes, medication charts and monitoring charts showed people received care that was safe, effective and tailored to their specific needs and preferences.

Having considered all available evidence, I decided the service was compliant with Requirement 3(3)(a) of the Quality Standards during the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining six requirements of Quality Standard 3.

Consumers said the care they received was safe and right for them. The service effectively managed high-impact and high-prevalence risks associated with consumers’ care, all of whom had management strategies included in their care plans, which staff understood. Consumers’ care plans included their end-of-life needs, goals and preferences and staff understood how to provide palliative care in a way which maximised consumers’ comfort. Consumers were satisfied with how changes to their conditions were communicated within the organisation and with others providing care.

The service made timely and appropriate referrals to other care providers, which was confirmed by consumers, representatives and a review of care plans. Clinical staff described how allied health practitioners and medical professionals contributed to the assessment of consumers’ behaviours, mobility, medication, dietary needs and pain management. A review of consumers’ care plans confirmed the registered nurses, medical officers and allied health professionals had input to the overall needs assessment. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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 the service was assessed as Compliant with all seven of the seven specific requirements in this Standard.

Consumers received safe and effective services that maintained their independence, well-being and quality of life. Consumers were satisfied with the supports they received for daily living and were observed participating in social activities during the Site Audit. Consumers’ lifestyle preferences, needs, likes and dislikes, personal interests, emotional needs, cultural and spiritual needs were recorded in their care plans. Consumers said they were engaged in meaningful activities which supported their emotional and psychological well-being, such as maintaining connections with family and friends, speaking with a social worker and attending church services. Staff supported consumers to participate in activities within the service and broader community, such as family visits, bus trips, attending the library and visiting a community farm.

Consumers were satisfied with the quality, quantity and variety of food provided by the service. The service included consumers in menu development and encouraged feedback on the quality of food provided. Consumers were offered alternative options if the daily menu was not to their liking. A review of consumers’ care plans included information about their dietary preferences. Where the service provided equipment, it was safe, suitable, clean and well maintained. The Assessment Team observed equipment like mobility aides, medication trolleys and lifestyle equipment were clean and in good condition. Care staff said shared equipment was sanitised after each use.

# 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 the service was assessed as Compliant with all three of the three specific requirements in this Standard.

Consumers and representatives said the service welcomed them and was easy to navigate. Consumers felt at home within the service and personalised their rooms with furniture and possessions of choice. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers enjoyed shaded outdoor communal areas and gardens. Maintenance was promptly attended so consumers were safe and comfortable in their environment.

The Assessment Team noted furniture, fittings and equipment were safe, clean and well maintained. Consumers were satisfied with the cleanliness of the service and confirmed their rooms were vacuumed weekly. Maintenance staff provided records which confirmed preventative maintenance occurred, such as servicing consumers’ call bells each quarter.

# 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 the service was assessed as Compliant with all four of the four specific requirements in this Standard.

*Requirement 6(3)(c):*

The Assessment Team recommended Requirement 6(3)(c) as non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I have deemed Requirement 6(3)(c) compliant, as detailed below.

The Assessment Team provided information that two consumers of the seven interviewed had provided feedback, though the service had not taken appropriate action in response to their feedback.

During the Site Audit the consumers’ feedback was shared with management, who advised the consumers’ concerns had not been previously raised with them. Once aware of the consumers’ feedback, management addressed the issues with the consumers and updated the care documentation for both people. I note one of the two consumers advised the Assessment Team later in the Site Audit that they had not made a complaint but, rather, had shared a fact.

I further note the Assessment Team’s overall finding that consumers and their representatives said the service addressed and resolved their concerns and apologised when things went wrong. Management and staff understood open disclosure, including being open, transparent and providing an apology to affected consumers. Management described the service’s feedback and complaints management system, which was used to trend, analyse and record actions taken to address complaints.

Having considered all available evidence, I decided the service was compliant with Requirement 6(3)(c) of the Quality Standards during the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining three requirements of Quality Standard 6.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers were comfortable raising concerns directly with staff or management. Information about how to make an internal or external complaint was available in communal areas, on noticeboards, in pamphlets and in a booklet. Consumers knew how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service. Staff understood the complaints process and assisted consumers with communication difficulties to submit their feedback in writing. The service used complaints and feedback to improve consumers’ care and services. For example, the service’s continuous improvement process identified the need for a guidance document specifically for nursing agency staff.

# 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 the service was assessed as Compliant with all five of the five specific requirements in this Standard.

Consumers and representatives were satisfied with the quality of care provided by staff, though some said staffing numbers had affected the speed at which call bells received a response. However, all interviewed consumers and representatives agreed staff numbers had no recurrent impact on the quality of care provided. The service developed a roster based on consumers’ needs and analysis of call bell response times. A review of the previous fortnight’s roster showed no unfilled shifts and a registered nurse had been allocated for each shift. Consumers and representatives confirmed staff were kind, caring, gentle, respectful and understood their individual needs when providing care and services.

The service’s workforce was competent and had the qualifications to effectively perform their roles, which was reflected in positive consumer feedback. Staff participated in mandatory training and said they were equipped with the knowledge to perform their roles. Staff were guided by position descriptions which included key competencies and qualifications relevant to the role. Staff confirmed the service provided them with mandatory and supplementary training which supported them to provide quality care. The service regularly assessed, monitored and reviewed staff performance, which included informal and formal performance reviews.

# 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 the service was assessed as Compliant with all five of the five specific requirements in this Standard.

*Requirement 8(3)(c):*

The Assessment Team recommended Requirement 8(3)(c) as non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirement 8(3)(c) compliant, as detailed below.

As discussed in Standard 3, the Assessment Team provided information that the service had not taken appropriate action in response to a consumer’s and their representative’s feedback. During the Site Audit the feedback was shared with management, who advised the consumer’s and representative’s concerns had not been previously raised with them. Once aware of the feedback, management addressed the issue with the consumer and took appropriate action.

I note the Assessment Team’s unequivocal statement that the service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Therefore, having considered all the available evidence, I decided the service was compliant with Requirement 8(3)(c) of the Quality Standards during the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining four requirements of Quality Standard 8.

Consumers and representatives said the organisation was well run and they were engaged in the development, delivery and evaluation of care and services. A review of the service’s continuous improvement plan, consumer meeting minutes and staff and organisational meeting minutes confirmed consumers were engaged in service development and improvement.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which it was accountable. The governing body satisfied itself the service met the Quality Standards through an auditing program, sound governance and clinical framework, strong clinical practice and evidence-based care delivery. Management advised the executive team met fortnightly to review clinical reports which were trended and passed to a clinical committee. The governing body implemented changes in response to consumer and staff feedback, such as a new electronic medication management system, building refurbishment, new security cameras and a new phone call system.

The service had systems in place to: manage risks to consumers; support clinical governance and the delivery of safe care; and promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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)