Bolton Clarke Farnorha

Performance Report

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**Commission ID:** 5071

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 14 July 2020 to 15 July 2020

**Date of Performance Report:** 18 August 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** | **Compliant** |
| Requirement 3(3)(a) | 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 10 August 2020.

# STANDARD 2 COMPLIANT 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.

Consumers said the service had discussed end of life planning with them. The Assessment Team identified consumers/representatives do not generally feel like partners in the ongoing assessment and planning of their care and services. The Approved provider in its written response to the Assessment Team’s findings demonstrated several methods of communication in relation to assessment and planning of consumers’ care including care plan review forms and notations in progress notes.

The Assessment Team identified consumers, and/or their representatives are not aware how they can access a copy of their care and services plan. I note that hard copy care plans are available in each consumer’s room and the Approved provider has committed to communication processes being enhanced regarding access to care plans.

I acknowledge consumers, and/or their representatives are satisfied with care and services, staff have an understanding of individual consumer needs and care plans are individualised, include the consideration of risk to consumers and advanced care planning.

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.*

The Approved provider completes assessment and planning for the consumer, and they involve other providers. The Assessment Team identified assessment and planning was not based on ongoing partnerships with the consumer and others who the consumer wishes to involve in the process. I have come to a different decision to the Assessment Team through reviewing the Approved provider’s response, it is my decision there are processes to involve the consumer and others in an ongoing partnership relating to assessment and planning.

The Approved provider in its written response to the Assessment Team’s findings acknowledges that consumer and representative involvement in assessment and planning is not easily discoverable in their electronic system and has provided further training for staff on recording consultations.

In coming to my decision, I note that consumers and representatives are satisfied with care and services, consumer representatives provided examples of conversations held with staff regarding the care of the consumer and staff are knowledgeable of individual consumer needs. Therefore, it is my decision this Requirement is compliant.

### 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 identified deficiencies regarding the communication processes of assessment and planning and access to care plans with consumers and representatives. I have come to a different decision to the Assessment Team and have found that the Approved provider has processes to effectively communicate the outcomes of assessment and planning to the consumer and/or their representative. Care and service plans are available in consumer rooms and the Approved provider has committed to improving communication with consumers and representatives relating to access to care plans.

The Approved provider in its written response to the Assessment Team’s findings acknowledges that communication to consumers and representatives relating to accessibility of care plans may not have been clear to all parties and has created an action plan to disseminate this information. Further refinements to the electronic care system will capture this discussion in the care plan evaluation form.

In making my decision, I note consumers and representatives are satisfied with care and services, staff are knowledgeable of consumer’s individual care requirements and care plans are readily available to provide directions to staff when delivering care. Therefore, it is my decision 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.*

# STANDARD 3 COMPLIANT 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 Approved provider 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.

Consumers receive personal care and clinical care when they need it and care provided is tailored to their individualised needs. Consumers and staff confirm there are systems in place to ensure the care provided is safe and access to medical or health professionals is facilitated in a timely manner. Clinical and care documentation reflect individualised care that is effective and tailored to the specific needs and preferences of the consumer.

The Assessment Team identified the Approved provider was not able to demonstrate the use of restraint was implemented in accordance with legislative requirements or wound care monitoring was occurring in line with best practice. I have come to a different decision to the Assessment Team, while I acknowledge the Assessment Team identified deficiencies in documentation relating to restraint management, I do not consider this evidence to support that consumers are not receiving safe and effective care and services. In relation to wound care, I note wound care is delivered in accordance with directives and wounds are healing, this supports wound care is delivered to optimise the health and well-being of the consumer.

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

### 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 identified the Approved provider service was not able to demonstrate effective restraint management processes or monitoring of wound care is in line with best practice.

Following a review of the Approved provider’s response to the Assessment Team’s findings and the Assessment Team’s report, I have come to a different decision. While restraint documentation was identified by the Assessment team to contain deficiencies, these deficiencies have been actioned by the Approved provider and it is my decision these deficiencies do not support consumers were restrained inappropriately or administered chemical restraint without authorisation.

In relation to wound care the Assessment Team identified the use of measurements to demonstrate healing of wound was inconsistently utilised, I note the Assessment Team also provided evidence wounds are stable or healing. It is my decision wound care is being delivered appropriately.

The Assessment Team identified environmental restraint authorisations for all consumers residing in the secure unit did not contain information identifying the need for the consumer to reside in the secure unit. The Approved provider in its written response to the Assessment team’s findings provided documentation *(Restrictive Practices Monitoring and Assessment form)* which is utilised to capture this information.

The Assessment Team identified consumers requiring more than one restraint form did not have documentation to support the authorisation of each restraint. The Approved provider demonstrated through the use of a restrictive practices authorisation and psychotropic monitoring and assessment form, all forms of restraint are captured and authorised by relevant personnel.

The Approved provider demonstrated further evidence through the Psychotropic monitoring and assessment form, alternate strategies to the use of chemical restraint are recorded, the condition or behaviour being treated and authorisations and consent from medical officers. While the Assessment Team identified this information is inconsistently recorded in behaviour management plans, the Approved provider has now included this information in behaviour management plans for three consumers who require more than one form of restraint.

The Assessment Team identified documentation did not support the use of psychotropic medication is utilised as a last resort for the management of behaviours. The Approved provider in its written response to the Assessment Team’s findings provided evidence to support the use of alternate strategies for two named consumers. The Approved provider has also committed to further education for staff in relation to documenting the alternate care strategies and the monitoring processes utilised for consumers requiring medication to assist with behaviour management.

Wound review photographs were identified by the Assessment Team to not identify a ruler being used or record evidence of wound measurements being undertaken. While I recognise this is not best practice, a review of wound care plans for three named consumers was indicative that the wounds were stable or healing. It is my decision that wound care is appropriately delivered in accordance with directives.

In making my decision of compliance in this Requirement, I have taken into account the Assessment Team identified some deficiencies in documentation, however it is my decision consumers are receiving safe and effective personal care and clinical care and the Approved provider has corrected deficiencies in documentation relating to restraint management and wound care. I have also concluded consumers receive personal care and clinical care when they need it and care provided is tailored to their individualised needs.

### 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

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.