Performance

Report

**1800 951 822**

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| Name of service: | Resthaven Port Elliot |
| Service address: | 3 Frederik Street Port Elliot SA 5212 |
| Commission ID: | 6309 |
| Approved provider: | Resthaven Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 October 2022 |
| Performance report date: | 8 November 2022 |

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 Port Elliot (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner) .

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.

# 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 management;
* the provider’s response to the Assessment Team’s report received 19 October 2022; and
* the Performance report dated 23 February 2022 for the Site Audit conducted from 30 November 2021 to 2 December 2021.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement (3)(d) was found Non-compliant following a Site Audit undertaken from 30 November 2021 to 2 December 2021 where it was found the service did not consistently use the mechanisms they had in place to support consumers to safely assume the risks entailed in leaving the service independently nor was the Dignity of risk procedure consistently followed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Completed an audit to identify all consumers who leave the service independently, completed risk discussions and implemented appropriate/relevant strategies to eliminate and/or mitigate identified risks.
* Developed a form which documents discussion, strategies, consent and review relating to consumer dignity of choice and associated risk.
* Provided staff education, toolbox training and Nursing excellence workshops relating to revised processes and dignity of risk.
* Created a fact sheet, Understanding the risks associated with leaving the service independently, for consumers and representatives.

At the Assessment Contact conducted on 5 October 2022, the Assessment Team found where consumers choose to undertake an activity which includes an element of risk, appropriate assessments are undertaken and management strategies initiated in consultation with consumers and/or representatives. Care files sampled included alerts where Risk/Identification/Strategies/Consultation (RISC) assessments were in place. Policies and procedures are available to guide staff practice, including in relation to the RISC discussion form, which is reviewed as part of the care evaluation process. A risk register is maintained which highlights risk identification, discussions and strategies implemented to eliminate or mitigate identified risks. For sampled consumers, staff demonstrated an awareness of activities consumers partake in which include an element of risk, and described strategies implemented to mitigate associated risks. Four consumers sampled confirmed staff support them where they decide to take risks, assessments are undertaken and strategies to minimise harm are developed in consultation with them.

For the reasons detailed above, I find Requirement (3)(d) in Standard 1 Services and supports for daily living Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Assessment and incident data is used to identify consumers with high impact or high prevalence risks, and tailored management strategies are developed and included in care plans, along with goals for reducing frequency or likelihood of harm. Where risks had been identified, care files demonstrated management strategies had been implemented, including additional monitoring, review of strategies had been undertaken and referrals to Medical officers and/or Allied health specialists initiated. Care files sampled demonstrated appropriate management of risks relating to falls, behaviours and catheter care. Staff indicated a High risk resident list, updated weekly, is used to ensure all staff are aware of consumers with significant risk or change, and additional monitoring and documentation is required on each shift for identified consumers. Four consumers and two representatives sampled were satisfied consumers receive care that is right for them and referred to management of specific risks related to mobility changes. Consumers and representatives said consumers are able to see specialists, Medical officers and Allied health specialists when requested and risk assessments are completed in consultation with them.

For the reasons detailed above, I find Requirement (3)(b) in Standard 3 Personal care and clinical care Compliant.