Bolton Clarke Rowes Bay

Performance Report

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**Commission ID:** 5286

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 20 April 2021 to 21 April 2021

**Date of Performance Report:** 3 June 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| 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:

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* 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 19 May 2021.
* other information and intelligence held by the Commission regarding the service.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers and representatives confirmed that consumers were treated with respect and dignity, and expressed satisfaction with the care and service consumers receive. They gave examples of how staff demonstrate awareness of consumers individuality, such as supporting to maintain relationships of importance and participating in things they enjoy.

## Staff demonstrated respect towards consumers and an understanding of individual consumers and what was important to them and how staff considered this in care delivery. For example, one named consumer’s heritage has influenced their desire to maintain artistic and religious practices, relationships of importance and a connection to the land. The service demonstrated that staff had completed inclusivity courses as part of mandatory induction to the service.

Lifestyle staff described how the service considers the cultural needs and preferences of individual consumers via the service’s activity schedule, including regular activities to promote and value diversity and different cultures.

Care documentation included information specific to the individual consumers including cultural background and identity.

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 recommendation of Not Met in one or more requirements results in a recommendation of Not Met for the Quality Standard. The Assessment Team did not assess all Requirements in this Standard, therefore a summary statement is not provided.

### 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.*

While some consumers said they get the care they need, care planning documentation did not demonstrate that all consumers receive care that is best practice and in line with the organisation’s policies and procedures.

The organisation has policies and procedures to guide staff in consumers personal and clinical care, including for minimising restraint and promoting a restraint free environment. The organisation’s policy states consumers who are prescribed a psychotropic medication that is considered as a chemical restraint should be reviewed every three months by the Medical Officer. However, care documentation for three consumers prescribed a psychotropic medication which is considered as a chemical restraint, identified that authorisations and three monthly reviews are incomplete. For example, for one named consumer’s care documentation identified a signed restraint authorisation was completed by their representative on 16 April 2021, however a review by the Medical Officer was not completed since 19 May 2020. A second named consumer’s care documentation identified no restraint authorisation had been completed, and they had not been reviewed by the Medical Officer since May 2020.

Management advised the Assessment Team that twenty consumers who reside in the service’s secure living environment require authorisations for environmental restraint, as due to cognitive impairment these consumers are unable to freely exit. I note in the Approved Providers response dated 19 May 2021, the service has implemented actions including the completion of a gap analysis and consultation with representatives and medical officers to ensure environmental authorisations are completed.

The service was unable to demonstrate effective wound management. While care planning documentation demonstrated wound dressing changes were occurring, the measuring and photographing of wounds were not complete weekly in line with organisational policy. The Approved Provider in its response provided a copy of the service’s Skin care and Wound management Framework, which defines the requirements including timeframes for photographs of consumers wounds. For all wounds weekly photographs are to be taken, except for consumers with chronic wounds where photographs are to be taken monthly in consultation with the nursing wound specialist. For one named consumer, the Assessment Team identified photographs of their wound were not taken weekly in line with the organisation’s policy. I note in the Approved Providers response documentation was provided in relation to the named consumer’s wound management and identified that the wound was chronic in nature. While I acknowledge the documentation provided evidence that the named consumer’s wound was photographed at least monthly, I am unable to substantiate if wound review was undertaken with the nurse wound specialist as is the service’s policy. For a second named consumer, the Approved Provider acknowledged in their response one instance where photographs of the consumer’s wound was not taken in accordance with the organisation’s policy. They said that clinical assessment of the second named consumer identified the wound no longer needed a dressing and therefore less frequent photographs would be reasonable.

In relation to pain management, the service was unable to demonstrate effective management and review of consumer’s pain. For one named consumer, the service was unable to demonstrate that the effectiveness of pain medication administrated prior to wound care was documented or evaluated by staff. The Approved Provider in their response acknowledges there was insufficient documentation to support the effectiveness of pain medication and further education for staff in pain management is required. For a second named consumer, the Approved Provider acknowledges in their response that the effectiveness of newly commenced pain medication was not regularly monitored after discharge from hospital.

I acknowledge the Approved Provider has stated they accept the Assessment Teams finding and takes responsibility for continuous quality improvements to address these. The service as implemented actions to rectify deficits including partnering with a medical service provider, telehealth specialists to ensure the assessment and reassessment of consumers; and the review of named consumers care and services. However, at the time of the Assessment Contact the service did not consistently demonstrate that all consumers receive individualised care that is safe, effective and tailored to specific consumer needs and preferences.

Therefore, I find the service Non-compliant in this requirement.

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

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

The service demonstrated that high impact or high prevalence risks associated with consumers care are been effectively managed. Consumers and representatives expressed satisfaction with the care and services provided.

Care planning documentation reflected strategies to ensure individual consumer’s risks were identified in assessments and strategies to guide staff in care delivery were documented in care plans.

### Staff demonstrated knowledge of individualised strategies for managing high-impact and high-prevalence risk, such as skin integrity, falls, recurring infections and specialised nursing needs.

A Registered nurse described how the service supports and manages consumers requiring urinary catheter changes. They said an appointment is made in the electronic care system on the scheduled day of the consumer’s urinary catheter change; the electronic system creates an alert which notifies staff the urinary catheter change is due. The alert in the electronic care system remains activated until staff sign when the catheter change has been completed.

The service demonstrated improvements related to the management of high impact or high prevalence risks associated with the care of each consumer. For example, a urinary catheter management protocol outline Registered and care staff responsibilities; weekly falls discussions with care, registered and physiotherapy staff; and the recording of consumer’s hygiene care which is monitored by Registered staff.

For the reasons detailed, this requirement is 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 of this Standard and therefore an overall compliance rating or summary for the Quality Standard has not been 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.*

Consumers and representatives expressed satisfaction that the service had taken appropriate action in response to their feedback and complaints.

Staff demonstrated an understanding of open disclosure and how this relates to complaints resolution.

Management described the service’s practice of open disclosure in response to consumers feedback, complaints and incidents. They described how the service documents and responds to feedback and complaints, including when consumers raise concerns during meetings. This is captured in meeting minutes with corresponding actions documented and closed off through ongoing consumer meetings. However, where a broader issue is identified Management said this is added to the service’s Plan for Continuous Improvement.

The Assessment Team reviewed consumer meeting minutes for March 2021 and identified consumer feedback was included in the minutes.

The service was guided by an open disclosure policy that outlines the service’s processes, including key roles and responsibilities. The service demonstrated that improvements related to complaints management, including the training of all staff in open disclosure in December 2020.

For the reasons detailed, 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 compliance rating or summary for the Quality Standard has not been 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 generally did not raise concerns with the number of staff and said their needs are being met. However, one named consumer said they had raised a concern regarding staff sufficiency as they are often left waiting for periods up to twenty minutes for staff to assist with personal cares. In response, the service demonstrated improvements had been implemented including reviewing of call bell response times for the name consumer, staff directives to attend to consumers’ needs before turning off call bells, encouraging consumers to inform management if the experience delays in staff responding and call bell response times are a standard agenda item at meetings.

Management said the service’s expected call bell response time is five minutes, and review of call bell records provided to the Assessment Team identified most bells are answered in under three minutes. Call bell records are analysed monthly by the service Consumers and any extended delays identified are followed up.

Staff interviewed reported they generally had enough time to provide consumers with the assistance and care to meet their individual needs and preferences without rushing.

Management described recruitment and retention strategies implemented including consumers being invited to participate on interview panels, establishing a casual care staff workforce that are employed to work across the organisation; review of the service’s roster; and the introduction of a reward and recognition program for staff.

The service’s Plan for Continuous Improvement includes actions related to recruitment and retention, improving the skill and mix of staff at the service, and reducing agency staff use.

For the reasons detailed, 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.

* Requirement 3(3)(a) – Ensure each consumer gets safe and effective personal care, clinical care, or both personal and clinical care this is best practice; is tailored to their needs; and optimises their health and well-being.