Bolton Clarke Fairways

Performance Report

59 Hanbury Street
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**Commission ID:** 5354

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 5 August 2020

**Date of Performance Report:** 22 September 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)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | 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

# 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard has not been 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 assessment and care planning documentation is individualised and reflected consideration of risks to each consumer and strategies to minimise risks, including those related to falls, dysphagia and complex behaviours.

Consumers and representatives interviewed were satisfied with the care and services provided at the service and confirmed they are involved in assessment and care planning processes.

The service has processes to guide staff practice in undertaking assessment and care planning, including when a consumer enters the service.

The clinical care manager and registered staff described the process for completing initial assessments to identify consumers' needs, choices and preferences. They also explained how they involve consumers, representatives, medical officers and other allied health professionals in assessments.

Care staff reported they receive information about consumers during handover, team discussions and care plan documentation.

The clinical care manager monitors the completion of assessment and care planning and reports monthly to management.

For the reasons detailed above, this requirement is compliant.

### 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 found consumers’ care planning documentation demonstrated care and services are reviewed regularly (three-monthly and annually) and when circumstances change or following an incident.

The service has a guideline that staff follow to complete review, reassessment and monitoring process.

Registered staff interviewed demonstrated an awareness of the service’s review and reassessment processes and care staff described their role to report incidents and changes in consumers’ condition which may prompt a reassessment.

The service monitors and trends clinical indicators including, but not limited to, skin integrity, falls and pressure injuries.

For the reasons detailed, this requirement is compliant.

# STANDARD 3 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

The Assessment Team did not assess all requirements of this Standard and therefore an overall compliance rating for the Quality Standard has not been 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 consumers’ care planning documentation (including assessments, progress notes, medication charts and monitoring records) was individualised and reflected the consumer’s care needs and preferences, including for consumers with complex behaviours, at a high risk of falls, and who experience chronic pain.

All consumers and representatives interviewed provided positive feedback about the personal and clinical care provided to them and reported that their needs and preferences are met, including in relation to complex care.

The service has a suite of evidence-based procedures which guide staff in the safe and effective care of consumers; including minimising the use of restrictive practices, pain management, pressure injury management and falls management. The service actively monitors and manages the use of restraint and is actively working to minimise the use of restrictive practices. Care documentation reviewed by the Assessment Team demonstrated the service manages consumers’ wounds and pain in line with guidelines and processes.

Registered staff described consumers’ individual needs, preferences and clinical and personal risks, including how these are being managed and monitored in line with individual care plans.

Care staff advised they ensure they provide safe and effective care by following the consumer’s care plan, service procedures and guidelines and by applying what they learnt in training provided by the service. Staff reported they discuss consumer’s clinical and personal care at handover and at staff meetings.

The clinical care manager described a range of mechanisms used by the service to monitor care delivery to consumers to ensure it is safe and effective, including through meetings, trending and reporting of clinical incident data, and staff education and training on a range of topics including falls prevention, skin integrity, catheter care and palliative care.

For the reasons detailed, this requirement is 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 found information about high impact or high prevalence risks associated with the care of each consumer are identified in care planning documentation and include restraint, pain, skin integrity, falls, behaviour, medication, nutrition/hydration and specialised nursing needs (indwelling catheter). Strategies to manage the risks are generally recorded in consumers’ care plans and associate assessments.

The clinical care manager and registered staff described consumers’ individual needs, preferences, the most significant clinical/personal care risks and how these were being managed or monitored (in line with their care plans).

Registered staff said they are provided with relevant training and they would seek advice from the clinical manager or medical officer when they have concerns in relation to a consumer’s personal or clinical care.

Care staff described how handover occurs at the beginning of each shift to identify consumers’ care needs and risks.

The organisation trends and analyses high impact and high prevalence risks though information from audits, incidents, clinical indicators, complaints and satisfaction surveys. Monthly reports are provided to the governing body.

Organisation-wide skin integrity audits have led to recent improvements in monitoring and reporting of pressure injuries.

For the reasons detailed, this requirement is compliant.

### 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 consumers’ care planning documents and progress notes reflected the identification of, and response to, deterioration or changes in condition.

For example, a consumers’ care planning documents identified changes to a consumer’s condition and responses included a review by the medical officer, changes to medications and review of falls prevention strategies. The consumer’s representative was satisfied with the service’s management of the consumer and responsiveness to changes or incidents (including falls).

Care staff explained how they identify and report changes and deterioration in a consumer’s condition. Registered staff said they are informed through handovers when a consumer has deteriorated and changes in care needs are implemented.

Registered staff explained the assessment process following changes to a consumer’s condition and said they report changes to the medical officer and allied health specialists as appropriate. Staff also advised they can contact on-call management, an after-hours medical officer or they transfer the consumer to hospital.

For the reasons detailed, 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.