Bill Newton VC Gardens

Performance Report

28A Lansdown Drive
DUBBO NSW 2830
Phone number: 02 5853 2600

**Commission ID:** 0499

**Provider name:** RSL LifeCare Limited

**Assessment Contact - Site date:** 3 July 2020

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# 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 following information has been taken into account in developing this performance report:

* the Assessment Team’s report for 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 31 July 2020.

# STANDARD 2 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 sampled consumers and representatives considered consider that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Sampled consumers and representatives recalled that they had been involved in the care planning process, including review meetings and case conferencing in recent months.
* Consumers and representatives advised they are informed about the outcomes of assessment and planning. One representative was able to recall specific details of discussions regarding her spouse’s medication and associated care needs discussed during case conference.
* All consumers and representatives interviewed advised they have access to copies of their care plans when and if they wish. One representative advised she has two parents at the service and she is constantly in contact with staff regarding their care plans.

The Assessment Team found that assessment and care planning at the service is carried out regularly and as needed or when incidents occur. This ensures that consumer’s current needs, goals and preferences are met. Changes in the process of assessment to capture consumer goals on a paper-based document were found to adequately address this requirement.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 that assessment and planning at the service includes consideration of risks to each consumer’s health and well-being, and that assessment and planning is used by staff to inform the delivery of safe and effective care and services to consumers. The assessment team also found that the service had implemented a process and documentation to assist in care planning and determining each consumer’s goals and preferences for care.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 2(3)(b) 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 care planning documentation identified consumer’s current needs, goals and preferences and that any changes are identified and updated in consumer’s care plans. The assessment Team also found that advance care planning and end of life planning are attended according to consumer/representative wishes and copies maintained in consumer files. In addition, the assessment team found that the service had implemented a process and documentation to assist in care planning and determining each consumer’s goals and preferences for care.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 2(3)(d) Compliant

*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.*

The Assessment Team found that care and services plans are available in a format the consumer can understand and that they are readily available to consumers. The service was able to demonstrate that, as an ongoing process, care plans are offered and explained to the consumer and/or their representative.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 2(3)(e) 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 foundthat care and services are reviewed regularly and when changes or incidents occur, to ensure care and services plans are up-to-date and meet the consumer’s current needs, goals and preferences.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# STANDARD 3 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 sampled consumers and representatives considered that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed confirmed they get the care they need including, for example, wound care resulting in healing of a long-term pressure ulcer, and second hourly checks and continence aid change if required.

Consumers and representatives advised they have access to allied health providers including dieticians, physiotherapists.

For the consumers sampled, referrals to individuals, other organisations and providers of other care and services was occurring.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### 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 each consumer receives safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. The Assessment team found that improvements were required in relation to wound photography practices but that this did not impact the wound care provided to consumers. The service identified improvements it had made to wound photography practices. Risk assessments are being undertaken and the service demonstrated an understanding of chemical and physical restraint and implementation of appropriate practices.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 3(3)(b) Compliant

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

The Assessment Team found that the service has a system in place to trend and analyse the outcomes of high impact or high prevalence risks associated with the care of each consumer. Potential risks associated with the care of consumers are assessed, including for example risks related to specific medication types and restraint. The service has implemented a new risk categorisation tool to help registered nursing staff recognise the level of risk associated with the care of each consumer. Clinical indicators are reviewed monthly and any identified trends actioned, including provision of education to staff as necessary to prevent further incidents. Wounds were seen to be effectively managed.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team found that deterioration or changes in a consumer’s condition is identified and responded to ensure the minimisation of the impact to their health and wellbeing. The Assessment Team also found that staff were able to articulate how they recognise and respond to deterioration or changes in a consumer’s condition, and that handovers are conducted at the end of each shift where progress and/or change of consumers care are communicated.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

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

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

The assessment team found that follow up of recommended referrals/reviews was not always occurring promptly and that there was no system to ensure this occurs. Instances were identified in relation to two consumers.

In its response the approved provider submitted information in relation to the two consumers named which provided context on the suggested referrals/reviews, including the wishes of family members about not wanting additional interventions, and which indicated that appropriate measures were put in place to address the clinical concerns identified in a timely manner. The approved provider indicated that, despite this, its referral process needed refinement and implemented a process to address this.

I have reviewed the findings of the Assessment Team and the approved provider’s response and consider that the organisation is compliant with this requirement.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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 how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers and representatives considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken. For example, consumers interviewed felt they could make complaints and felt safe to do so. This could be in person to a staff member; via their family or at the resident meetings.

Feedback was noted from representatives in the complaints register that action had been taken to resolve their concerns and management had offered an apology. Actions had been undertaken to endeavour to make sure these issues did not occur again.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

###  Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found that the organisation has provided education for staff, utilising the services of a consultant regarding the new open disclosure framework. This training includes provision of a copy of the policy to all staff and an opportunity to discuss the process. The Assessment Team also found that the facility manager has been actively logging issues raised during the resident meetings as well as issued raised by representatives via email or telephone conversations through case conferences. Feedback was noted from representatives in the complaints register that action had been taken to resolve their concerns and management had offered an apology. Actions had been undertaken to endeavour to make sure these issues did not occur again.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# STANDARD 7 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.

Overall sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. For example, feedback from consumers indicated they felt staff were kind and caring in their interactions. This was also supported by comments from representatives.

Positive feedback was received from consumers regarding staff members knowledge and competency to effectively perform their roles. Consumers said they generally felt confident staff knew what they needed to do and that there were no concerns regarding the response times for call bells.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

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

The Assessment Team found that the service has systems in place to monitor staff qualifications and completion of education courses to ensure they have the skills to effectively perform their roles. As part of the process the organisation has a system to monitor staff competencies to ensure staff can undertake various personal and clinical care routines safely. Consumers and representatives interviewed generally felt staff were good and knowledgeable when providing care and services.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The organisation has systems to manage the recruitment and orientation of new staff members. This includes buddying new staff with more experienced staff members. As part of the human resources process the service also undertakes appraisals with staff to identify education requests or needs. A performance management process is also in place to manage issues related to poor work performance. Consumers and representatives did not indicate any concerns with the staff knowledge and skills when providing care.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The assessment Team found that the organisation has a system in place to monitor and ensure that staff receive a regular assessment and review of their performance. This was confirmed in interviews with staff and management as well as a review of staff files.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# STANDARD 8 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 sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services. This includes being involved in care conferences as well as consumers being invited to participate as representatives in the medication advisory committee and the quality meeting.

The organisation has developed and released a series of policies and procedures to guide and support staff in the provision of care and service. This has included open disclosure.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## 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 that the organisation has systems to monitor performance and governance across a range of areas including complaints, staffing, regulatory compliance, continuous improvement and financial governance. As part of this process the organisation has developed and released a series of organisational policies to guide staff and management practices.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### Requirement 8(3)(d) 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 that the organisation has risk management strategies which provide service level as well as organisational oversight in key areas. This includes ensuring staff have the knowledge to provide support to consumers to continue to live their life doing the things they want to do to the best of their ability. The organisation also has systems in place to ensure neglect or abuse of consumers is identified and responded to appropriately.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

### 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 organisation has systems in place which includes a clinical governance framework to provide oversight of key areas. This includes the monitoring of trends to identify and act when required at a local as well as organisational level as well. The Assessment Team found that this includes the monitoring of antibiotic usage in line with antimicrobial stewardship, acknowledging and apologising when a mistake has been made and identifying strategies to prevent a reoccurrence and minimizing the use restraint.

I have reviewed these findings and consider that the organisation is compliant with this requirement.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.