Performance

Report

**1800 951 822**

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| Name of service: | Resthaven on Quarry |
| Service address: | 10 Sands Terrace, PO Box 3036 NORTH MACKAY QLD 4740 |
| Commission ID: | 5329 |
| Approved provider: | Resthaven Age Care Facility Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 December 2022 to 9 December 2022 |
| Performance report date: | 20 January 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 on Quarry (**the service**) has been prepared by K. Spurrell 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 staff, consumers/representatives, and others.
* other information and intelligence held by the 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

Consumers stated staff treated them well, with dignity and respect. Staff were observed interacting with consumers in a friendly and respectful manner. Care planning documentation demonstrated individualised information was captured showing consumers’ religious, spiritual, and cultural needs and personal preferences. Policies in place highlighted the importance of respecting consumers.

Consumers and representatives believed staff knew about consumer’s backgrounds and what was important to them. Staff explained how consumers’ cultural background influenced the care they received. Care planning documentation identified consumer’s backgrounds and what was important to them. Polices provided strategies for staff to understand and respond to the diverse needs and preferences of consumers.

Consumers stated they were encouraged to make choices and were supported to maintain relationships of choice. Staff explained how they assisted consumers to stay in touch with people important to them. A choice and independence policy stated every consumer had an essential right to make life decisions and have those decisions respected.

Staff explained how consumers were supported to take risks at the service. Documentation showed assessments had been completed for consumers who took risks. Appropriate policies were in place to inform staff about consumers’ right to take risks.

Consumers explained how they received information allowing them to make informed choices. Staff explained how they supported consumers to make informed choices about the care and services they received. The monthly activities schedule and daily menu were on display throughout the service for consumers and visitors to see.

Consumers reported they believed staff respected their privacy, providing examples such as staff knocking on doors before entering their room. Staff explained the policies and practices they followed to ensure they respected and maintained consumer’s privacy. Staff were observed knocking on doors before entering consumers’ rooms and the service’s electronic care planning 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

Consumers provided positive feedback about the assessment and care planning process, and said the care delivered met their needs. Staff were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Guidelines, policies, and procedures guided staff in their practice and when incidents occurred, they were recorded and investigated, care plans were reviewed and changed whenever a risk was identified.

Consumers confirmed their involvement in discussions regarding advanced care planning and how care was to be provided. Staff stated advanced care planning and end of life planning information was discussed with consumers and representatives on entry, or when the consumer wished, and as the consumer’s care needs changed. Staff were guided by policies and guidelines to support palliative care and advance care planning directing a collaborative and holistic approach to assessment and care planning for end of life.

Consumers recalled sighting their care plan and were familiar with the care and services they received, and representatives advised they would be comfortable requesting a copy of the consumer’s care planning documentation if they chose to. Staff reported consumers were involved in the assessment and review process and were consulted during the process. Care planning documentation was observed to be readily available to staff delivering care and visiting health professionals had access to consumers’ documentation relevant to their role.

Consumers confirmed their care and services were regularly reviewed when their circumstances changed, there was a deterioration of condition or when incidents impacted on their needs, goals, or preferences. Care plans evidenced reviews on a regular basis (3-monthly), or when circumstances changed and when incidents occurred including falls and/or behaviours. Staff were all aware of their responsibilities in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which prompted a re-assessment.

# 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 confirmed they received the care they needed and stated they were satisfied with management of risks, including falls, pressure injuries and pain. Care documentation reflected individualised care was safe, effective, and tailored to the specific needs and preferences of the consumer. Policies, procedures, and guidelines guided staff practice in relation to restrictive practices, falls management, wound care, skin integrity, incontinence, pressure injury prevention and management, ear syringing, and pain management.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff were aware of the types of risks for consumers at the service and explained the strategies used to manage individual consumer risks, for example the use of frequent repositioning and promoting skin integrity. A risk management framework guided how risk was identified, managed, and recorded. Policies were available to all staff on high impact or high prevalence risks associated with the care of consumers.

Consumers and representatives interviewed expressed confidence when the consumer needs end of life care, the service would support them to be as free as possible from pain and to have those important to them with them. Staff described the way care delivery changes during palliation including two hourly cares provided including oral care, repositioning, personal cares, and hourly checks by registered staff to monitor pain, make assessments and review specialised medication delivery devices. Consumer’s advanced health directives or other end of life directives were retained by the service and were reflected on the consumer’s care plan.

Consumers and representatives stated they had no concerns regarding the staff’s ability to recognise deterioration in their health and believed they would receive prompt action if this occurred. Staff described ways in which they responded to deterioration or a change in the consumer’s condition or health, this included completing observations, contacting Medical Officers, transferring to hospital if needed, documenting in progress notes. Clinical policies and guidelines in place directed the provision of care by staff when deterioration occurred.

Consumers said their care needs and preferences were effectively communicated between staff and they received the care they needed. Care planning documentation demonstrated progress notes, care and service plans and handover reports provided adequate information to support effective and safe sharing of the consumer’s information to support care. Staff described how changes in consumers’ care and services were communicated in the service’s online progress notes and at handover including identification of consumers whose care needs had changed or whose condition had deteriorated.

Consumers said referrals were timely, appropriate, and occurred when needed, and they had access to relevant health professions, such as Allied Health Professionals and medical specialists. Care documentation indicated input of other health professionals such as, physiotherapists, speech pathologists, medical officers, wound specialists, and other referrals where needed. Procedures for making referrals to health professionals were in place, through electronic messages and telephone communications and included documenting each referral and ensuring follow up to monitor for responses in a timely manner.

Consumers gave positive feedback regarding infection control practices within the service. Policies and procedures supported the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Staff gave examples of practices used to minimise the risk of infections, for example maintaining a clean environment, increasing fluids for consumers in hot weather and use of personal protective equipment.

# 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 stated the supports for daily living met their needs, goals and preferences whilst also optimising their independence and quality of life. Care planning documentation demonstrated assessment processes captured consumers’ likes and dislikes, and the people important to them. The activity schedule showed a variety of activities were offered to consumers.

Consumers explained how the service supported their emotional, spiritual, and psychological well-being. Staff gave examples of how the service supported consumers with their emotional, spiritual, and psychological well-being. Care plans provided information about consumer’s spiritual and emotional needs and preferences, and the service’s activity schedule had evidence of religious services.

Consumers explained how they kept in touch with family and friends and how they were supported to do the things of interest to them. Staff explained how they supported consumers to keep in touch with people important to them, visitors were observed being welcomed into the service and enjoying quality time with consumers.

Consumers believed their care needs were effectively communicated both internally and externally when the responsibility for their care was shared. Care planning documentation noted when consumers were in contact with other organisations. Practices for communicating consumer information were observed, such as during staff handovers.

Consumers stated they received support from external organisations and people, such as volunteers. Care planning documentation showed how consumers were supported with appropriate referrals to external services. Staff explained how they worked with outside groups and individuals to enhance consumer’s lifestyle experiences.

Consumers said there was a variety of food, and it was of good quality and quantity. Consumer care plans included information such as allergies, dietary requirements, and personal preferences. Processes were in place to ensure meals were monitored for quality and met the preferences of consumers.

Consumers stated they found the equipment at the service clean and suitable for their needs. Maintenance documentation showed equipment was checked and appropriately maintained. Equipment used to provide and support lifestyle services was observed to be safe, suitable, clean, and well maintained.

# 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 stated they felt at home in the service and visitors felt welcome whenever they visited. Staff described features of the service designed to support consumers with a cognitive impairment or who needed assistance with mobility. Corridors were wide and well-lit with sun lights, allowing for a lot of natural light to come through. Handrails were throughout the corridors to assist with support and consumers were seen moving around with ease.

Consumers stated they believed the service was generally clean and well maintained. Staff explained the processes for cleaning, maintenance, and laundry. Documentation, such as cleaning logs and maintenance schedules, demonstrated maintenance and cleaning tasks were completed appropriately.

Consumers reported feeling safe when staff used equipment with them. Staff explained how regularly the shared equipment was cleaned and how they knew the equipment used for handling consumers was safe to use. Documentation showed furniture was regularly cleaned and observations confirmed equipment was serviced and checked.

# 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 and representatives stated they were encouraged and supported to raise concerns or provide feedback. Staff described the different ways for consumers to provide feedback, comments, suggestions, compliments, or complaints as per the service’s complaints management policies. A feedback and complaints box was located at the nurses’ station near the main entrance and feedback and complaints posters were located on the noticeboards throughout the service.

Consumers and representatives reported they were informed about how to access advocacy services, as well as external complaints through the Resident/Relative Information Handbook. Staff knew how to access advocacy and interpreter services for consumers and were guided by policies. Advocacy and interpreter information for external organisations were observed within the service.

Consumers felt the service responded to their complaints appropriately and the service communicated with them to discuss their concerns. Staff were aware of the complaint management and open disclosure process. The feedback and complaint system included the description of complaints, comments or compliments and the action taken in response. A complaints management policy guided staff to effectively manage complaints, and the open disclosure framework ensured open communication with consumers and representatives when something went wrong.

Consumers said feedback and complaints were reviewed and used to improve the quality of care and services. Staff described how service improvements had been made in response to feedback, and the service’s feedback and complains improvement systems policy stated feedback and complaints data were analysed, reviewed, and used for continuous improvement. The plan for continuous improvement registers detailed changes made in response to feedback and complaints to improve services.

# 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

Consumers reported there were adequate staff and staff responded to call bells almost immediately. Management reported any shift vacancies were adequately filled with existing staff. Rosters and other documents demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services.

Consumers felt the workforce interacted with them in a kind, caring and respectful way regardless of cultural background. Staff were observed addressing consumers by their name and using respectful language when assisting. Staff were guided by policies and processes in maintaining diversity and cultural safety for consumers.

Consumers felt staff knew what they were doing believing staff were skilled and knowledgeable. Management described process ensuring staff were suitable for, and competent in their role. Documentation demonstrated staff had appropriate qualifications, knowledge, and experience to perform their duties. Records indicated staff were appropriately qualified and the service carried out necessary checks required for their roles, including police criminal checks, registration, certification, and mandatory training.

Consumers said staff were adequately trained and equipped to do their jobs. Management said they trained and equipped the workforce in line with recruitment and training policies through online learning and face-to-face training. Staff felt adequate training was received to perform their assigned duties. Documentation evidenced the workforce was satisfactorily recruited, trained, equipped, and supported to deliver the outcomes required.

Management described the way performance assessments occurred, and staff records and documentation supported this. Performance assessments were completed at least every 2 years as per Workforce Performance Assessment Policy. An electronic system recorded and monitored timeliness of performance assessments.

# 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 reported they were engaged in the development, delivery and evaluation of care and services. Staff described the various mechanisms used to engage consumers such as consumer meetings, surveys and feedback from consumers and representatives. Documentation evidenced consumers were engaged and supported in providing input on service delivery.

Management described how the governing body, was involved in the delivery of care and services as indicated in its organisational chart and outlined in its clinical governance policies. Clinical Governance Meeting Minutes demonstrated how compliance with the Quality Standards was monitored, including education and training, policy updates, plan for continuous improvement, complaints, and incident reporting.

Appropriate governance systems were in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself the Quality Standards were met. Appropriate systems were in place which provided oversight of the workforce, including human resourcing and monitoring of mandatory staff training. Complaints Management Policy and Open Disclosure Policy demonstrated there was a framework to ensure feedback and complaints were actioned timely and appropriately.

Staff described the processes in identifying and managing high impact and high prevalence risks, prevention of abuse and neglect, and incident management. Reporting lines were in place where risks were escalated to management and further to the governing body, who had the overall responsibility for the oversight of risk. Policy established the foundations for designing, implementing, monitoring, and ensuring current and emerging risks were identified, and their potential consequences understood.

A clinical governance framework was in place including policies, procedures, service delivery practices, and staff training requirements across areas such as antimicrobial stewardship, restrictive practices, and open disclosure. Documentation and incident reports demonstrated effective implementation and compliance with policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure.

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)