Performance

Report

**1800 951 822**

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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: | Assessment Contact - Site |
| Activity date: | 10 July 2023 |
| Performance report date: | 31 July 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 M Glenn, 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

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others;
* the provider’s response to the Assessment Team’s report received 20 July 2023; and
* a Performance Report dated 27 March 2023 for a Site audit undertaken from 8 February 2023 to 10 February 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken 8 February 2023 to 10 February 2023 where one consumer’s wound care was found to not be optimised. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided training to staff in relation to pressure injury prevention, wounds and incontinence related dermatitis.
* Conducted weekly clinical meetings, which focussed on wounds, and ensured staff were undertaking wound care in line with the service’s policy. These weekly meetings are ongoing.
* Reviewed the Assessment, care planning and evaluation procedure to ensure it reflected best practice care, specifically in relation to wound and pressure injury management.

At the Assessment Contact undertaken 10 July 2023, consumers were found to receive safe and effective personal and clinical care that was best practice, tailored to their needs, and optimised their health and well-being. Care files were reflective of consumers’ individualised care needs and demonstrated appropriate management of specific aspects of care, including wounds, restrictive practices and pain; involvement of Medical officers and Allied health specialists in consumers’ care was also evident in care files sampled. Staff demonstrated an understanding of best practice clinical care, and policies and procedures are available to assist and guide staff to ensure best practice is achieved. Consumers and representatives sampled were satisfied consumers get the care and services they need and that it is right for them.

Based on the Assessment Team’s report, I find requirement (3)(a) in Standard 3 Personal care and clinical care compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

There are processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. The roster is reviewed regularly with consideration given to incidents, feedback, consumer acuity and repeated vacant shifts. There are processes for planned and unplanned leave. Call bell response times are monitored with extended times followed up with consumers and staff to identify potential impact to the consumer, and what can be done differently next time. Staff said they have enough time to complete their tasks and are supported by other staff in the event there is a vacant shift. Most consumers and representatives were satisfied with the mix and number of staff, confirming consumers receive care and services in a timely manner, and staff respond to call bells quickly.

Based on the Assessment Team’s report, I find requirement (3)(a) in Standard 7 Human resources compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)