Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Resthaven Westbourne Park |
| Service address: | 30 Sussex Terrace WESTBOURNE PARK SA 5041 |
| Commission ID: | 6895 |
| Approved provider: | Resthaven Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 December 2022 |
| Performance report date: | 18 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 Westbourne Park (**the service**) has been prepared by J Renna, 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.

# 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 staff, consumers/representatives and others; and
* the provider’s response to the Assessment Team’s report received on 4 January 2023, indicating acceptance of the Assessment Team’s findings.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **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

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team was satisfied the service meets Requirement (3)(b), and provided the following evidence relevant to my finding:

* Consumers and representatives said risks associated with the care of consumers are effectively managed.
* Staff were knowledgeable of individual consumers, risks associated with their care and described strategies to manage those risks. Staff said they are supported to identify and reduce consumer risk by ongoing training.
* Documentation showed effective management of risks, with strategies documented in care plans, through the use of validated assessment tools to manage pain, falls, behaviours, weight loss and wounds.
* If high impact or high prevalent risk is identified for a consumer, staff engage with the relevant medical specialist when required for further assessment.
* Consumer risk is assessed on admission and re-evaluated when incidents or changes to the consumer’s condition occur through incident reporting and review processes, and updated in care plans to inform staff of those risks.
* Incident reporting and review processes have been implemented to identify high impact or high prevalence risks associated with the care of each consumer and provide ongoing staff training in relation to high-risk areas of consumer care.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| 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 |

Findings

The Assessment Team was satisfied the service meets Requirement (3)(b), and provided the following evidence relevant to my finding:

* Indoor and outdoor communal areas were observed to be safe, clean and well maintained with consumers and visitors utilising and moving freely within those areas, including consumers on the upper level accessing ground floor amenities.
* Overall, consumers said they were satisfied with the overall cleanliness of the environment and consumer rooms were observed to be clean and tidy. While one representative expressed dissatisfaction with the cleanliness of their family member’s room, they said it has been raised with management and they are working to rectify these concerns.
* Staff said they have enough time to complete their cleaning duties and are guided by a checklist to ensure consumer rooms meet the required standard expected by the organisation.
* The environment is maintained and cleaned through proactive and reactive measures and any maintenance requests or identified deficiencies, which are prioritised to reduce the risk to consumers, are actioned in a timely manner.

Based on the information summarised above, I find the service compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team was satisfied the service meets Requirement (3)(a), and provided the following evidence relevant to my finding:

* Eight of nine consumers and representatives said they were satisfied with the number of staff and consumers did not have to wait long for assistance. One consumer expressed dissatisfaction with the number of staff and said tasks are rushed and meal service is slow. Meal service was observed in three areas of the service and noted consumers were overall receiving assistance with meals in a timely manner. Management confirmed a review of the dining experience is currently in progress.
* Staff said there are a sufficient number of personnel rostered each day to allow them to perform their duties in a timely manner. Staff said improvements to the rostering system has reduced the number of vacant shifts and replacement personnel are sourced to cover any short notice absences.
* The allocation of staff is reviewed weekly to ensure consumers’ care needs are met, in conjunction with analysis of call bell and incident data, which is subsequently reviewed each month and reported to senior management.
* The majority of call bell response times are responded to within the organisation’s directed key performance timeframe. Call bells that are not responded to within that timeframe are reviewed and reported to management.
* There were no staff vacancies noted during review of a 2-week period for care or clinical staff.

While the provider agrees with the Assessment Team’s recommendation, the response includes additional information regarding one consumer’s dissatisfaction with staffing numbers. I have considered this information and it does not impact the outcome of my finding.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

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)