Bolton Clarke Sunset Ridge

Performance Report

44 Svendsen Road   
ZILZIE QLD 4710  
Phone number: 07 4925 4000

**Commission ID:** 5099

**Provider name:** RSL Care RDNS Limited

**Assessment Contact - Site date:** 17 December 2020 to 22 December 2020

**Date of Performance Report:** 21 January 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

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| 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)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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 15 January 2021
* the Infection Control Monitoring Checklist completed at the time of the Assessment Contact.

# STANDARD 2 COMPLIANT 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

Assessments are completed on entry to the service and are reviewed three monthly and when there is a change in the consumers’ condition. Care plans are reviewed following a loss of weight or an incident such as a fall. Registered staff complete initial assessments to identify consumers’ needs, choices and preferences; consumers, representatives, medical officers and allied health professionals are involved in the assessment process.

Care planning documentation identified that care plans are individualised and contain information relative to the risks associated with each consumer’s health and well-being for example, risks associated with diabetes management, skin integrity, deterioration in health, and pain. Information in care plans also included preferences relating to advance care planning and end of life care.

Consumers and representatives said they are involved in assessment and care planning and that staff understood consumers’ care needs, including end of life preferences. Most consumers and representatives were aware they could access a copy of the care plan. A small number of consumer representatives could not recall being provided a copy of the consumers’ care plan however they were satisfied with the care provided and said they were kept informed by staff. Management advised they had previously scheduled staff education for the following week on care planning, consultation, and the provision of care plans to consumers and their representatives.

Staff described the assessment and care planning process including the identification of risks. Staff provided details about how they supported consumers who experienced falls and those consumers who live with pain. Referrals were made to allied health professionals when a need was identified, for example following a fall. Registered staff described how they approach end of life conversations with consumers and how this information was communicated to staff.

Policies and procedures specific to this Standard guide staff in relation to assessment and planning including advance care planning and a suite of validated evidence-based assessment tools is available for staff to use.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

### 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.*

### 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.*

### 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.*

### 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.*

# 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

Most consumers and their representatives said that care was delivered in accordance with the consumer’s needs and preferences and that consumers have access to medical officers and other health professionals. Representatives were able to provide examples of how care provided to consumers as they approached the end of their life optimised the consumer’s comfort.

Consumers with pressure injuries or complex wounds are supported by the organisation’s wound specialist who undertakes assessments and develops ongoing treatment guidelines if appropriate. Registered nurses are available 24 hours per day and senior clinical staff provide guidance and support.

Clinical documentation generally demonstrated that consumers get the care they need and that deterioration or changes in a consumer’s condition are identified and responded to. Referrals were made when a need was identified and clinical documentation included evidence that referrals had been made to a dietitian, an occupational therapist, podiatrist and physiotherapist.

Staff could describe the personal and clinical care they provide to consumers and said a suite of policies and procedures support their practice. Registered and care staff knew the high-impact, high-prevalence risks associated with the care of each consumer for example, falls risks, weight loss, pain and risk of infection. Clinical documentation included assessment tools and management strategies to minimise risk.

Staff said they have access to information about consumers’ care and service needs and referred to care plans, progress notes and direct communication such as handover. The Assessment Team observed handover and noted that changes to consumers’ health status and activities of the day were discussed. A hardcopy handover sheet is also used to communicate consumer information as well as ‘alerts’ in the electronic care planning program.

For consumers who are palliating staff described how they implement pain management strategies, use clinical equipment to improve comfort, and provide hand massages, mouth care, and personal hygiene in accordance with the consumer’s preferences.

Clinical staff said they monitor care and services through conducting reviews of progress notes and handover information, monitoring incidents and by observing care and service delivery on a daily basis.

Policies and procedures specific to this Standard guide staff in relation to the delivery of clinical and personal care.

While the Assessment Team identified deficiencies in relation to infection control, the approved provider’s response included evidence that demonstrated the service has strategies in place to minimise infection related risks.

However, while documentation generally evidenced care that was safe, effective and tailored to the individual, this was not the case in relation to restraint management. At the time of the Assessment Contact inconsistencies were identified in relation to risk assessments, consent and authorisations associated with restraint management. Additionally, the service could not evidence that restraint minimisation practices were consistently trialled prior to restraint being used.

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 service utilised physical, environmental and chemical restraint as part of its care delivery for some consumers. However, the Assessment Team found that assessments, consultation with consumers and/or representatives and authorisations were not consistently completed. Additionally, care planning documentation did not demonstrate that alternatives to restraint were explored. Representatives for two consumers could not recall being informed of the risks associated with the use of chemical restraint or providing authorisation for this type of restraint to be applied to the consumer.

The approved provider, in its response was able to provide some additional clarifying information about risk assessments for individual consumers and registered nurse understanding of organisational expectations regarding restraint practices. However, overall the approved provider’s response includes an acknowledgement of the deficiencies identified by the Assessment Team and a commitment to improve restraint practices at the service.

I acknowledge that since the Assessment Contact, the approved provider has reviewed restraint management, reviewed all consumers who are prescribed psychotropic medication, liaised with medical officers and consumers’ representatives, implemented monitoring processes to ensure assessments and authorisations remain current and provided additional staff education. However, at the time of the Assessment Contact, restraint management did not optimise consumers’ health and well-being. Therefore, this requirement is Non-compliant.

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

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

### 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.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team identified deficiencies in the service’s planning for a potential outbreak of COVID-19. Of specific concern were the service’s outbreak management plan, the availability of some types of personal protective equipment, staff education and training in relation to using personal protective equipment and the use of signage throughout the service.

I have considered the approved provider’s response and am satisfied that information such as key contact details were held by the service at the time of the Assessment Contact and are now included in the outbreak management plan. Evidence of staff training in using personal protective equipment was provided and the approved provider stated this is also included as an element of orientation for new staff; instructional material is displayed throughout the service for staff information.

While the Assessment Team raised concerns about access to face shields, the approved provider advised they hold sufficient personal protective equipment including goggles to sustain the service for an extended period of time in the event of an outbreak.

I note that the organisation has an outbreak management team that is mobilised in the event of an outbreak. The approved provider’s response includes evidence of workforce management plans, guidelines to prevent and control infections, guidelines to manage an outbreak, consumer protection measures, risk assessments and other resources to support staff in the event of an outbreak of COVID-19.

While deficits were identified in relation to density signage, I note the Assessment Team identified in the Infection Control Monitoring Checklist that staff and visitors were following social distancing at all times in communal areas. I acknowledge however that the approved provider has considered this feedback and has improved signage throughout the service.

The Assessment Team identified that the service has an identified Infection Control Lead to oversee and manage staff communication and training. Screening processes are in place, temperature checks are being completed and sign-in information includes sufficient details to inform contact tracing. Staff and visitors are required to sanitise their hands prior to entering the service and signage advises people not to enter the service if they are unwell.

Consumers said they are generally satisfied with the communication they receive from the service in relation to the COVID-19 pandemic and understand the need for screening processes and hand hygiene.

Staff advised they minimise infection related risks through hand hygiene and wearing personal protective equipment.

Management understood requirements relating to staff and influenza vaccinations. Registered nurses could describe how they minimise the development and spread of infections and liaise with medical officers in relation to the administration of antibiotics.

I am satisfied that the service has strategies in place to minimise infection related risks and find 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.

* Each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being, including in relation to restraint management.