Performance

Report

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| Name of service: | Resthaven Paradise |
| Service address: | 61 Silkes Road PARADISE SA 5075 |
| Commission ID: | 6938 |
| Approved provider: | Resthaven Inc |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 10 February 2023 |
| Performance report date: | 27 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 Paradise (**the service**) has been prepared by G. Hope-Simpson, 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, dated 8 February 2023 to 10 February 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 Approved Provider’s response to the site audit report, received 9 March 2023.
* 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 | **Non-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

**Requirement 3(3)(a):**

The service will ensure wound reviews are carried out in line with best practice, that wound documentation supports the ongoing monitoring of wounds and supports staff to identify and respond to deterioration. The service will ensure regular repositioning occurs and changes in skin integrity are identified early on.

# 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 are treated with dignity and respect. Staff demonstrated an understanding of consumers’ care preferences and individuality. Care documents were individualised and demonstrated the service aims to treat consumers with dignity and respect.

Consumers and representatives confirmed the service recognises and respects their cultural background and provides care that is consistent with their cultural preferences. Staff were able to identify consumers from a culturally diverse background. Care documents included information about consumers’ cultural backgrounds and preferences.

Consumers and representatives said they are given choice about how and when care is provided, and their choices are respected by staff. Staff described how they support consumers to make choices and maintain relationships of choice. Care documents identified consumers’ individual choices.

Consumers described how they are supported to take risks. Staff demonstrated an understanding of consumers who take risks and confirmed they support consumers to live the way they choose. The service has policies to support consumers to live the best life they can.

Consumers said they were provided with information which they could understand. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. The Assessment Team observed information available to consumers throughout the service.

Consumers described how their personal privacy is respected by the service. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The service has a policies and procedures in place to ensure consumer privacy and information is 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 and representatives said they are involved in the care planning process. Staff were able to describe the assessment and care planning process. Care documents detailed individual consumer risks and were tailored to individual needs.

Consumers and representatives described having conversations with staff about advance care planning or end of life (EOL) planning. Staff described how they approach conversations about EOL care with consumers. Care documents included EOL wishes for sampled consumers.

Consumers and representatives confirmed they actively participate in care planning. Staff said consumers and representatives are involved in care planning. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers and representatives said the service maintains good communication in relation to care and services, however some noted they had not been offered a copy of the consumer’s care plan. The response demonstrated consumers and representatives are routinely offered care plans shortly after admission to the service.

Consumers and representatives said their care needs are regularly discussed by staff and any changes are addressed in a timely manner. Staff could describe how and when care plans are reviewed. A review of care documents evidenced regular reviews of care plans in line with the service’s policies and procedures.

# 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. | Non-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 Assessment Team found deficiencies in relation to Requirements 3(3)(a) and 3(3)(b). Evidence brought forward by the Assessment Team, and the Approved Provider’s response to it, is outlined below.

*Requirement 3(3)(a):*

The Assessment Team found there were discrepancies in relation to the service’s ability to accurately identify and monitor consumers subject to chemical restrictive practice. Upon review of the service’s psychotropic register, the Assessment Team identified 2 consumers who were charted psychotropic medication without indication of an underlying medical condition. Management advised, and review of documentation confirmed, that all consumers receiving psychotropic medication had tailored behaviour support plans (BSPs) in place. The Approved Provider’s response, received 22 February 2023, included documentation which evidenced all consumers subject to chemical restraint have a medication prescribed by their treating medical practitioner for the treatment of a psychiatric or mental health condition. The response reaffirmed that the 2 named consumers had antipsychotic medication to address existing medical conditions at the time of the Site Audit. The response also reaffirmed that consent was provided by the consumers’ representatives to administer the psychotropic medication. I was persuaded by this evidence and am satisfied these examples do not reflect non-compliance with Requirement 3(3)(a).

The Assessment Team also found the service was unable to demonstrate effective management of pressure injuries for some named consumers, however detailed evidence concerning only one named consumer was provided.

For the one named consumer, the Assessment Team found deficits in the standard of wound photography in a sampled one-month period, for one of the consumer’s pressure injuries, and noted there was a visible increase in wound size from the date the wound was detected. The report also noted deficits in wound documentation for a second pressure injury on the consumer, which showed a significant gap in time between a wound photo being taken and being uploaded to the wound management tool, for a stage 4 pressure injury. The image did not contain ruler measures and it was unclear which image on the tool represented the wound when it was first discovered. Documentation review showed significant wound progression in a sampled one-week period, however ruler measurements had been missed. The consumer’s representative was unsatisfied with the number pressure injuries and held concerns staff were not repositioning the consumer as frequently as necessary, given the consumer was non-ambulant. Other evidence brought forward in the site audit report as refuted and has not been outlined here.

In their response, the Approved Provider asserted that wound care management for the named consumer was appropriately provided and assessed, and the standard of photography within the wound care documentation did not have any adverse impact upon the care of the consumer. However, documentation provided with the response did not support their position and reflected inconsistency in wound documentation and deterioration in the first wound.. Documentation also demonstrated the pressure injury was not discovered until it had reached stage 2. The response provided some context concerning the second pressure injury discussed in the site audit report but did not include evidence to show the consistent and timely review of the pressure injury, according to service policy. The response also outlined education and further training in wound care and documentation that had been provided to staff prior to the site audit and demonstrated that further additional training had been scheduled for the clinical leadership team, prior to the site audit.

On balance, while I acknowledge the response overturned findings in relation to restrictive practices, I am satisfied wound care at the service was not optimised, and that there was demonstrated detrimental impact to one named consumer, who experienced strong pain as a result. Evidence about the same named consumer was also brought forward in Requirement 3(3)(b) however was more relevant to this Requirement, as it concerned deficits in the use of the consumer’s pressure relieving air mattress. In reaching my decision, I have considered that evidence, which I find is more relevant to, and reflects non-compliance with Requirement 3(3)(a). For these reasons, I am satisfied the one named consumer’s experience reflects non-compliance with Requirement 3(3)(a).

*Requirement 3(3)(b):*

The Assessment Team found staff understood the high-impact, high prevalence risks for consumers at the service and most consumers and representatives considered the service adequately managed consumer risks. Processes were in place to identify consumer risks at the beginning of each shift, and high-impact high prevalence risks were monitored and trended.

However, the Assessment Team found the service was unable to demonstrate effective management of high impact risks associated with one named consumer’s pressure injuries. The Assessment Team raised concerns regarding inconsistent repositioning of the named consumer discussed at length in Requirement 3(3)(a), and the inappropriate use of their pressure relieving air mattress, which was brought to the attention of the service by an external wound consultant.

In their response, the Approved Provider demonstrated the service has appropriate systems in place for regular repositioning of consumers and a variety of pressure relieving mechanisms to prevent the development of additional and existing pressure injuries. The Approved Provider confirmed it is not a requirement of staff to document each time they reposition a consumer. The Approved Provider further advised the air mattress has since been decommissioned from the service and is being replaced with a new air mattress and provided additional context to address concerns raised by the wound specialist. However, the response did not completely overturn the site audit report findings outlined, that on 3 occasions when reviewed by the wound specialist, the mattress was calibrated incorrectly.

Having had regard to the evidence in the site audit report and the Approved Provider’s response, I find the service had adequate systems and processes in place to manage most consumer risks. The site audit report contained examples of appropriate falls prevention and safety strategies, appropriate monitoring of weight loss and management of behaviours. While I accept there were deficits in the management of the one named consumer’s pressure injuries, this is more relevant to Requirement 3(3)(a) and has been considered there to support a finding of non-compliance. There is insufficient evidence in the site audit report to show systemic gaps in management of high prevalence, high impact risks for other consumers, and there was evidence of effective risk management systems in place. As a result, I disagree with the Assessment Team’s recommendation and find the service is compliant with Requirement 3(3)(b).

I am satisfied that the remaining 5 requirements of Standard 3 are compliant.

Consumers and representatives confirmed they had discussed EOL planning with the service. Staff described how they adjust care to support the needs and preferences of those receiving palliative care. The service has a palliative care policy which guides staff in delivering care and services.

Consumers and representatives said the service is responsive to deterioration or changes in a consumer’s condition. Staff described how deterioration and changes in a consumer’s condition are discussed at handovers and described response actions taken. Care documents included information about changes in consumers’ conditions, referrals made in response and directives for care implemented in response to change and deterioration.

Consumers and representatives said they are satisfied with the service’s communication of changes in consumers’ condition. Staff were aware of consumers’ care needs and described how information is shared about a consumers’ condition. Care planning documents included input from MO and allied health professionals.

Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included referrals to various health professionals when required.

Consumers and representative expressed satisfaction with the service’s infection control measures. Staff demonstrated an awareness of infection control measures and the appropriate use of antibiotics. The Assessment Team observed staff following infection control practices appropriately.

# 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 said they were supported to engage in activities which maintain their quality of life and independence. Staff could explain what sampled consumers like to do and this feedback aligned with the information in consumers’ care plans. The Assessment Team observed consumers engaged in daily living activities during the Site Audit.

Consumers described how the service promotes their emotional, spiritual and psychological well-being. Staff were able to describe how they support the emotional and psychological well-being of consumers. Care documents identified the people important to individual consumers and activities of interest.

Consumers and representatives said consumers are supported to participate in activities within and outside the service. Staff described how they support consumers to participate in the community and engage in activities of interest to them. Care documents included information which aligned with feedback provided by consumers, representatives, and staff.

Most consumers and representatives said consumers’ preferences, needs, and conditions are effectively communicated within the service and with others who share responsibility for care. Staff described how they effectively communicate consumer care and other needs at handovers. The service utilises an ECMS which is accessible by staff.

Consumers and representatives said consumers are supported by external organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Most consumers were satisfied with the variety and quantity of food offered at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers and representatives said they have access to safe, clean, and well-maintained equipment. Staff said there were processes in place for preventative and corrective maintenance. The Assessment Team observed equipment to be clean and suitable for consumers’ needs.

# 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 said the service environment is welcoming and easy to understand. The Assessment Team observed the service was clean and well maintained, and promoted a sense of independence, interaction, and function. The service was spread across two levels with 5 wings, each containing a dining area and lounge. Outdoor areas had shaded spaces, outdoor furniture and gardens.

Most consumers and representatives said the service was clean and well maintained. Staff described the cleaning and maintenance practices at the service. The Assessment Team observed the service was tidy and clean.

Consumers said equipment at the service was clean and regularly maintained. The Assessment Team reviewed up to date preventative and reactive maintenance schedules. The Assessment Team observed the equipment in the service was clean and in good condition for consumer use.

# 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 said they felt comfortable raising concerns and providing feedback. Staff demonstrated an awareness of feedback and complaints processes. The service has various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Overall, consumers and representatives reported they were aware advocacy and external complaints handling services. The Assessment Team observed information about advocacy and interpreter services for relevant organisations. Information about the Aged Care Quality and Safety Commission was provided on brochures and noticeboards throughout the service.

Overall, consumers said the service responds to their complaints appropriately. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the feedback register demonstrated the service takes appropriate and timely action in response to complaints.

Consumers felt feedback and complaints were reviewed and used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Most consumers and representatives said there are enough staff to provide safe and effective care. Most staff said there are enough staff at the service. While some consumers and representatives considered there were not enough staff at times, they did not specify any impact to consumers as a result. A review of rosters for the fortnight immediately preceding the assessment, found consistent staffing numbers across all shifts.

Consumers said staff are kind, caring, and considerate of their needs, but some raised concerns about agency staff competence. Staff could provide practical examples of how they treat consumers in a kind and respectful way. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers felt staff were capable and experienced in their roles. Staff could describe initial and ongoing training they receive to perform their roles. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers said service staff are confident and trained appropriately. Staff said the service provides mandatory and supplementary training to support them to provide quality care. The Assessment Team reviewed mandatory staff training records which demonstrated that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills. Document review showed annual appraisals were up to date.

# 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 said they provide ongoing input into how care and services are delivered. Management advised that all feedback or suggestions made by consumers and representatives are included in the service’s PCI. Documentation review showed consumers are meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. The governing body reviews audits and other data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Staff were able to describe how incidents are reported and documented on the service’s ECMS. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The service maintains an incident register and management confirmed they analyse incidents to improve care and services. The Assessment Team were advised on the final day of the audit that the service had been issued an Incident Management Compliance Notice by the Commission, for deficits in incident reporting identified in 2022. At the time of site audit, the Assessment Team did not identify deficits in mandatory reporting to the Serious Incident Reporting Scheme and found overall, the service’s incident management and reporting system was appropriately managed.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)