Bolton Clarke Moreton Shores

Performance Report

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**Commission ID:** 5593

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 6 July 2021

**Date of Performance Report:** 30 July 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 26 July 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 3 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

The Assessment Team did not assess all Requirements under this Standard; therefore, a compliance rating or summary is not provided.

### Assessment of Standard 3 Requirements

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

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

Consumers with high-impact or high-prevalence risks were effectively managed. Consumers and representatives were satisfied that consumer high impact or high prevalence risks were effectively managed.

Care documentation described the key risks to consumers, these included falls, swallowing, behaviour and pain. Care documentation for consumers at risk of falls include directives for care staff such as manual handling instructions, including equipment, and referrals to the physiotherapist for review.

Staff were aware of strategies to manage individual consumer risks including alternative strategies prior to the use of restrictive practices; falls risk strategies such as sensor mats and frequent visual observations; diversion and communication to manage behaviours; pressure injury risk strategies such as use of pressure relieving equipment, frequent repositioning and promoting skin integrity through moisturising; pain management including therapeutic massage and regular analgesia.

Registered staff described the main high impact and high prevalence risks for consumers. Individual risks and management strategies were reflected in the care documentation. A review of clinical information of consumers identified the service records high impact and high prevalence clinical and personal risks for consumers in incident documentation, risk assessments and care plan information.

Care staff were aware of how to report and document consumer incidents, and registered staff described how incidents were reviewed, and how outcomes of any actions that required follow up were initiated. Handover occurs at the beginning of each shift to identify consumers’ care needs and preferences including risks. Examples included identification of escalation of behaviours of concern, falls risks, skin integrity issues, pain management issues and changes in dietary needs.

The organisation had a risk management framework that guides how risk was identified, managed and recorded. Policies were available to all staff on high impact or high prevalence risks associated with care of consumers. A documentation system was used to record high impact and high prevalence clinical and personal risks for consumers. Clinical incidents were recorded on the service’s risk management system and these contributed to the monthly clinical indicators report. The clinical indicators report for January 2021 to May 2021, reported and trended all incidents, including identification of parameters when incidents were outside of historical trends.

# STANDARD 4 Services and support 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 and therefore an overall compliance rating and summary for this Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

Consumers were satisfied with meal provision, noting meals were varied, and of suitable quality and quantity. Consumers confirmed they were offered alternative meal options when required.

A review of care planning documentation for consumers identified consumer dietary requirements, preferences and allergies.

Meals provided at the service were prepared and sourced from an external supplier and regenerated on site. The service provided a weekly menu with two hot meal choices offered for lunch and one for dinner together with soups and dessert.

The organisation’s corporate office was responsible for developing a dietician-approved menu for all services. The menu was revised twice a year with input from consumers and representatives sought through surveys as well as from the Chef Manager at each service. A new menu had been implemented at the service in July 2021. An individualised menu was designed in consultation with consumers who had specific dietary requirements. Consumers provided feedback about the meals and dining experience by speaking directly to the Chef Manager and catering staff, through feedback and complaints forms, and via the consumer and representative food focus meetings.

The organisation has taken actions in response to complaint~~s~~ made earlier this year in relation to food. Actions have included bi-monthly food focus meetings commencing March 2021. Examples of changes implemented as a result of consumer feedback received included descriptions are now under the name of each dish to assist consumers understand foreign-named dishes. The menu has meal size options including small, medium and large. Gravy is available separately if desired. Plate warmers are used to maintain food temperature.

The daily menu is provided to each consumer and their choices are documented and provided to the kitchen. For consumers who were unable to complete the form, staff discussed the meal options with them and supported them to make their meal choice. Catering staff were aware of consumers’ dietary needs and preferences including their likes, dislikes and allergies via dietary profiles located in the kitchen and serveries in each residential area.

Meals were observed to be of satisfactory quantity served in the dining areas and on trays to consumers in their rooms. Care staff were observed assisting consumers with their meals when required and offering them choices of meals and beverages. The kitchen and dining areas were observed to be clean and tidy and staff were observed to be adhering to infection control and food safety protocols.

# 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

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

Consumers were encouraged and supported to provide feedback and make complaints. Consumers felt comfortable raising concerns and providing feedback, including at meetings or directly to management and staff.

Staff described the avenues available to consumers should they wish to provide feedback or raise a complaint including via feedback forms and consumer meetings. Staff described their roles in supporting consumers to provide feedback or make a complaint including documenting their feedback if the consumer was unable to do it themselves.

Regular consumer meetings chaired by the Residential Services Manager were held to provide updates and seek feedback in relation to care and services. The service also conducted regular audits and surveys to obtain consumer feedback.

The service had written materials about how to make complaints including details for advocacy services and these documents were available to consumers in handbooks and throughout the service. Feedback brochures and secure suggestion boxes were available for consumers and representatives throughout the service. Consumer meeting minutes confirmed consumers were encouraged to provide feedback and raise concerns.

### 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 brought forward deficiencies in relation to appropriate action taken in response to complaints. The Assessment Team stated consumers and representatives raised concerns relating to staffing, use of agency staff and call bell response times and felt no action had been taken by management to address this issue. The Assessment Team also identified one representative who was not satisfied with the response from management to a compliant raised.

It is my decision this does not evidence a lack of appropriate action following complaints. As evidenced in Requirement 6 (3) (a) consumers and representatives were supported and encouraged to provide feedback and make complaints. The service had a number of avenues for raising complaints including feedback forms and participation in surveys. Management reported an electronic register was utilised to capture and monitor complaints received. There is a lack of evidence to support complaints raised by consumers and representatives were not actioned by the service. The service’s complaints register did not contain complaints from consumers and representatives relevant to the concerns noted above. Staff had a shared understanding of open disclosure processes.

The Approved provider’s response to the Assessment Contact report states the service has well-functioning systems and processes to ensure appropriate action is taken in response to complaints. The Approved provider reported discussions have been held at the service in relation to actions taken regarding staffing.

The Assessment Team made a connection in relation to staff indicating they were not consistently reporting complaints from consumers to management and a lack of complaints for consumers in the complaints register. It is my opinion this connection lacks evidence or fact.

In relation to the consumer representative who expressed dissatisfaction with the management of their complaint, the Approved provider evidence in the response actions the service had taken to address the complainant’s concerns.

I have come to a different view to the Assessment Team, it is my opinion the service provided evidence appropriate action was taken in response to complaints and the service had effective systems and processes in relation to complaints management, therefore, 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 and therefore an overall compliance rating and summary for this 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.*

The Assessment Team brought forward concerns relating to sufficiency of staffing following feedback from consumers and staff. I have considered this feedback in line with the Approved provider’s response to the Assessment contact report, and while I acknowledge the service is experiencing staffing difficulties, I am unable to ascertain staffing issues have negatively affected the delivery of safe and quality care and services.

The Assessment Team brought forward feedback from five consumers relating to staffing, this feedback included delays in call bell response times, and the lack of availability of preferred staff. There was a lack of feedback relating to specific care and services impacted by insufficient staffing.

The Approved provider’s response addressed the feedback recorded above and evidenced call bell response times for the named consumer were responded to in a timely manner in 97% of occurrences. For the consumer whose feedback included the lack of availability of their preferred staffing member, progress notes submitted by the Approved provider demonstrated actions taken by the service to facilitate the consumer’s request. Other feedback from consumers did not specify impact on their care and services relating to insufficient staffing.

Unfilled shifts were noted in the Assessment Contact report to be reported as up to 40 unfilled shifts per week. The Approved provider in its response has evidenced this was inaccurate and reflected shifts per fortnight, and further evidenced the shifts were not left unfilled but rather were either partially filled by staff extending their shifts or staff increasing their hours worked. The accurate number of shifts that were unfilled or partially filled for the four weeks prior to the Assessment contact was eleven.

Feedback from care staff indicated there was insufficient time to complete their workload following a reduction of hours and changes to the roster. Feedback included delays in care provision for consumers who required two staff to provide assistance and an inability to reposition consumers. The Approved provider refuted this information as being an accurate reflection of staff feedback as the Assessment Team interviewed 15 staff, however the individual feedback of four staff members was recorded in the report.

A consumer was noted to have their call bell out of reach and staff had not attended to their cares at the usual time. I have considered this information and I do not feel this instance of one consumer without access to a call bell is indicative of insufficient staffing numbers.

Meeting minutes were reviewed and noted to include information relating to staffing and shift replacement. The Approved provider’s response acknowledges several staff have resigned in the past six months and recruitment processes continue to fill the positions. Other strategies utilised by the service to fulfil roster requirements include the use of agency or temporary staff, staff mentors, staff focus groups and the engagement of a recruitment agency. The Approved provider in response to information relating to a reduction of staffing hours indicated staffing hours were increased at the start of the COVID19 pandemic and this measure was discontinued in 2021.

In coming to my decision of compliance in this Requirement, I have considered the feedback from consumers and staff alongside the Approved provider’s response to the Assessment Contact report and note the care delivered to consumers was effective as noted in Requirement 3(3) (b) effective management of high-impact or high-prevalence risks associated with the care of each consumer. It is my decision therefore 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.