Governor Phillip Manor

Performance Report

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**Commission ID:** 1457

**Provider name:** RSL LifeCare Limited

**Assessment Contact - Site date:** 14 July 2020

**Date of Performance Report:** 10 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)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(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.

# 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

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

Staff interviewed knew the consumers well and were able to describe the process for reviewing care. They confirmed they have had training in identifying deterioration in a consumer’s condition and what they would do in such circumstances.

All care plans are reviewed two monthly and as needed in collaboration with consumers/representatives. This is monitored by management to ensure it is completed in a timely manner.

Staff have received training in clinical assessment, documentation, and identifying the deteriorating health of consumers.

The Assessment Team did not assess all the requirements in this Standard, as such no overall rating for the Standard is provided.

## Assessment of Standard 2 Requirements

### 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 provided information that they reviewed care planning documents that demonstrated care and services are regularly reviewed for effectiveness, and when circumstances change or when incidents impact of the needs of consumers.

Consumers/representatives interviewed stated they are satisfied with the care provided. They confirmed they are kept informed and are involved in determining the care consumers receive.

Staff interviewed knew the consumers well and said the regular weekly clinical issues meetings improved their awareness of ‘residents of concern’. They were able to describe the process for reviewing care. They confirmed they have had training in identifying deterioration in a consumer’s condition and what they would do in such circumstances.

I have considered the information provided by the Assessment Team and I find this requirement compliant.

# 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

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Care planning documents sampled reflect individualised care that is safe, effective and tailored to the specific needs of the consumer.

High prevalence risks associated with the care of sampled consumers are identified in care planning documentation and strategies are in place to mitigate or prevent high impact high prevalence risk to each consumer.

Deterioration or change of the mental or physical health of sampled consumers is recognised and responded to in a timely manner.

The Assessment Team did not assess all the requirements in this Standard, as such no overall rating for the Standard is provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 provided information that the service demonstrates understanding of the requirement and they have systems for monitoring and review. Management and staff at the service have an understanding of this requirement and have knowledge of the sampled consumers’ needs.

Consumers / representative interviewed consistently said they get the care they need and that staff are nice and kind.

The service has registered nurses available 24 hours daily and care staff contact them to assess and provide instructions when incidents occur. Registered nurses know how to access organisational policies and procedures and have access to specialist services such as dementia support and allied health practitioners to ensure care and services are safe and effective.

I have considered the information provided by the Assessment Team and I find this requirement compliant.

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

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

The Assessment Team provided information that for the consumers sampled, the key risks identified in care planning documentation are related to behaviours of concern, falls and skin integrity. Care documentation and incident records showed strategies that are in place to mitigate or prevent high impact high prevalence risk to each consumer.

Staff could describe the most significant clinical / personal care risks for the consumers sampled.

The service monitors high impact and high prevalence clinical and personal risks for consumers through incident reporting, assessment and care planning. Outcomes are reviewed at the service’s clinical issues weekly meeting. Clinical indicators are reviewed and analysed monthly and the regional manager and quality and compliance specialist conduct random audits regularly.

I have considered the information provided by the Assessment Team and I find this requirement compliant.

### 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.*

The Assessment Team provided information that the clinical documentation reviewed captures changes to consumers’ physical and mental health and demonstrates the service is responding to changes as they are identified.

Staff interviewed described how they identify and respond to the changing circumstances of consumers.

Management stated they monitor the changing conditions and circumstances of consumers by attending morning handover, review of all incident reports, weekly clinical issues meetings, and monthly review and analysis of clinical indicators.

I have considered the information provided by the Assessment Team and I find this requirement 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.