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Performance Report

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**Commission ID:** 1039

**Provider name:** RSL LifeCare Limited

**Assessment Contact - Site date:** 25 November 2020

**Date of Performance Report:** 7 Jan 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 8 Organisational governance** |  |
| Requirement 8(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 review of documents and interviews with staff and consumers/representatives.
* The Approved Provider did not submit a response to the Assessment Team’s report.

# 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

To understand the consumer’s experience and how the organisation understands and applies this requirement within this Standard, the Assessment Team interviewed staff and consumers, reviewed consumer files, and examined relevant frameworks and documentations.

Policies, procedures, and frameworks are in place to support risk management. Staff interviewed were able to describe the use of these documentation and provide examples of relevance to their work. The Approved Provider was able to evidence effective risk management on an organisational scale (for example, addressing an increase in a high prevalence of unexplained bruising) and provide examples of risk management on an individual consumer level.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can.*

The Assessment Team’s report described how the Approved Provider has a documented risk management framework to effectively manage high impact or high prevalence risks associated with the care of consumers, including policies describing how specific risks are managed. Risks are identified through an assessment process, and all consumers with high risks are reviewed on a weekly basis through planning and clinical management meetings. Clinical data is collected and analysed to monitor trends with high impact or prevalent risks. Risk-based discussions are also held with consumers/representatives as needed or at an annual review.

The Approved Provider’s previous assessment of performance identified an increase of unexplained bruising amongst consumers. The provider has since managed the risk by discussing strategies to mitigate this risk at consumer/representative meetings, staff meetings, weekly clinical meetings, and the monthly quality and compliance meeting. An incident investigation identified likely causes, and relevant toolbox talks, and training were provided to staff to prevent further occurrences. Consumers were also consulted to identify their individual needs and solutions to other potential causes of bruising. Management continue to monitor this risk through weekly meetings.

The Approved Provider has also demonstrated effective identification and response to abuse and neglect of consumers. The Assessment team sighted policies and procedures for identifying and responding to abuse and neglect, including compulsory reporting procedures. Staff training records also indicated they have completed their training in elder abuse and mandatory reporting. A review of the compulsory reporting register and consolidated records indicate incidents of alleged assaults in 2020 have since been managed, with appropriate mandatory reports conducted, strategies to support affected consumers, and further training of staff to support consumers.

The Approved Provider also supports consumers to live the best life they can, with policies and processes to guide staff in assisting consumers. For example, it was evidenced that two consumers are supported to take risk in accordance with their preferences, and had received a thorough explanation of risks and a signed risk acknowledgement forms that recorded measures to reduce their risk.

The provider’s previous performance assessment noted that several consumers were unhappy with visitor restrictions due to the COVID-19 pandemic. The provider has since utilised initiatives to help consumers maintain contact with families, such as using an online booking system to ensure compliance with restrictions, a daily newsletter emailed to families to keep them informed, window visits and video calls, and a social leave agreement form to facilitate consumers going out from the service.

Based on the available evidence, I believe this requirement is met.

# 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.