Performance

Report

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| Name of service: | Resthaven Westbourne Park |
| Service address: | 30 Sussex Terrace WESTBOURNE PARK SA 5041 |
| Commission ID: | 6895 |
| Approved provider: | Resthaven Inc |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 11 May 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 G-M. Cain, 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
* the provider’s response to the assessment team’s report received 02 May 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 | **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 and representatives said they are treated with dignity and respect and feel valued as an individual. Staff respectfully spoke about consumers and demonstrated familiarity with consumers' individual backgrounds and preferences. Care documentation evidenced that consumers' culture, diversity and identity are acknowledged and documented. The service had policies on creating a diverse and inclusive culture.

The service recognises and respects consumers’ cultural background and preferences, and consumers confirmed that the care provided is consistent with these preferences and was documented in care documentation. Staff demonstrated an understanding of consumer preferences and culture and provided examples of how this is considered in care and services. Observations showed consumers attending activities that reflected cultural needs, such as armchair travel and the exhibition of traditional costumes. The service had a diversity and inclusion policy that states the service is committed to ensuring all consumers and staff are treated with dignity and respect each consumer's beliefs, culture, language, sexual orientation, gender identity, lifestyle, life experiences, and values are being embraced.

Consumers said they are supported to exercise choice regarding how their care and services are delivered, maintain independence and relationship of their choosing. Staff described how they support consumers in making choices and maintaining their relationships, including assisting consumers to spend time together.

Consumers described how they are supported to do the things they enjoy to live the best life, even if activities hold an element of risk. Staff and management were aware of consumers who engaged in activities that posed a risk and described strategies to support them to continue to do this whilst ensuring their safety. Review of documentation identifies appropriate risk assessments and strategies in care plans for consumers who choose to take risks. The service reviewed risk assessments every 6 months.

Consumers described how they are informed of how to make choices, and how they were supported to understand that information. Staff described how they communicate with consumers with cognitive and sensory impairment and ensure they can make choices about their daily life. Observations showed a range of information available to consumers throughout the service, including the activities calendar and menu.

Consumers confirmed that the staff at the service respected their privacy. Staff described how they maintain consumers’ privacy and keep their information confidential. Observations showed staff knocking on doors to seek permission before entering consumers’ rooms and ensuring staff workstations were closed when unattended. The service’s privacy of information policy outlines how the service aims to protect the privacy of personal and sensitive information that is collected, used, disclosed, and accessed

# 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 identify 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 consumers received the care and services they needed and were consulted throughout the care planning processes. They spoke of staff having regular discussions about consumers’ care needs, including end-of-life care if they wished. Staff described the assessment and care planning process and how it informs care and service delivery. Care documentation showed individualised care that reflected consumers' identified risks, needs, and preferences. The service had a procedure and flowcharts to guide staff about assessment, care planning, and evaluation for both permanent and respite consumers.

Consumers and representatives said staff involved them in assessing and planning the care for the consumer through regular conversations, telephone contact, case conferences, or when circumstances changed. Representatives said staff provides explanations in a simple manner and clarify consumers’ personal and clinical matters. They confirmed they had access to a copy of their care plan. Staff described how they communicate changes to the care and services plan with consumers and their representatives and can access care planning information when needed. Care documentation reflected 6-monthly care plan evaluations and reviews and the involvement of other care providers and services such as medical officers, physiotherapists, and other health professionals and services.

Staff described and care documentation evidenced that a review of care plans occurred at least every 6 months or in response to consumer health and/or well-being changes. Consumers and representatives said clinical staff regularly discuss their care needs with them, and any changes requested are addressed promptly. Care documentation identified 6-monthly care plan evaluations and reviews; and reviews when consumers’ circumstances changed, such as consumer deterioration or incidents such as infections, falls, and wounds.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Overall, consumers and representatives said they felt consumers were receiving care that was safe and right, tailored to the consumers’ needs and preferences. Staff described how they are supported to deliver personal and clinical care that is best practice and meets the needs of each consumer. Care documentation reflects the consumer's needs and preferences, and personal care and clinical care tailored to the needs of the individual. Consumers subject to restrictive practices were assessed and managed in accordance with requirements set out in the Quality-of-Care Principles, including having behaviour support plans in place.

Consumers and representatives were satisfied that risks were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including directives from health professionals. The service analyses clinical indicators and identified high-impact and high-prevalent risks to consumers at the service including falls, pressure injuries, weight loss, and COVID-19. The physiotherapist described the regular and frequent consultation with the service’s clinical management to ensure the appropriate and effective management of consumers experiencing falls and pain. This included the education of staff.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences, and this was confirmed by a consumer representative whose loved one had recently passed away at the service. Care documentation included an advance care plan and the consumer's needs, goals, and preferences for receiving end-of-life care.

Consumers and representatives expressed satisfaction that staff recognise and respond to changes in consumers' health and/or well-being in an appropriate and timely manner. Staff explained how deterioration is recognised, responded to, and, if appropriate, referred to other individuals and providers of care. Care documentation evidenced the identification of, and response to, deterioration or changes in condition

Consumers and representatives said staff work together to meet consumer care needs and preferences, and that they do not have to repeat themselves when staff change over. Information about consumers' conditions, needs, and preferences is documented in the electronic care management system and communicated via shift handover and the handover sheet.

Timely and appropriate referrals to other providers and organisations were confirmed via interviews with consumers, representatives, and staff and reflected in care documentation. The medical officer, other health professionals, and services support the service in consumers' personal and clinical care. Care documentation included directives from health professionals to guide staff in consumer care.

Consumers and representatives interviewed expressed satisfaction with the infection control measures that the service has in place, including the management of the recent COVID-19 outbreak. The service had an appointed Infection Prevention Control lead, who had completed related competency training, and provided oversight of the service’s outbreak folders and kits, infection control storage, and staff practice. Management and staff demonstrated an understanding of key infection control practices. Clinical staff understood the principles of antimicrobial stewardship, including minimising the use of antibiotics and ensuring appropriate antibiotic usage. Observations showed staff and visitors completing a rapid antigen test before entry to the service, and all staff and visitors wearing surgical masks at the service.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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 the service supports them to maintain their independence and quality of life. One consumer spoke of participating in the walking group and musical activities, which they enjoyed very much. Staff described the activities and supports of importance to consumers; this information aligned with care planning documentation. Observations showed consumers participating in various activities, including a morning tea and church service.

Consumers described how the service promotes their emotional, spiritual, and psychological well-being. Staff described ways they support consumers' emotional and psychological well-being, including spending time with the consumer one-to-one if they were feeling down. Care documentation reflects information to guide staff to support consumers' emotional and spiritual well-being needs.

Consumers described how staff supports them to participate in the community, do things of interest to them, and maintain social and personal relationships. Staff described how they support consumers to participate in activities and engage in the community; for example, ensuring consumers are ready to attend community activities and supporting consumers to connect with family and family via technology. Care documentation identifies what is important to consumers and provides information to guide staff in supporting their needs.

Consumers and representatives said the consumer's condition, needs, and preferences are effectively communicated within the service and with others responsible for care. Staff described various ways information about the consumer is communicated, including shift handover and information in the electronic care management system.

Consumers said the service worked effectively with external organisations and individuals and provided timely referrals when needed. Staff described the referral process and advised that they have access to a wide range of individuals and providers for consumer needs; for example, the service's lifestyle program is supported by volunteers. Care planning documents identified engagement with various organisations and services.

Overall, consumers said the meals provided are of suitable variety, quality, and quantity, and they are offered alternative meal options if this wish. Staff demonstrated that they were aware of consumers' dietary needs and preferences. Consumers are engaged in the development of the menu, including providing feedback on the quality of the food, and this was confirmed on a review of meeting minutes.

Consumers said they had access to equipment that was clean and well-maintained. Staff described the processes in place to ensure equipment is clean. Equipment used for activities of daily living 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 and representatives said the service is welcoming, and spacious and created a sense of belonging. Consumers’ rooms were personalised with decorations and items of importance, such as artwork and photographs. Management described aspects of the service environment that made consumers feel welcome and optimised consumers’ independence, interaction, and function. The service was undergoing refurbishment, and observations showed safety protocols in place for the construction area. The service environment was observed to be clean and well-maintained.

Consumers and representatives spoke of the service being clean and well-maintained, and they confirmed consumers can move freely indoors and outdoors. Staff explained the cleaning and maintenance processes, and a review of service documentation identified no outstanding issues. Observations showed consumers moving freely throughout the indoor and outdoor areas of the service.

Consumers said that the service's furniture, fittings, and equipment are well-maintained and suitable for their needs. Staff described the maintenance processes, including the preventive maintenance schedule which included planned work each month. Observations showed that furniture, fittings, and equipment were clean and well-maintained.

# 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 demonstrated an understanding of how they provide feedback, including various avenues they use to provide feedback or complaints on care and services, primarily through verbal complaints to staff or management and feedback and complaints forms available throughout the service. They were also aware of the advocacy and interpreter services available. Staff described avenues for consumers to provide feedback or make a complaint, including discussing with staff, consumer and representative meetings, consumer experiences surveys, audits, feedback forms, via the organisation’s website and through accessing advocacy services if needed. Observations showed noticeboards displaying information on advocacy services, interpreters, and feedback boxes were available for consumers and representatives to submit forms. Information was provided in multiple languages.

Consumers and representatives said their concerns are addressed after raising complaints, and when incidents occur, they are notified, and actions are taken. One consumer representative spoke of their complaint being responded to, including the offering of an apology by management. Management and staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Sampled complaints data showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent, and resolving the issue whilst keeping the consumer and the representative informed.

Most consumers and representatives reported that their feedback is used to improve services. The service’s continuous improvement plan, and consumers and representatives feedback confirmed complaints are used to improve care and services. Management and staff described the main themes of complaints and the immediate and planned actions. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# 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 expressed satisfaction with the number of staff. Whilst some did express that they felt like there is not enough staff at times, they did not identify any impact to care, and most expressed satisfaction with the care consumers received. Management described how the number and skill mix of staff can be adjusted according to consumer acuity, and the service is recruiting ongoing to ensure sufficient staff to provide safe and effective consumer care. The service has a registered nurse on site 24 hours a day 7 days a week, and review of documentation shifts were consistently replaced.

Consumers interviewed provided positive feedback about the staff being kind and caring. One consumer spoke of staff always speaking kindly and taking the time to listen. Observations showed interacting with consumers in a kind and respectful way, engaging in activities of interest with consumers, and demonstrating familiarity with consumers’ individual needs, preferences, and identities.

Consumers and representatives felt that staff knew what they were doing, and they had yet to identify any areas where staff required additional training. Some consumers and representatives raised feedback relating to agency staff ‘not being as good as the regular staff’, however, did not identify any impact on consumers. Management described the service’s orientation process provided to all agency staff, including specific information relating to consumer needs and preferences, and regular staff are paired with agency staff for buddy shifts. Staff said they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. Position descriptions provided include key competencies and qualifications that are either desired or essential for each role, and staff are required to have relevant qualifications.

Consumers expressed satisfaction with the skills of the staff providing care and services, and staff said they had access to training and the variety of topics provided. Management described the corporate induction training, annual mandatory training, monthly online training, and other various workshops provided at the service which need to be completed by staff. Clinical and care staff described mandatory training including various topics including infection control, antimicrobial stewardship, Serious Incident Response Scheme, and incident management. Staff confirmed they access policies and procedures available through an online portal and were able to describe the escalation process when an incident occurs.

The service had performance appraisal processes established for staff and demonstrated regular assessment, monitoring, and review of the performance of each staff member. Management described the performance appraisal system, including annual performance appraisal for permanent staff and casual staff every 2 years.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

The service supported and encouraged consumers to be involved in designing their care and services through various avenues such as consumer meetings and feedback mechanisms. One consumer spoke of participating in consumer and representative meetings, and consultations in the redevelopment project. Service documentation demonstrated that consumers were consulted about the food service, menus, and service redevelopment.

The governing body promoted a safe, inclusive, quality care and services culture. Various sub-committees support the Board. Service management described the auditing program which is reviewed by the organisation’s executive team and organisational governance systems including the clinical framework. The Board communications information through an organisational-wide newsletter and ‘Manager Residential Services’ meetings.

The service had an effective organisation-wide governance system that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service had effective information management systems, including the provision of consumer information and policies and procedures; incident and risk management system, plan for continuous improvement, established financial arrangements; processes to inform and implement changes resulting from regulation or legislation; and processes for workforce governance.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. The service demonstrated the implementation of these frameworks, policies, and guidelines. Staff and management provided examples of risks and how they are managed within the service. A review of the organisation's Serious Incident Response Register identified appropriate and prompt reporting of incidents.

The clinical governance framework supports the service and guides staff to ensure the delivery of safe, high-quality care and services. This included policies and procedures that cover antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples.

1. The preparation of the performance report is in accordance with 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)