Performance

Report

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| Name: | Resthaven Mount Gambier |
| Commission ID: | 6301 |
| Address: | 24 Elizabeth Street, Mount Gambier, South Australia, 5290 |
| Activity type: | Site Audit |
| Activity date: | 10 October 2023 to 12 October 2023 |
| Performance report date: | 13 November 2023 |
| 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 Katherine Richards, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the Approved Provider’s responses to the Assessment Team’s report, received on 03 November 2023

# 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

Consumers said they felt respected by staff, with their identity and culture valued. Care planning documentation identified information regarding consumers’ backgrounds, preferences, identities, and cultural practices. Staff were observed communicating with consumers in a kind and respectful manner.

Consumers and representatives indicated the service recognised and respected consumers’ cultural backgrounds, and provided care that was consistent with cultural traditions and preferences. Staff identified consumers with diverse cultural backgrounds, and explained how they delivered culturally safe care and services. Care planning documentation demonstrated the service identified and captured information regarding the consumer’s cultural needs and preferences. The Diversity action plan outlines how the organisation’s delivery model provides culturally safe care and services.

Consumers were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions, and maintain personal relationships. Staff described how consumers were supported to maintain relationships with those that were important to them. Consumers were observed interacting with each other and receiving visits from their families.

Consumers and representatives confirmed they were supported by the service to take risks to enable them to live the best life they can. The service had policies and procedures to support staff in the management of risks for consumers. Care planning documentation demonstrated risks were captured through risk assessments, and appropriate measures were taken to ensure consumers were provided with information to make informed decisions regarding the care and services they received.

Consumers and representatives confirmed they were provided with up-to-date information which enabled them to exercise choice regarding their care and services they received. Staff described several ways information was delivered to consumers regarding their care and services which enabled them to exercise choice, adapting communication style to meet consumer needs. Information was displayed in the rooms of consumers and on noticeboards throughout the service.

The service had a privacy policy to protect and maintain the consumer’s privacy and confidentiality. Consumers and representatives reported their privacy was respected and were confident their personal information was kept confidential. Staff indicated they knocked on consumers’ doors and awaited a response prior to entering, and ensured doors were kept closed when providing care and services.

Based on this evidence, I find the service Compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

Consumers and representatives said the assessment and planning of care and services was completed with consideration for associated risks. Management and staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks. Care planning documentation evidenced the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services.

Consumers and representatives indicated the assessment and planning process identified and met current needs, goals, and preferences of consumers, inclusive of advance care planning. Care planning documentation captured the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning. Management and staff outlined the processes in place to ensure the service identified the consumer’s needs, goals, and preferences.

Care planning documentation reflected the input and consultation with consumers, representatives, and other health professionals. Consumers and representatives confirmed they felt involved in the assessment and planning of consumer care, and confirmed they were able to choose who was involved in care delivery. Management and staff confirmed consumers and representatives were involved during care planning evaluations and identified participation of other providers.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them, however, they were not aware they could access a copy of the consumer’s care plans. Care planning documentation reflected the outcomes of assessment and planning were communicated with consumers and representatives. Management advised that consumers were informed of the outcomes of assessment and planning during care plan evaluations and when changes occurred, with improvement activities developed to ensure care plans were routinely offered following evaluation and consumers and representatives made aware they can request a copy at any time.

Care planning documentation confirmed care plans were reviewed every 6 months, when consumers’ circumstances changed, or when incidents occurred. Management and staff outlined the review process during scheduled care plan evaluations, and when a consumer’s needs, goals or preferences changed. Consumers and representatives advised the service regularly communicated with them about changes to their care and services.

Based on this evidence, I find the service Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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

Consumers and representatives said consumers received safe and effective care that was best practice and tailored to their needs to optimise health and well-being. Staff demonstrated an understanding of the personal and clinical needs of consumers, and the strategies in place to ensure these needs were met. The service’s policies and procedures provided sufficient information to support the delivery of best practice requirements for safe and effective care.

Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks. Care planning documentation reflected effective risk management assessments and strategies were in place to support consumers. Management and staff outlined the processes utilised to support the assessment, management and monitoring of risks associated with consumers’ care along with evaluation of effectiveness of mitigating strategies.

Management and staff explained processes to support end of life care, including involvement of family, health professionals, and external organisations, such as palliative care specialists to manage pain and optimise comfort. Care documentation demonstrated consumer end of life wishes are documented and followed. The Palliative and end of life care policy guides staff to ensure care is provided in a manner that maintains dignity and respect whilst meeting needs and preferences of consumers and family.

Staff described the process they followed in the event they noticed a deterioration in the health and well-being of a consumer. The service had policies and procedures to guide staff practice in the identification and response to change or deterioration of consumer condition. Care planning documentation evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner.

Consumers and representatives stated the consumer's care needs and preferences were effectively communicated between staff and with others responsible for providing care. Staff were aware of consumers’ needs and preferences and confirmed they received up to date information about consumers during the handover process. Care planning documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated in a timely manner.

Consumers and representatives were satisfied with the referral process, and confirmed consumers had access to the required health care supports. Staff outlined the process for referring consumers to health professionals and allied health services. Care planning documentation demonstrated timely referrals were made to allied health therapists and other providers of care and services.

Consumers and representatives expressed satisfaction with the infection prevention and control measures utilised by the service to prevent and control infections and outbreaks. Staff, including the Infection prevention and control lead, described how they minimised need for antimicrobials and, when required, ensured antibiotic use was appropriate. Care planning documentation reflected appropriate monitoring and management of infections and symptoms. Policies and procedures regarding infection prevention, outbreak management and the appropriate usage of antimicrobials were available to guide staff practice.

Based on this evidence, I find the service Compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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

Consumers and representatives were satisfied consumers received services and supports that met their needs, goals and preferences and enabled them to maintain their independence and enhance their quality of life. Lifestyle staff outlined how they partnered with consumers to create a care plan upon admission, collecting information regarding the consumer’s needs and preferences, which are used to facilitate any additional assistance required. Care planning documentation identified information regarding the consumer’s needs, goals, and preferences.

Consumers and representatives described the services and supports which promoted their emotional, spiritual, and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual, and psychological needs and preferences of consumers, and described how staff could assist them. Staff explained how they used regular interactions with consumers to notice shifts in mood, or identify consumers at risk of isolation, and ensured additional time and emotional support was provided where needed.

Staff described the various activities offered within the service to promote social interaction between consumers, and companion services were available for consumers needing support to access community visits and activities. Consumers and representatives felt the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Consumers were observed engaging in group activities and receiving visits from their families.

Consumers expressed satisfaction with the effective communication of their needs and preferences across the service. Staff outlined the ways in which information was shared, and the ways they were kept informed of the changing health conditions, needs and preferences of each consumer, for example, updates to lifestyle staff to adapt consumer activities or meet emotional needs, or to the kitchen to change dietary needs.

Consumers and representatives indicated that when required, they were referred to other individuals, organisations and providers of care and services in a timely manner. Care planning documentation identified the involvement of other organisations and providers of care and services. Staff described how the service worked with external providers of care and services to meet the various needs of consumers, such as volunteers or chaplain services.

Consumers expressed satisfaction with the service’s meals, which were varied and of suitable quality, with alternates available to accommodate their preferences. The kitchen was observed to be kept clean, with food storage, preparation and delivery being completed in accordance with relevant food safety practices. Staff outlined the systems for preparing meals in alignment with consumers’ dietary needs and preferences. The rotating menu was developed with input from consumers and Dietitian to ensure consumer preferences and needs were met.

Staff indicated they had access to equipment when necessary, and described how equipment was kept safe, clean, and well maintained. A review of cleaning records and maintenance logs evidenced the service actively monitored and maintained equipment for safety, suitability, and cleanliness. Consumers stated the equipment provided, including mobility aids, were safe, suitable, clean, and well maintained.

Based on this evidence, I find the service Compliant with all Requirements in Standard 4 Services and supports for daily living.

# 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

Consumers and representatives expressed the service environment was home-like, comfortable, and simple to navigate. The service’s corridors and common areas were spacious and well-organised, and there were various living spaces for consumers and their visitors to engage within. Staff demonstrated an understanding of how to support consumers to comfortably move into the service, including personalising their environment, and knew what made consumers feel safe and at home.

Consumers advised the service environment was clean and well maintained and they could move freely through indoor and outdoor areas. Staff outlined the processes for maintaining cleanliness in the consumers’ rooms and throughout the service. Cleaning logs evidenced the cleaning duties for common areas and consumers’ rooms to be up to date.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, and suitable for consumer use. Staff outlined the procedures for preventative and reactive maintenance to ensure equipment and fittings met the consumer’s needs. Consumers confirmed their equipment was kept clean and well maintained and was suitable for their use.

Based on this evidence, I find the service Compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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

Consumers stated they felt comfortable and understood how to provide feedback or make complaints. Management and staff described the avenues available to consumers and representatives if they wanted to provide a feedback or make a complaint, including for anonymous complaints or escalation to the organisation. Feedback forms and collection boxes were on display and accessible throughout the service.

Management and staff demonstrated an understanding of the external advocacy and translation services available to consumers and described communication strategies utilised with consumers. Information regarding advocacy services was displayed in multiple languages within the service. Consumers confirmed they were aware of advocacy services that could assist them to raise their complaints with the service, and an advocacy service had attended a consumer meeting to explain their role.

Overall, consumers indicated the service appropriately dealt with their complaints and were satisfied with the outcomes. For named the named consumer expressing concern, explained they were still working to find satisfactory resolution of open complaints. Management and staff provided examples of the action taken in response to a complaint and demonstrated a shared understanding of the open disclosure process. The service had policies and procedures to guide staff practice in relation to complaints management and open disclosure practices.

Management provided examples of complaints and the actions taken in response, as well as how feedback and complaints had been used to inform continuous improvement across the service. Consumers and representatives confirmed the service used feedback and complaints to improve care and services and provided examples of changes implemented as a result of the provision of feedback and complaints. The service’s continuous improvement plan evidenced the service utilised the review of feedback to improve the quality of care and services.

Based on this evidence, I find the service Compliant with all Requirements in Standard 6 Feedback and complaints.

# 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

A review of the service’s staffing roster demonstrated the service had access to a pool of staff, including agency staff, and systems in place to regularly review and adjust staffing levels including through monitoring consumer needs and call bell response times. Management described the rostering systems in place to ensure the service had an adequately staffed workforce and vacant shifts were filled, including for unplanned leave. Consumers and representatives reported staff promptly respond to consumers’ requests for assistance and spend enough time with consumers to attend to their care needs.

Management and staff addressed consumers by their preferred name, using respectful language and maintaining their privacy. Consumers reported the workforce interacted with them in a kind, caring, and respectful manner. Management advised the service’s recruitment process ensured that new staff aligned with the organisation’s values of trust, dignity, and choice and staff were held to account through the focus on the organisational values within the performance appraisal process.

Consumers and representatives advised staff effectively performed their duties and were confident staff were sufficiently skilled to meet all care needs. Position descriptions included key competencies and qualifications that were either desired or essential for each role. Management described the various ways the service determined whether staff had the relevant qualifications and competencies to perform their roles, including through employee screening measures during the recruitment process, onboarding measures, the provision of relevant training, and performance monitoring.

Management outlined how they supported their staff to ensure they received the training they needed to perform their roles in relation to the Quality Standards and used ongoing review processes, including consumer and staff feedback and incident evaluation, to identify areas for additional education to drive improvement. Staff were satisfied with the level of training and support available, enabling them to feel confident performing their roles. A review of training records evidenced staff were up to date with their mandatory training and received a range of training which was relevant to their roles.

Management advised the performance of the workforce was assessed, monitored, and reviewed through regular performance appraisals and feedback from staff, consumers, and representatives. Staff confirmed performance appraisals were regularly completed and outlined the performance appraisal process. The service’s performance appraisal completion log indicated staff were up to date with appraisals. Management explained processes followed in response to staff identifying areas for improvement or additional training.

Based on this evidence, I find the service Compliant with all Requirements in Standard 7 Human resources.

# 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

Consumers and representatives reported they were engaged in the development, delivery and evaluation of care and services. Management described the various methods by which consumers were encouraged to be engaged and involved in decisions regarding the delivery of care and services, such as through meetings, feedback forums, and committees. Minutes for consumer meetings and confirmed consumers and representatives attended meetings and provided feedback with responsive actions.

Consumers stated the service was well run, and the care provided was safe and effective. Management described how the governing body was involved in the delivery of care and services, as indicated through their organisation chart and regular communication between management and the Board. The service’s monthly reports were provided to senior management and evidenced effective oversight and trending of incidents to ensure safe and quality care and services. Management advised the Board satisfied itself the Quality Standards were being met through various reports provided and reviewed by senior management, various committees, and the Board.

The service had organisation wide governance systems in place to guide staff practice and support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Staff advised information was communicated to them through the electronic care management system, meetings, and memos. Financial governance was managed through provision of an annual capital plan to the service, availability of contingency funds, and application processes for extraordinary expenses.

Management and staff described the processes in place to identify and manage high impact and high prevalence risks associated with the care of consumers. Policies and systems were in place to identify risks and to ensure effective risk mitigation strategies were in place, outline staff obligations and processes, and support consumers to live their best lives. Staff reported that incidents including falls, abuse and neglect were escalated and reported to senior staff and management.

The service had a clinical governance framework in place to guide staff practice which addressed antimicrobial stewardship, the minimisation of restraints and open disclosure practices. Antimicrobial stewardship is monitored through Medication advisory committees, with staff aware of actions to prevent infections and ensure appropriate antibiotic use. Management outlined a practical understanding of the open disclosure process, including providing transparent and timely communication and apologies in response to adverse events. The clinical framework for management and minimisation of restrictive practice incorporated policies, procedures, referral processes, and staff demonstrated understanding of their obligations.

Based on this evidence, I find the service Compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)