Bolton Clarke Centaur

Performance Report

21 West Terrace
CALOUNDRA QLD 4551
Phone number: 07 5390 0000

**Commission ID:** 5251

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 25 February 2021

**Date of Performance Report:** 21 April 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 and consumers/representatives
* infection control monitoring checklist completed by the assessment team on 25 February 2021
* intelligence held by the Commission including internal referrals.

The approved provider did not respond to the Assessment Contact - Site report.

# 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance 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 provided information that consumers receive safe, effective tailored personal and clinical care that is best practice and optimise consumers health and well-being. The assessment team identified:

* Consumers and representatives sampled said consumers receive the care they needed, including from medical specialist providers when necessary.
* Registered and care staff confirmed they are supported with assessable policies and procedures that guide their practice in safe and effective care delivery. Management team advised care delivery is monitored through daily review of progress notes to identify areas for follow up, as well as through case conferences, care plan reviews and feedback received at meetings and through incidental conversations.
* Care documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. Assessments were linked to best practice models of care and included a range of risk-based assessments to help inform and guide staff in the delivery of clinical care. Care planning documents and progress notes evidenced referrals and recommendations from specialist services and demonstrated directives were being implemented and followed. For example, the Assessment Team reviewed care documentation that included:
	+ informed consent and authorisations had been obtained for consumers provided with physical restraint or consumers prescribed psychotropic medications for the purposes of chemical restraint
	+ a sampled consumer’s pressure injury was monitored and managed with support from staff at a local hospital
	+ a sampled consumer’s pain was managed by using pharmacological and non-pharmacological interventions.
* The service had a suite of evidence-based procedures on the service’s electronic care documentation system to guide staff in the safe and effective care of consumers, including minimising the use of restraints, recognising and managing pain, preventing pressure injury and preventing and managing falls risks. The service has established support network with a local hospital that provides support in wound management, pain management, palliative care and behaviour management.
* The service conducts regular clinical audits and produces monthly clinical indicator reports. Clinical indicators are discussed at monthly meetings and are used to identify improvements in the delivery of consumer care.

Based on the assessment team’s findings summarised above, I find this requirement compliant.

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

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

The assessment team provided information that the service manages consumers high impact or high prevalence risks associated with their care effectively. The assessment team identified:

* Consumers and representatives interviewed said consumers get the care they need including the management of pain, use of psychotropic medication and falls.
* Care documentation for sampled consumers describes the key risks associated with their care and managing strategies. These include blood glucose level monitoring, management of falls, pain, pressure injury, oxygen therapy, hydration and nutrition.
* Senior clinical team member advised strategies are used to manage individual consumer risks including the use of psychotropic medication, falls, pressure injuries and pain. Staff demonstrated an understanding of sampled consumers assessed needs and provided examples of how they manage individual consumer risks.
* The service conducts regular clinical audits and produced monthly clinical indicator reports demonstrating that the service analysed and responded to high impact and high prevalence risks. Clinical indicators are discussed at monthly meetings and were used to identify improvements in the delivery of consumer care.

Based on the assessment team’s findings summarised above, I find this requirement compliant.

# 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

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The assessment team provided information that the service’s workforce is planned and deployed to enable to delivery and management of safe and quality care and services. The assessment team identified:

* Consumers and representatives interviewed expressed satisfaction with staff response to consumers’ requests for assistance and the quality of care provided and stated staff are kind and familiar with consumers’ needs.
* Care staff interviewed said they have sufficient time to complete their duties each day and they are allocated to an area of the service which enables them to develop relationships with the consumers and understand consumers’ needs and preferences.
* Registered staff said they have access to senior clinical personal for advice when needed and felt well supported by management and the service was adequately staffed.
* Management and staff interviews and documentation review confirmed a roster was developed in advance and there had been no vacant shifts in the two weeks prior to the Assessment Contact - Site.
* Staff interviewed advised that in the event of unplanned leave, the shifts of other staff were extended or casual staff were utilised.
* Management advised the service has two Infection Prevention Control Leads and provided a recent example where an additional staff member was utilised when increased consumer needs were identified.
* Review of call bell response time records indicated that staff response to call bells are monitored and investigated as required.
* The assessment team observed adequate staffing numbers to support consumers at lunch time.

Based on the assessment team’s findings summarised above, I find this requirement compliant.

# 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.