Bolton Clarke Cunningham Villas

Performance Report

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**Commission ID:** 5298

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 29 September 2020

**Date of Performance Report:** 4 November 2020

# 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 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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 28 October 2020.

# STANDARD 2 COMPLIANTOngoing 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.

The Assessment Team identified that overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of care and services. The outcome of assessment and planning is communicated and available where care is delivered. Consumers and consumer representatives were involved in assessment and care planning. Consumers and consumer representatives were aware of the care strategies developed to meet care needs, wants and preferences.

Assessment and planning documentation reviewed by the Assessment Team include the consideration of risks, advance care planning and end of life planning, and is based on an ongoing partnership with consumers, their representatives and other health professionals. Assessment and planning documentation is regularly reviewed for effectiveness and informs the delivery of safe and effective care and services.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### 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.*

### Requirement 2(3)(c) Compliant

*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.*

### 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.*

### 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.*

# STANDARD 3 NON-COMPLIANTPersonal 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 Assessment Team also examined relevant documents.

Overall sampled consumers interviewed by the Assessment Team consider that they receive personal care and clinical care that is safe and right for them. Consumers and representatives said the consumer gets the care they need, and they feel safe. Consumers and representatives gave various examples of how staff ensure the care provided to consumers was right for them. This included regularly asking them about their care and the way it is delivered and through involving consumers and representatives in discussions regarding alternative care options available.

Consumers and representatives said the consumer is referred to their Medical officer or other health professional to meet their changing personal and/or clinical care needs. Consumers and representatives said the referral occurs promptly and they are satisfied with the care delivered by those to whom the consumer have been referred.

Staff interviewed by the Assessment Team could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

The Assessment Team identified the service was not able to demonstrate the identification, management and monitoring for the use of chemical restraint was implemented in accordance with current best practice requirements.

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) Non-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.*

While the service was able to demonstrate the delivery of personal and/or clinical care as being tailored to each consumer’s needs, the Assessment Team identified the service was not able to demonstrate effective restraint management processes or monitoring is in line with current best practice requirements.

The Assessment Team identified deficiencies in the management of chemical restraint. The Assessment Team identified seven consumers were prescribed psychotropic medication in the absence of a diagnosis to support the use of the medication, and therefore constituting the use of chemical restraint. Restraint assessment, authorisation and consent processes had not been completed for the seven consumers as the service did not identify these consumers were prescribed chemical restraint.

The Approved provider in its written repose to the Assessment Team’s findings has acknowledges the gaps in documentation for the consumers and has taken action to rectify the issues identified by the Assessment Team. Consumers named in the report have undergone at a site and organisational level. Psychotropic medication assessments and restrictive practice assessments and authorisations have been completed for the seven consumers.

While I acknowledge the actions of the Approved provider to rectify deficiencies identified by the Assessment Team in relation to chemical restraint management, at the time of the Assessment contact these processes were not in place and the service’s own monitoring mechanisms had not identified this deficiency.

Therefore, I find this Requirement is Non-compliant.

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

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### 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.*

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

*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.*

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

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

### 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.*

# 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.

* Assessment, authorisation and consent processes are required to be completed prior to the commencement of restraint practices.