

**Performance Report**

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| Name: | Resthaven Mount Gambier |
| Commission ID: | 6301 |
| Address: | 24 Elizabeth Street, Mount Gambier, South Australia, 5290 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 16 January 2025 |
| Performance report date: | 19 February 2025 |
| Service included in this assessment: | Provider: 1411 Resthaven Inc Service: 6921 Resthaven Mount Gambier |

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 Mount Gambier (**the service**) has been prepared by Nicole Campbell, 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, older people/representatives and others
* the provider’s response to the assessment team’s report received 13 February 2025.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not Applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not Applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not Applicable as not all requirements were 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 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 |

Findings

Consumers said staff always provide care and support in a dignified and respectful manner. Consumers said the staff understand their identities and cultures which assists them to feel welcome within the service. Care staff were knowledgeable in relation to consumers backgrounds and understood what is important to them. The electronic care management system included consumer’s life stories, and provided individual emotional, spiritual, cultural and social plans of care. The service demonstrated a diversity action plan which promotes, welcomes, and celebrates the diversity of consumers. Staff have undertaken training in cultural awareness.

For the reasons detailed, I am satisfied consumers are treated with dignity and respect, and their identities, culture and diversity valued. I find Requirement 1(3)(a) is Compliant.

# 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)(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 |

Findings

Requirement 3(3)(b)

High impact or high prevalence risks associated with the care and services of each consumer are effectively managed. Consumers advised they receive the clinical care they require inclusive of wound care and pain management. Representatives advised they are satisfied with the care and services provided to consumers in relation to clinical care, and assessment and management of risk. Staff knew the consumers well and demonstrated awareness of those who were at risk of developing skin impairment and described how they identify and manage consumer’s pain. Staff stated they had received, and records confirmed training in relation to identification and management of consumer risk. Wound management plans and pain charting demonstrated effective management however, documentation showed some gaps in the frequency of the wound treatment and inconsistency in pain charting scores and progress note scores when as required analgesia was administered.

The approved provider acknowledged the inconsistencies in relation to wound management and has developed actions which include ongoing auditing and education for staff. The approved provider provided information in relation to one consumer’s hospital admissions to explain documentation gaps in relation to their wound care.

For the reasons detailed, I am satisfied the approved provider effectively manages high impact and high prevalence risk for consumers. I find Requirement 3(3)(b) is Compliant.

Requirement 3(3)(c)

Consumers and representatives expressed confidence in the service’s ability to provide end of life care which prioritises comfort and respects consumers goals, needs and preferences. Staff demonstrated an understanding of how to approach end of life conversations and deliver palliative care designed to maximise consumer comfort. Documentation reviewed included advance care directives and goals of care. Collaboration with consumers and representatives in relation to palliative care and comfort care measures was documented within the electronic management system. The approved provider has a comprehensive palliative and end of life manual detailing processes, guidance and work instructions. The organisation’s advance practice nurse palliative care, and clinical nurse palliative care said complex cases are referred to them once clear goals of care are established, and the Assessment Team observed them conducting clinical reviews onsite.

The approved provider provided clarification the advance practice nurse palliative care, and clinical nurse palliative care are available through a referral system and provide assistance with the development of advance care directives when goals of care are established and are available at any time throughout the end of life pathway.

For the reasons detailed, I am satisfied the approved provider meets the needs, preferences and goals of consumers nearing end of life and ensures their comfort is maximised and dignity preserved. I find Requirement 3(3)(c) is Compliant.

# 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 |

Findings

Consumers and representatives were confident there are sufficient staff to attend to consumer care and services in a timely manner. Staff said they generally have enough time to complete their tasks and are supported by management when vacant shifts occur. Management described the process for creating the roster, including the consideration of staff skillset and consumer acuity to ensure consumer needs are met. Documentation demonstrated a low number of unfilled shifts, and evidenced call bells are responded to within the required timeframe.

The Assessment Team noted a significant increase in care minutes for the previous quarter, with the service meeting their legislated care minutes for the October to December 2024 quarter. Management advised a significant undertaking of work has occurred to ensure care minutes are met.

For the reasons detailed, I am satisfied the approved provider has a workforce in place which is planned and enabled to delivery safe and quality care. I find Requirement 7(3)(a) is Compliant.

# 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**

The organisation has systems in place to manage high impact and high prevalence risk associated with the care of consumers. Management described service level improvements to ensure ongoing oversight of high-risk consumers. Staff demonstrated an understanding of identifying and reporting abuse and neglect, and reporting systems are in place to ensure instances of alleged abuse and neglect are identified. Systems and processes support consumers to live the best life they can, including for those who wish to undertake activities of risk. An incident management system supports the management and prevention of incidents, including regular trending and analysis of incidents to identify strategies to prevent recurrence.

For the reasons detailed, I am satisfied the approved provider is managing high impact and high prevalence risk. The approved provider is identifying and responding to allegations of abuse and neglect. Consumers are being supported to live their best life and the approved provider is using an incident management system to manage and prevent incidents. I find the Requirement 8(3)(d) is Compliant.

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)