Bolton Clarke Farnorha

Performance Report

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**Commission ID:** 5071

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 3 March 2022

**Date of Performance Report:** 30 March 2022

# Performance report prepared by

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# 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 25 March 2022
* other information and intelligence held by the Commission in relation to the service.

# 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

The Assessment Team did not assess all Requirements in this Standard; therefore, a summary statement is not provided. However, a decision of Non-compliance for one Requirement results in Non-compliance for the Standard.

### 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.*

Processes utilised by the service to ensure the identification and authorisation of chemical restraint were not effective. Five consumers were identified to be prescribed psychotropic medication deemed to be chemical restraint and did not have signed authorisations by their medical officer or their representative. While registered staff had a shared understanding of what medication constituted chemical restraint, this knowledge did not translate to ensuring authorisations were in place prior to the administration of chemical restraint.

The response from the Approved provider to the Assessment contact report identified the organisation has a minimising restrictive practice guideline which directs the responsibility for obtaining informed consent rests with the medical practitioner who prescribes the medication as a restrictive practice. The organisation is then responsible for ensuring consent has been obtained prior to the administration of the medication. This process did not occur for five consumers who were administered medication considered to be chemical restraint without authorisation or informed consent.

The Approved provider demonstrated in its response for two of the five consumers identified, authorisations have been completed by both the medical officer and the substitute decision maker for the consumer. For the two remaining consumers (one consumer passed away on 11 March 2022), authorisations from their medical officer are yet to be obtained. The Approved provider in its response has stated the medical practice responsible for the care of the two consumers utilises a stepped approach which reviews the use of chemical restraints with a view to de-prescribing. Further information is provided to indicate the relationship between the service and the medical practice which supports the two consumers who do not have authorisation for the use of chemical restraint, is a new relationship which has required a settling in period. While I acknowledge the relationship between the service and the medical practice may be new, this does not preclude the legislated need for authorisations for chemical restraint to be in place prior to the administration of the medication as per the Quality of Care Principles 2014.

Correspondence provided as part of the Approved provider’s response from the medical practice dated 10 November 2021 indicates the two-stepped process for the authorisation of restrictive practices could be completed within a week. There is no indication in the Approved provider’s response to indicate why there has been a delay for the two consumers who are yet to have a signed authority from a medical officer in relation to chemical restraint usage.

An action plan was submitted as part of the Approved provider’s response to the Assessment contact report including actions taken to address deficiencies identified in the Assessment contact report. These actions have included training and education provided for senior Clinicians and registered staff relating to assessment, authorisation and consent processes relating to restraint management. All consumers receiving psychotropic medication have had a psychotropic assessment completed to enable the collection of mandated information for each medication. Clinical staff were required to communicate with Medical officers regarding the urgent review of the use of medication as chemical restraint and for the prescribing medical officer to gain informed consent. This action has been closed as completed, however, for two named consumers authorisations have not been provided by their medical officers in relation to the use of chemical restraint. I also note the substitute decision makers have signed the restrictive practice form indicating the need for chemical restrictive practice has been described and discussed with them, however, progress notes do not support these discussions have been held for the two consumers’ representatives (who do not have signed restraint authorisations) and their medical officers. An action has been included in the action plan for clinical staff to gain informed consent from family members for the use of chemical restraint, this is not in accordance with the previous action which noted the responsibility is for the medical officer to obtain informed consent.

While I acknowledge the actions the Approved provider has taken to attempt to address the deficits identified in relation to the authorisation of consumers requiring chemical restraint, these actions have not been completed for two consumers who continue to receive medication deemed to be chemical restraint in the absence of a signed authorisation from a medical officer. Therefore, it is my decision these actions have not been effective in identifying the deficiencies and have not been implemented fully, tested for their effectiveness or sustainability, and this Requirement is Non-compliant.

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

Consumers received safe and effective services and support to optimise their independence, health, well-being and quality of life. Consumers were supported to do the things they wanted to do and had supports available to allow them to do this, such as modified equipment and resources which enabled them to be as independent as possible and to participate in activities that promoted their well-being and quality of life.

Consumer’s care documentation demonstrated assessment processes captured what and who was important to the individual consumer and this information informed care plans to guide staff. Staff were aware of the individual lifestyle needs of the consumer and this aligned with consumer feedback and documentation.

Lifestyle activities were tailored to suit the preferences of consumers. The activity schedule was reviewed regularly by both the service management and the organisation’s lifestyle management team. Input was sought from consumers about suggestions for new activities via feedback forms and surveys and through feedback received when assisting consumers during activity times. Staff received training in working with consumers with a diagnosis of dementia and diversional therapy.

Based on the information recorded above, it is my decision this Requirement is 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 summary or 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.*

Consumers and representatives expressed satisfaction in relation to the adequacy of staff including numbers of staff and provision of safe quality care and services. The service was able to demonstrate the workforce was planned to enable the delivery of safe and quality care and services. Care staff interviewed said although they are sometimes very busy they do have sufficient time to get all their duties completed.

The service had a set permanent staff roster that was regularly monitored to ensure consumers received safe and quality care and services. The rostering system had received improvements with the addition of a new electronic rostering and management system. The electronic rostering system sends notifications to all eligible staff of an unfilled shift which other staff can accept to fill immediately as soon as notification is sent from the service via mobile telephone and email. Management advised their call bell response times were monitored and reviewed monthly by clinical care staff. The call bell response report identified most responses were rapid or within five minutes. Roster documentation demonstrated all shifts were filled for the previous month.

Based on the information contained above, it is my decision this Requirement is Compliant.

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

Consumers and representatives expressed confidence in the abilities of staff in delivering care and services and stated staff were well trained and equipped to meet their care needs. All staff received orientation and induction in areas such as fire training, manual handling, infection control, and were provided buddy shifts and were shadowed by more experienced staff for their first week of employment. Staff were satisfied and provide positive feedback regarding education practices and training opportunities provided by the service.

Management had an electronic system which monitored and managed staff training and upskilling. Management advised annual mandatory training was provided to all staff via electronic training modules and was competency based and included practical face to face educational sessions. Management evidenced a process to monitor nurse registrations, visa requirements, criminal history checks and completion of mandatory training. This was monitored by the rostering and recruitment coordinator and Human resources management.

Position descriptions included essential accountabilities including registration with professional organisations, federal police checks, statutory declarations, proof of demonstratable nursing experience such as complex wound management, aged care, medication management and palliative care experience. All staff were employed under a six-month probationary period which was monitored by senior staff and management.

Based on the information contained above, it is my decision this Requirement is Compliant.

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

Consumers and representatives expressed confidence in contributing to the development, delivery and evaluation of their care and services and consumers felt safe at the service. Management and staff described the ways in which consumers were encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive.

Processes to engage consumers included monthly consumer meetings, these meetings were held in the evenings four times a year, to encourage the participation of families to provide feedback and input. Leadership group meetings are held every day and included management, Clinical care managers, maintenance, laundry and catering staff to highlight any trends or issues consumers and representatives had highlighted from across the service. Food focus group and lifestyle meetings were held monthly at the service.

Consumer surveys and audits of the surveys were captured by management throughout the year and feedback forms were available for consumers and their representatives throughout the service.

Management provided examples of recent changes to the service which involved the input of consumers and representatives. For example, consumers and representatives requested face to face visits during the COVID-19 lockdowns so the service introduced a ‘partners in care programme’ which allowed for consumers and representatives to meet face to face, following thorough infection control requirements such as returning a negative rapid antigen test, wearing appropriate personal protective equipment including masks, face shields and gowns and visits were kept to a two hour maximum time limit. This process was positively received by the consumers and their representatives. Following input from consumers and representatives a dedicated staff member was employed to monitor the entrance and screening of visitors to speed up the wait times incurred by visitors at the entrance during busy periods.

The consumer handbook contained reports from the Chief executive officer, the Board Chairman and introduced Board members. Communications between management and the Board were evident and emails from the Chief Executive Officer to the service and individual consumers and representatives were also observed.

Based on the information contained above, it is my decision this Requirement is Compliant.

# 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.

* Processes utilised by the service to ensure the identification and authorisation of chemical restraint are required to be effective.