Arthur Blackburn VC Gardens

Performance Report

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**Commission ID:** 0537

**Provider name:** RSL LifeCare Limited

**Assessment Contact - Site date:** 3 March 2021 to 4 March 2021

**Date of Performance Report:** 4 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(e) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.
* the provider’s response to the Assessment Contact - Site report received 6 April 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall consumers interviewed by the Assessment Team considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Consumers interviewed confirmed they receive information that enables them to make decisions about things they would like to do and exercise choice.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided. One of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(e) Compliant

*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.*

The Assessment Team found the service provides a range information to consumers which is current, accurate and timely. Information is communicated in a range of ways that ensures each consumer has information which is clear, easy for them to understand and enables them to exercise choice. Consumers interviewed by the Assessment Team confirmed they receive information that enables them to make decisions about things they would like to do and exercise choice.

I find this requirement is Compliant.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall consumers interviewed by the Assessment Team considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and representatives said they are involved in the consumer’s care planning process and some said they have copies of the plans. One representative said they have taken a care plan copy home to make changes and the staff have added the changes into the care plan.

However, the Assessment Team found assessment and planning did not consistently include comprehensive information to ensure that consideration of consumer risks inform the delivery and safe and effective care and services. For example, the management of a consumer who was physically aggressive towards a staff member and a consumer who had delays in receiving their medications.

A review of clinical assessments and care planning documentation by the Assessment Team identified the current needs, goals and preferences of consumers are not consistently reflected in care plans. The Assessment Team found that care and services were not consistently reviewed for effectiveness when incidents impacted on the needs, goals or preferences of consumers.

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team found assessment and planning did not consistently include comprehensive information to ensure that consideration of consumer risks inform the delivery and safe and effective care and services. For one consumer who displayed episodes of verbal and physical aggression, care documents reviewed by the Assessment Team did not demonstrate that the associated risks were assessed to ensure safe care for the consumer and others. For a new respite consumer, planning and assessment was not completed in line with the service’s procedures resulting in the consumer not being administered prescribed medication.

The approved provider’s response demonstrates that for the consumer who displayed episodes of aggression, assessment and planning was reviewed to identify and address the associated risks. The approved provider’s response states that identified interventions have been successful as the consumer has not had any similar incidents since February 2021.

The approved provider acknowledges that the service’s initial assessment procedures were not followed for the respite consumer identified in the Assessment Team’s report. The approved provider identified that the consumer did not receive his prescribed medication for two days, and staff involved have been counselled. The approved provider has identified continuous improvement actions to ensure the initial care assessment and planning process is followed for all new admissions.

The service did not demonstrate that assessment planning consistently occurs in line with the service’s procedures to inform the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment Team found that assessment and planning did not consistently address the needs, goals and preferences of consumers, including advanced care planning and end of life planning. The Assessment Team found for a consumer who recently passed away at the service, several emotional and cultural assessments were not completed. While an advanced care and palliative care plan were completed, these contained minimal information regarding the consumer’s end of life wishes and goals. For two consumers, assessment and planning did not address their current needs such as the need for pain medication prior to dressing changes or the type of restraint in place.

The approved provider’s response identifies that for the consumer who passed away, most of the required assessments were completed in line with the service’s procedures. The approved provider specified that the consumer and representative did not identify detailed end of life wishes, and those that were identified were documented.

While the approved provider’s response demonstrates that assessment and planning addressed most of the consumer’s current needs and preferences, this was not consistently demonstrated for all consumers identified in the Assessment Team’s report. Some information contained in care plans was out of date and did not address consumer’s current needs and preferences.

I find this requirement is Non-compliant.

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team found care and services were not consistently reviewed for effectiveness when incidents impacted on the needs, goals or preferences of consumers. The Assessment Team found that wound and pain assessment or monitoring were not completed for two consumers following falls, identified wounds, or verbalisation of pain. For another consumer, care and services were not reviewed for effectiveness when on two occasions medication was found to be not administered as required.

The approved provider’s response acknowledges that wound and pain assessment or monitoring was not completed appropriately for two consumers following incidents that impacted on their needs. The approved provider’s response identifies continuous improvement actions including education and clinical management oversight procedures to ensure consumer care and services are reviewed following incidents.

Regarding the consumer whose medication was not administered as required, the approved provider identified this incident has been investigated and additional training conducted with staff. However, the approved provider’s response does not demonstrate that the consumer’s care has been reviewed for effectiveness following this investigation of the incident.

I find this requirement is Non-compliant.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall consumers interviewed by the Assessment Team considered that they receive personal care and clinical care that is safe and right for them. For example, a consumer said their pressure injury has nearly healed, and another consumer said staff arrange external appointments to help manage their clinical needs.

However, the Assessment Team found the service was unable to demonstrate best practice guidelines regarding the use of psychotropic medications are being followed. This includes appropriate consent, assessment, documentation and monitoring procedures are in place and up to date. The Assessment Team found when psychotropic medications are administered the alternative therapies are not routinely documented and the effectiveness of the medication is not often documented.

Through review of documentation and consumer feedback, the Assessment Team found that consumers are referred to appropriate services and specialists in a timely manner and in response to consumer need. However, for one consumer sampled the recommendations from a behaviour management referral were not actioned in a timely manner.

Interviews with staff, review of documentation and observations demonstrated the service has procedures and practices to minimise infection related risks including an outbreak management plan for COVID-19.

The Assessment Team identified deficits in the management of restraints, skin and pain assessment and monitoring, and post-falls management.

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

The Assessment Team found the service was unable to demonstrate best practice guidelines regarding the use of psychotropic medications are being followed. The Assessment Team found deficiencies in the service’s assessment and management of pain and wounds.

The Assessment Team found that for two consumers, the indication for prescribed psychotropic medications was not clear, and for one of these consumers this had not been identified as chemical restraint. For one consumer, the consent form for the use of chemical restraint was not accurate and did not reflect changes to the prescription of the medication made by the consumer’s medical officer. The care plan for this consumer was also not updated to reflect the current chemical restraint prescription and did not identify alternatives to restraint that have been trialled. The Assessment Team found that the service did not demonstrate that consent and monitoring processes for consumers prescribed psychotropic medications are accurate or effective.

The approved provider demonstrated that for the consumer whose chemical restraint consent form was out of date, this consent form has been updated. The approved provider demonstrated that the consumer representative was informed of the restraint and the associated risks prior to the assessment contact. However, the consent form submitted in the approved provider’s response does not identify the prescribed medication as chemical restraint. The approved provider’s response demonstrates that non-pharmacological behaviour management strategies are identified and used prior to restraint for this consumer.

The approved provider’s response clarifies the indications for the prescribed psychotropic medications for the two identified consumers. The approved provider demonstrated that for consumers identified in the Assessment Team’s report receiving psychotropic medication, most had appropriate consent in place at the time of the assessment contact.

While the service could improve in their reporting and monitoring processes for psychotropic medications, overall the service demonstrated that consent processes were in place and chemical restraint is used as a last resort for the sampled consumers. While the Assessment Team found deficiencies in the service’s assessment and management of pain and wounds, I have considered this is my assessment of Requirement 2(3)(e).

I find this requirement is Compliant.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found post-falls management was not effective to manage the associated risks for three sampled consumers. The Assessment Team found pain assessments were not completed when pain was indicated post-fall, and neurological observations were not consistently completed in accordance with the services procedures.

The approved provider’s response identifies continuous improvement actions to ensure post-falls management is effective, and other high impact or high prevalence risks associated with the care of consumers are effectively managed.

I find this requirement is Non-compliant.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

Through review of documentation and consumer feedback, the Assessment Team found that consumers are referred to appropriate services and specialists in a timely manner and in response to consumer need. However, for one consumer sampled the recommendations from a behaviour management referral were not actioned until approximately one month later.

The approved provider’s response acknowledges that due to unplanned leave of management, the recommendations were not actioned in a timely manner. The approved provider has actioned continuous improvements to ensure that the outcomes from referrals are sent to more than one contact to ensure they are actioned in a timely manner.

While the service did not action recommendations from a referral in a timely manner for one consumer, the service demonstrated that consumers are referral to appropriate individuals, organisations and providers of care and services in a timely manner.

I find this requirement is Compliant.

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team found that the service has procedures and practices in place to support the minimisation of infection related risks, including an outbreak management plan for COVID-19. The Assessment Team found staff interviewed understand, in a practical way, what they need to do to recognise infection, respond appropriately, and how to reduce reliance on antibiotics.

I find this requirement is Compliant.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However, a consumer and their representative provided examples to the Assessment Team where they considered staff practices could be improved in relation to personal and clinical care.

The Assessment Team found the workforce is not competent and do not have the required knowledge to effectively perform their roles, particularly in relation to assessment, planning and delivery of clinical care. A review of training documents demonstrated staff have not completed compulsory education in the past 12 months.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Most consumers and representatives interviewed by the Assessment Team said staff are competent in their roles. However, a consumer and their representative provided examples to the Assessment Team where they considered staff require further training in relation to personal and clinical care. This included a medication incident where medication was not administered as required for the consumer.

Some staff interviewed by the Assessment Team were not knowledgeable about open disclosure or compulsory reporting requirements. The organisation has a suite of education topics and competency assessments which staff are required to complete annually. However, a review of training documents by the Assessment Team show that all staff have not completed the required education or competency assessments in the past 12 months. The Assessment Team identified deficiencies in staff competency in relation to the assessment, planning and delivery of clinical care.

Regarding the consumer and representative feedback about staff requiring additional training, the approved provider identified that most of the examples provided are in place to maintain safe work practices. However, the approved provider acknowledges that the identified medication incident occurred and have scheduled additional training for staff to ensure medication is administered as prescribed.

The approved provider disputes that staff were not knowledgeable about open disclosure or compulsory reporting requirements. To support this, the approved provider identifies that recent training on open disclosure was delivered, and mandatory reporting is a standing agenda item for education. In their response, the approved provider identifies that only new staff or staff on long-term leave have not completed the mandatory training or competency assessments in the last 12 months. The approved provider states that the service has systems in place to encourage the completion of required training.

While the approved provider was able to demonstrate a system for staff training and competency, this was not demonstrated to be effective in ensuring all staff have the required knowledge and competency to perform their roles. This includes in relation to the assessment, planning and delivery of clinical care.

I find this requirement is Non-compliant.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall consumers interviewed by the Assessment Team considered that the organisation is well run and that they can partner in improving the delivery of care and services. Consumers felt the service had improved under the new management.

However, the Assessment Team found that organisation wide governance systems were not effective in relation to information management, continuous improvement and regulatory compliance. The Assessment Team found risk management systems were not effective in relation to the management of high impact or high prevalence risks or identifying and responding to abuse and neglect of consumers.

The Assessment Team found that the service has a documented clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team found gaps in relation to information systems for clinical care including required assessments are not consistently completed and care planning is not always reflective of consumers current needs, goals and preferences. The Assessment Team found that while the organisation has processes for continuous improvement, these have not been effective in addressing issues of non-compliance against the Quality Standards. Regarding regulatory compliance, the Assessment Team identified an incident in which a staff member failed to report an allegation of abuse in the required timeframes. However, this was identified and rectified by the service prior to the assessment contact.

The approved provider disputes that the organisational processes for continuous improvements are not effective. The approved provider identified the service has had improvements in overall clinical care delivery since January 2020 in which the service was non-compliant in seven of the eight Quality Standards. The plan for continuous improvement submitted in the approved provider’s response demonstrates opportunities for continuous improvement are identified and actioned.

While the Assessment Team identified gaps in relation to assessment and care planning, I have considered this in my assessment of Standard 2. While the Assessment Team identified an incident in which a staff member failed to report an allegation of abuse in the required timeframes, I have considered this in my assessment of Requirement 8(3)(d). In general, the service demonstrated effective systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

I find this requirement is Compliant.

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found the service has a documented risk management framework including policies outlining the management of high impact or high prevalence risks, identifying and responding to abuse and neglect of consumers, and supporting consumers to live their best life. However, the Assessment Team found these systems were not effective in relation to the management of high impact or high prevalence risks, or identifying and responding to abuse and neglect of consumers. The Assessment Team found post-falls management was not effective to manage the associated risks for three sampled consumers. The Assessment Team identified an incident in which a staff member failed to report an allegation of abuse in the required timeframes and some staff interviewed by the Assessment Team were not knowledgeable about compulsory reporting requirements.

The approved provide disputes that risk management systems are not effective in managing the risks associated with the care of consumers or identifying and responding to abuse and neglect of consumers. The approved provider acknowledges that an allegation of abuse was not reported in the required timeframes. The approved provider identifies that the alleged abuse was identified and rectified by the service prior to the assessment contact, and staff involved have had additional training.

The service was unable to demonstrate effective risk management systems in relation to the management of high impact or high prevalence risks or identifying and responding to abuse and neglect of consumers.

I find this requirement is Non-compliant.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team found that the service has a documented clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The Assessment Team found practices relating to antimicrobial stewardship and open disclosure are followed at the service, however some staff interviewed were not aware of what open disclosure meant. The Assessment Team identified deficiencies in the management of restraint.

The approved provider’s response demonstrated that overall restraint is used as a last resort for sampled consumers, and the service has consent processes in place.

While some staff were not aware of what open disclosure was, overall practices relating to antimicrobial stewardship, minimising the use of restraint and open disclosure were demonstrated in accordance with the service’s clinical governance framework.

I find this requirement is Compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

The approved provider must demonstrate:

* Assessment and planning consider risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* The service’s procedures to inform the assessment and planning of new admissions or respite consumers are effectively implemented.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate:

* Assessment and planning consistently addresses the needs, goals and preferences of consumers, including advanced care planning and end of life planning if the consumer wishes.
* Assessment and planning is reviewed and updated to ensure it addresses consumer’s current needs and preferences.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate:

* Care and services are consistently reviewed for effectiveness when incidents impacted on the needs, goals or preferences of consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The approved provider must demonstrate:

* The high impact or high prevalent risks associated with the care of consumers are effectively identified and managed.
* The service’s post-falls management procedures are followed and are effective to manage the associated risks.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### Requirement 7(3)(c)

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The approved provider must demonstrate:

* Staff are competent and have the knowledge required to effectively perform their roles. This includes but is not limited to open disclosure, compulsory reporting requirements, safe medication management, and the assessment, planning and delivery of clinical care.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.

### 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.*

The approved provider must demonstrate:

* The service has implemented effective risk management systems and practices to manage the high impact or high prevalence risks associated with the care of consumers and respond to the abuse and neglect of consumers.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response.