Bolton Clarke Macquarie View - Bolton Point

Performance Report

12 The Ridgeway   
BOLTON POINT NSW 2283  
Phone number: 02 4950 3933

**Commission ID:** 0410

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 25 November 2020 to 27 November 2020

**Date of Performance Report:** 17 March 2021

# 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** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | 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 |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(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.
* the provider’s response to the Assessment Contact - Site report received 13 January 2021

# STANDARD 2 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.

Most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The service has systems and processes to ensure assessment and planning occurs on entry to the service and this includes consideration of risks to the consumer’s health and well-being. While the service has a system of regular reassessment of care and review when incidents impact on consumers needs, these processes are not always followed to determine the effectiveness of planned care. The approved provider has taken steps to remedy this for this consumer. 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.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not 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 that 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.

I am of the view that the approved provider complies with this requirement as risks to consumers health and well-being adequately inform 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.*

The Assessment Team found that the service does not demonstrate 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.The Assessment Team provided information that consumer care and services plans do not always clearly address their current needs, goals and preferences across the different care domains. The Assessment Team identified one consumer for whom their assessment and agreed care and services plan had been left blank including, spiritual and pastoral support, emotional support, and special equipment required.

The approved provider in their response acknowledged the information in this consumer’s care plan was left blank but highlighted that the consumer was palliating, and this information was readily available in other areas of the consumers care planning and provided evidence of this. Staff were familiar with this information and it enabled them to support this consumer. I accept that for this consumer, this has not led to inappropriate care.

Furthermore, the Assessment Team identified one consumer who was administered flu vaccine earlier this year, by a general practitioner, without consent. The registered nurse was unable to find an assessment in relation to this consumer’s choice not to have a flu vaccination.

The approved provider in their response acknowledged this event occurred and provided additional information that the representative’s wishes for her mother not to receive the influenza vaccination was recorded in progress notes in April. Staff also confirmed they were aware of the consumer’s choice not to be vaccinated. The approved provider also stated they don’t “consider it fair or appropriate for the service to be held accountable for decisions made by a visiting independent medical practitioner”. I accept that the service is limited in how it can influence the treatment provided by a medical officer in their service, however it is reasonable to expect that potential future care directions are clearly available to all staff to enable them to advocate on the consumer/representative’s behalf, rather than recorded in historical care records. During the performance review, the acting clinical coordinator informed the assessment team that an alert had been added to the consumer’s care plan to alert staff to this care issue.

The Assessment Team identified two consumers for whom pain management is a significant factor. The service had identified this need, had assessed the need but did not have a pain management plan available for staff to assist them to meet these two consumer’s needs, goals, and preferences. The approved provider in their response; acknowledged these consumers did not have pain management plans available and had determined that a registered nurse when completing the pain assessments for these two consumers had not produced pain management plans on the electronic care system so that they were immediately available to staff. These had instead been archived in the system. This had not adversely effected the care of either consumer. The approved provider indicated that this error in care documentation was only perpetrated by one registered nurse and this has been addressed with them.

The Assessment Team received feedback from one representative concerning a lack of communication from the service in relation to changes in medication. This appeared to be an isolated occurrence and was dealt with by the service prior to the performance review and the approved providers response was satisfactory.

I have considered the Assessment Teams report and the approved provider’s response, and, on balance, I am of the view that the approved provider does comply with this requirement as consumer’s needs, goals and preferences are adequately considered in their assessment and planning.

### 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 that care and services are not reviewed when circumstances for consumers change, or when incidents impact on the needs, goals and preferences of the consumer.

The Assessment Team provided information that while the service has regular review of care and services for effectiveness, they did not demonstrate this occurs for consumers when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. The Assessment Team identified one consumer who regularly smoked in inappropriate areas like in his room. While review following each incident has occurred this has not resulted in further investigation or a change in strategies and further similar incidents have then occurred.

The approved provider in their response submitted additional information clarifying this information. The service has implemented, since the assessment contact, additional improvements, including alerting this consumers visitors about bringing cigarettes and lighters.

The Assessment Team identified a consumer that had been involved in 24 incidents since arriving at the service in June 2020. The Assessment Team found his behaviour care plan had not been created or updated within reasonable time frames. While incidents had been reviewed these reviews did not always contain information that corrective actions or strategies had been considered or that management involvement had occurred within a 24-hour window to enable the provider to meet their mandatory reporting responsibilities.

The approved provider, in their response, supplied additional information clarifying this information. Also included is evidence that the consumer’s behaviour care plan has been created earlier than stated by the Assessment Team in their report. I have reviewed and accept this evidence. The approved provider also included information regarding the use of another reporting system which enabled management to review incidents in a timely manner. This information was available at the time of the performance review and enabled staff to respond appropriately. In their response the approved provider demonstrated the service has assessed the consumer’s needs following these incidents to minimise the impact on other consumers, staff and on the consumer. It is noted that the approved provider has, since the assessment contact, implemented quality improvement measures which entails all incident forms being reviewed by the Clinical Leader to ensure care plans are reviewed and compulsory reporting timeframes are met following an incident.

The Assessment Team provided information that in an interview with a Registered Nurse, they informed the team that they were currently reviewing care plans and had only completed several so far. The approved provider in their response provided further clarity regarding this information stating that all care plans were regularly reviewed and the work being completed was specifically directed toward improving ‘first person’ language in their care plans as a continuous improvement. I have reviewed and accept this evidence provided.

I have considered the Assessment Teams report and the approved providers response, and, on balance, I am of the view that the approved provider does comply with this requirement as care and services are adequately reviewed for effectiveness and when incidents impact on the needs, goals and preferences of the consumer.

# STANDARD 3 NON-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 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 team also examined relevant documents.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Consumers interviewed confirmed that they get the care they need.
* Consumers interviewed confirmed that they have access to a doctor or other health professional when they need it.

The Assessment Team found consumers do not receive effective personal care and clinical care tailored to their needs and that optimises their health and well-being in relation to pain management and the management psychotropic medication.

The organisation has systems in place to manage high impact high prevalence risk to consumers, and the systems are effective in identifying key concerns.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed.

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.*

The Assessment Team found that the service does not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; is tailored to their needs; and optimises their health and well-being.

The Assessment Team provided information that the service was able to demonstrate some consumers receive personal and clinical care that is tailored to their needs and optimises their health and wellbeing, however, they did not demonstrate that care provided to consumers with challenging behaviours is best practice, tailored to their needs or optimised their wellbeing. Management of chemical restraint and pain is not provided in a way that is best practice and optimises consumers health and well-being. The assessment team found that regular pain assessment and monitoring of the effectiveness of medication provided was not consistently evaluated to ensure all consumers were pain free. Gaps were also noted in bowel and medication charting. The assessment team identified consent was not in place for chemical restraint and that alternative strategies utilised prior to the use of ‘as required’ or prn chemical restraint had not been documented and neither had been the consumers diagnosed condition requiring psychotropic medication.

The approved provider, in their response, has refuted several of the Assessment Team’s findings regarding the care of a consumer with challenging behaviours and the management of their bowel management. I have reviewed this evidence and accept this.

The approved provider, in their response, accepted that consent was not in place for the use of psychotropic medication and that alternative strategies utilised prior to the use of ‘as required’/prn chemical restraint had not been documented and neither had been the consumer’s diagnosed condition requiring psychotropic medication. The approved provider has implemented a number of improvements since the assessment contact including obtaining consent from consumers for all psychotropic medication use, improved assessment and monitoring of consumers using these medications and better documenting of alternative strategies utilised prior to administering psychotropic medication including chemical restraint.

The approved provider, in their response regarding skin integrity and wound care refuted that pressure area care was not being provided, stating that this care is not routinely documented as the provider documents this ‘by exception’. The approved provider submitted information regarding the wound care for a consumer who was palliating and I have accepted this.

The approved provider, in their response regarding pain management, refuted that a consumer requiring ‘as required’/prn pain medication had not been satisfactorily reviewed by their GP. I have reviewed the documentation submitted by the approved provider and find that, whilst the GP reviewed the consumer on 3 November 2020 there had been no further communication with the GP when the consumer was requiring prn medication every evening from 1 November 2021 to 14 Novemeber 2021. The approved provider acknowledged that improvements are required in how they document pain monitoring.

The approved provider, in their response regarding bowel charting, agreed that improvement was needed and is addressing this. With regard to medication charting, the approved provider submitted information demonstrating that PRN S8 medication was ordered and signed for on the phone order signing sheet, albeit they acknowledged one dose was not recorded correctly on the chart for the date administered. This could have had serious consequences for the consumer.

I have considered the Assessment Teams report and the approved provider’s response. The approved provider has not refuted all of the Assessment Teams findings and has implemented improvements that have occurred since the assessment contact with regard to the management of psychotropic medication, pain management and bowel charting.

I am of the view that the approved provider does not comply with this requirement as, at the time of the assessment contact, the service did not adequately demonstrate that each consumer gets safe and effective personal care which is best practice, tailored to their needs and optimises their health and well-being.

### 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 that the service does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The team found the service has a system to identify and manage high impact or high prevalence risks associated with each consumer’s care, however, the system is not always effective in identifying issues and gaps associated with management of challenging behaviours, pain management, management of chemical restraint, and medication administration, leaving some consumers at risk.

I have reviewed the information in the assessment teams report and the submission by the approved provider and find that issues regarding the management of chemical restraint, pain, and medication management have been addressed in requirement 3(3)(a).

I am of the view that the approved provider complies with this requirement.

### 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.*

The Assessment Team found that the needs, goals and preferences of consumers nearing the end of life are not recognised and addressed, their comfort maximised, and their dignity preserved.

The Assessment Team provided information on one consumer recently deceased and their palliative care. Issues included communication, comfort, timeliness, allied health team involvement, and social and spiritual support.

The approved provider provided a response that clarified and refuted this information, and showed the approved provider had sufficient information available at the time to provide support to this consumer during her last stages of life. While palliative care team was not involved, the consumers general practitioner was providing support and the service was providing care and support to the family and consumer.

I have reviewed the Assessment Team’s findings and the approved providers response and on balance agree with the approved provider that they had sufficient care and support systems in place to support consumers who are nearing end of life.

I am of the view that the approved provider does comply with this requirement as the service did adequately demonstrate that consumer’s needs, goals and preferences of consumers nearing the end of their life were recognised.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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 – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

Consumers/representatives interviewed indicated management use an open disclosure process when addressing complaints raised. They provided positive feedback regarding this requirement.

The Assessment Team found that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team found that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Consumers confirmed appropriate action is taken immediately by staff and management to issues raised and some said staff do everything they can to provide safe quality care and services. Two consumers expressed a high level of satisfaction with all staff and stated they never need to make a complaint. The Assessment Team reviewed complaints information and determined that they were appropriately handled.

I am of the view that the approved provider does comply with this requirement as the service did adequately demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

Consumers and representatives interviewed said they are offered choice and supported to live the best life they can.

The organisation’s risk management systems and practices have been effective in managing high impact or high prevalence risks associated with the care of consumers and the organisation identifies and responds to abuse and neglect of consumers.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team found that the service does not demonstrate effective risk management systems and practices, including but not limited to the following, managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can.

The Assessment Team provided information that the service’s risk management processes are not effective for managing high impact high prevalence risks associated with consumers to support them to live the best life they can.

The approved provider refuted the findings of the assesment team arguing that the service has effective risk management systems and practices in place. The approved provider stated they have systems for identifying and responding to abuse and neglect of consumers but acknowledged that three incidents, out of the 20 reviewed by the Assessmsnt Team, had not been recorded in the mandatory reporting register.

I have reviewed the evidence provided by the assessment team and the approved provider and find that, whilst several incidents were not recorded in the mandatory reporting register, the organisation has systems and processes that help them identify and assess risks to the health, safety and well-being of consumers, including identifying and responding to abuse and neglect of consumers. I am also satisfied that consumers are supported to live the best life they can.

I am of the view that the approved provider does comply with this requirement as the service does adequately demonstrate that they have effective risk management systems and practices to managing high impact or high prevalence risks associated with the care of consumers, identify and respond to abuse and neglect of consumers and support consumers to live the best life they can.

# 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.

**Standard 3**

### Requirement 3(3)(a)

*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.*

Demonstrate that care is appropriate to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in providing best practice personal and clinical care that is best practice, is tailored to their needs and optimises their health and well-being.