Bolton Clarke Rowes Bay

Performance Report

9 Havana Street
ROWES BAY QLD 4810
Phone number: 07 4750 3700

**Commission ID:** 5286

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 30 June 2020 to 2 July 2020

**Date of Performance Report:** 4 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| 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** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(e) |  Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 on 30 June 2020 to 2 July 2020.
* the provider’s response to the Assessment Contact - Site report received 24 July 2020.

# 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

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)(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;

* Assessment and planning have identified the current needs, goals and preferences for consumers, including advance care planning and end of life planning.
* For the consumers sampled, care documentation details the consumer’s current needs, goals and preferences. Consumers and representatives sampled said registered staff involve them in the assessment and planning of their care through direct conversations, telephone calls and case conferences.
* Advance care planning and end of life planning information is discussed with consumers and representatives on entry to the service when the consumer wishes and as the consumer’s care needs change
* Staff were knowledgeable in relation to processes for assessing consumer needs and care staff interviewed demonstrated an understanding of consumer needs and can refer to their care plan or the RN and CM if they require more information.
* The service completed a consumer and representative survey in May 2020 which recorded 94% of consumers and representatives feel that they have been included in the care planning processes.

For the reasons detailed this requirement is Compliant.

### 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 Assessment Team found;

* For the consumers sampled, care planning documents generally reflect ongoing partnership with the consumer and others they want involved in assessment, planning and review, including providers of other services when required.
* Consumers and representatives sampled confirmed they are involved in assessment and planning, and that staff regularly communicate with them. Consumers and representatives confirmed that allied health services are regularly involved in care planning, including physiotherapy, podiatry, speech pathology, dementia specialist care, and dietetics.
* The service has a suite of policies, procedures and guidelines relevant to assessment and planning which identifies consumers and representatives as ‘partners in care planning’ that support delivery of care. There are procedures to guide the referral process to relevant allied health consultation and to guide sharing of information about consumers.
* Review of training records and RN interviews confirmed education was provided to all registered staff including care planning, referral processes and involving relevant persons and allied health in assessment and planning.

For the reasons detailed 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 found;

* The consumer care plan includes information relevant to the consumer’s needs including, but not limited to cognitive and sensory loss, behaviour, communication, continence, cultural care, pain and sleep, hygiene, mobility, skin care and wound management, nutrition, activities of daily living and lifestyle preferences.
* Consumers’ care plans are updated following reassessment of consumers when their care needs change, following incidents and on return from hospital.
* Outcomes of assessments and care planning is discussed with consumers and representatives at care plan reviews, ROD and case conferences.

The Assessment Team observed:

* Staff accessing care plans through the electronic care planning system including care staff identifying an alert to a change in a consumer’s care needs through the electronic system.

For the reasons detailed 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;

* For consumers sampled, care plans show evidence of review on a regular basis as well as when circumstances change, or incidences occur. For example:
* Staff are aware of their responsibility in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a reassessment. For example:
* Staff interviewed demonstrated an awareness of the service’s three-monthly review process or more frequently as required due to changes in consumer’s condition.
* The service’s ‘Care planning and Assessment’ guideline sets out the review, reassessment and monitoring process, including the responsibility of staff to ensure assessment and planning reflects consumer care needs.
* 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 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

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team identified;

* recent instances where care documentation did not reflect consistent implementation of Registered Nurse directives in relation to assessment and monitoring for high impact risks for consumers
* recent instances of time dependent medication not administered timely and a medication not administered as prescribed.
* A consumer using bed poles where an assessment of risk had not occurred.

The response from the approved provider acknowledges the team’s findings and includes a range of activities undertaken including training, increased clinical oversight, updated procedures and increased monitoring.

While I acknowledge the approved providers actions since the assessment, I have no evidence of the effectiveness of these actions.

For this reason, the requirement is non-compliant.

### 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;

* Care planning documentation for sampled consumers consistently recorded consumers’ end of life needs and wishes.
* Care documentation for consumers who recently passed away and who received palliative care at the service, shows evidence of consultation with family and representatives. Progress notes demonstrate consultation between the MO and family in relation to pain medications and the involvement of family to ensure preferences for comfort care are supported.
* Consumers and representatives sampled expressed confidence that when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them.
* Care staff could describe the way care delivery changes for consumers nearing end of life and practical ways in which consumers’ comfort is maximised.
* Staff interviewed are aware of how to access information regarding consumer’s end of life preferences in the electronic care planning system, including AHD or statement of choices.
* Registered staff are available 24 hours a day to support and monitor care delivered to consumers nearing end of life.
* The organisation has a guideline for end of life and palliative care that references the ‘National Palliative Care Standards’ 2018. The guideline includes definitions, principles of palliative care, access to palliative care services, end of life pathways, palliative and end of life education and equipment.
* Comfort care pathways are completed to ensure all aspects of end of life care are delivered and documented by staff.

For the reasons detailed this requirement is Compliant.

### Requirement 3(3)(e) Non-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.*

The team identified instances where directives about documenting consumer’s condition were not followed.

The team also identified some care staff did not demonstrate a working knowledge of individual consumers needs but could access this information via the electronic care system and via the handover process.

The approved providers response indicates further training in relation to documentation has been undertaken.

While I acknowledge the additional training provided since the assessment contact visit, at the time of the assessment not all relevant information was documented and understood by staff. For this reason, the requirement is non-compliant.

# 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 rating for the Quality Standard is not provided.

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

The Assessment Team found;

* action has been taken by the service to ensure consumers and representatives have access to advocates, language services and other methods for raising and resolving complaints.
* the majority of consumers and representatives sampled are aware of other methods for raising complaints but said they had not needed to as they feel confident the Residential manager (RM) will resolve concerns to their satisfaction.
* staff are aware of methods for raising and resolving complaints, however, they advised consumers and representatives prefer to raise issues face to face or by telephone with the service’s management. Where a consumer is unable to complete a feedback form, the staff assist them to do this.
* the service has written materials about how to make complaints including external complaints, advocacy and language services located in the reception area.

For the reasons detailed this requirement is Compliant.

### 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

* Sampled consumers and representatives advised their concerns are addressed when they raise them with management and confirmed they have been invited to provide feedback and meet with management to discuss any concerns.
* All staff interviewed described how complaints would be managed and escalated.
* the service has complaints management and open disclosure policy and records show all staff have received education in relation to open disclosure.
* Complaints forms reviewed show appropriate actions are taken and documented and an open disclosure process is used when things go wrong.

For the reasons detailed this requirement is Compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team found that sampled consumers advised their concerns were taken seriously and there is a process that enables feedback and complaints to be used to make improvements to quality systems across the service.

For these reasons 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 rating for the Quality Standard is not provided.

### 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 found;

* There have been changes to senior management at the service, a recruitment drive and a significant increase in staffing including in relation to clinical support, care staff and catering and laundry,
* Consumers sampled were satisfied with access to staff and staff reported they were mostly able to attend to their duties,
* The organisation has implemented a ‘COVID cohort’ roster to, wherever possible, restrict staff to working in just one area to reduce the risk of infection and maintain consistency of staffing.

For these reasons this requirement is Compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment team found;

* there has been a recruitment drive at the service and new management and clinical staff have been engaged.
* staff are satisfied they receive adequate training and support to deliver care and services, there has been additional training provided and further available if required,
* consumers and representatives are satisfied with the skills and knowledge of staff and reported staff know how to attend to their needs.

For these reasons this requirement is Compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found;

* the service has a performance appraisal program which involves a review of their goals and improvements for the next 120 days. Staff spoken to confirmed they have completed these recently and that it involved a discussion with their supervisor.
* consumer feedback is followed up as soon as practicable and action taken eg training if required.
* management reported the following actions have been put in place:
	+ Performance reviews have been scheduled, commencing with staff who have not had one completed for the longest amount of time.
	+ The service has completed the majority of reviews to date and the remainder are scheduled. The service completes approximately 30 reviews each calendar month.
	+ Supervisors have been provided with information on how to complete reviews.
	+ Senior registered staff have been scheduled to observe the practice of all staff who administer medications.
* there is evidence, when staff practices are not in line with what is expected, of management addressing the issue.

For these reasons 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 and therefore an overall rating for the Quality Standard is not provided.

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team provided evidence there are effective organisation wide governance systems in operation at the service.

This included;

The service has a process to identify opportunities for continuous improvement and improvement initiatives are recorded and tracked and action has been taken to improve the performance of the service across the Quality Standards.

The service has an annual budget, there is a process to request additional funds and these are responded to eg in relation to the recruitment of additional staff at the service

Information in relation to workforce responsibilities and accountabilities is available and there has been a significant change in service management and increased staffing

The service understands and manages its regulatory responsibilities

There are effective feedback and complaints processes operating at the service.

While the Assessment Team found some deficiencies in clinical documentation, I have considered this in relation to standard 3. However, other evidence in the Assessment Teams report (eg staffing and complaints records) and compliance with other standards demonstrate the service generally has effective information systems in place.

The service is Compliant with this requirement.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

The Assessment Team advised;

* the organisation has a clinical governance framework, available to all staff
* there is a documented clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint and open disclosure.
* staff report and documentation confirmed, staff have received training in these policies and could discuss what each means for them in relation to their work.

The service is Compliant with this requirement.

# 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.

* The service must implement systems to ensure care directives are followed;
* The service must implement systems to ensure staff document the outcomes of care directives where this is required;
* The service must implement processes to ensure staff are knowledgeable about the care needs of consumers;
* The service must implement processes to ensure staff are alert to risk and escalate where required;
* The service must implement systems to ensure staff are trained and administer medications safely, timely and in accordance with directives.