Bolton Clarke Cunningham Villas

Performance Report

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**Commission ID:** 5298

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Desk date:** 17 August 2021 to 18 August 2021

**Date of Performance Report:** 22 September 2021

# Publication of report

This Performance Report **will 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 |

# 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 - Desk; the Assessment Contact - Desk report was informed by a review of documents and interviews with management, staff, consumers/representatives and others.
* The approved provider’s response to the Assessment Contact - Desk report received 8 September 2021.
* The performance report dated 4 November 2020 for the Assessment Contact conducted on 29 September 2020.

# 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 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.*

Consumers’ representatives interviewed by the Assessment Team generally reported satisfaction with the care and services delivered by the service to consumers.

Care documentation demonstrated that the consumers were generally receiving individualised care that was safe, effective and tailored to their needs. Care documentation for consumers identified as a high falls risk or with poor skin integrity included specific strategies to minimise the associated risks.

The service has best practice guidelines, policies and procedures to guide staff practice in relation to the management of restrictive practices, skin integrity and pain. Staff and management described practices consistent with the policies and procedures. Registered staff interviewed could describe consumers’ specialised care needs.

Interviews with management identified all consumers receive pressure area care and skin integrity assessments are completed regularly. Staff could identify consumers with poor skin integrity or current wounds and advised they had received education on skin management.

The service’s pain management policies and procedure guide registered staff through the assessment and management process, including the use of specialised tools for consumers who cannot verbalise pain. Staff interviewed said they report concerns related to a consumer’s pain management. Management described the role of registered staff to monitor and assess consumers’ pain, senior clinical staff to review pain assessments and the involvement of medical officers or allied health professionals when required.

The Assessment Contact Desk Report identified medical officer directives documented in three consumers’ agreed care and services plans to apply compression stockings/bandage were not being consistently applied. No negative impact for these consumers was identified. The Approved Provider’s response acknowledged that the consumers sometimes refused the application of the compression stockings/bandage and it was not expected practice for care staff to document in progress notes when these were applied. Following the Assessment Contact, a medical officer review of these consumers has been arranged and a memorandum was sent to remind staff to report and document instances where consumers refuse care.

Following the decision of non-compliance with this requirement identified in relation to the Assessment Contact conducted on 29 September 2020, the service has taken actions to improve performance in relation to this requirement, specifically in relation to the management of chemical restraint.

The service maintains monthly clinical indicator data, including on the use of restrictive practices. The Assessment Team reviewed care documentation for consumers subject to chemical restraint and identified agreed care and service plans were in place, assessments had been completed, most authorisations were signed, and regular monitoring and reviews were completed.

The Assessment Contact Desk Report identified some inconsistencies in the documentation of restrictive practices for some consumers. However, the Approved Provider in its response identified the document referred to in the Assessment Contact Desk Report was no longer in use at the service and had not been since October 2020.

While the Assessment Contact Desk Report identified a consumer whose restraint authorisation did not accurately reflect the increased frequency of their psychotropic medication administration and was not signed by the consumer’s representative, the consumer’s medication chart and administration record was accurate and the consumer’s representative accurately described to the Assessment Team the frequency of the medication administration.

The Approved Provider’s response provided evidence that following the Assessment Contact, the consumer’s authorisation documentation was updated and signed. The Approved Provider’s response further stated that the consumer’s representative visits the service frequently and management have regular conversations with them about the consumer’s care, including changes in psychotropic medication.

The Assessment Contact Desk Report identified improvements implemented by the service in relation to chemical restraint, including:

* Consumers prescribed psychotropic medications had anti-psychotic/psychotropic medication monitoring assessments completed which record the medication, diagnosed condition, alternative strategies trialled, consent and reviews.
* Authorisations from medical officers were in place for consumers subject to restrictive practices.
* Monthly audits had been conducted on psychotropic medication usage, restraint reporting and authorisations, which were discussed at monthly management meetings.
* A range of education, training and information sessions on the service’s restrictive practices were provided to management, staff, internal and external health professionals and consumers and representatives.

While the Assessment Contact Desk Report identified inconsistencies in the documentation of consumers’ chemical restraint management and failure of staff to apply compression stockings/bandages as per consumers’ agreed care and services plan, the Approved Provider’s response provided additional clarifying information.

While one restraint authorisation was not signed and staff were not documenting consumers’ refusal to have a compression stocking/bandage applied, no negative impact on consumers was identified. Overall, the Approved Provider demonstrated consumers at the service receive safe and effective personal and clinical care.

Based on the above, this requirement is 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.