RSL ANZAC Village

Performance Report

90 Veterans Parade
NARRABEEN NSW 2101
Phone number: 02 9982 6666

**Commission ID:** 0531

**Provider name:** RSL LifeCare Limited

**Assessment Contact - Site date:** 27 January 2021 to 28 January 2021

**Date of Performance Report:** 5 March 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Non-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 23 February 2021

# 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

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

To understand the resident experience and how the organisation understands and applies one of the requirements within this Standard, the Assessment Team sampled the experience of residents – they (or their representative) were interviewed, their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for residents. The team also examined relevant documents and made observations.

Most residents interviewed (or a representative on their behalf) expressed satisfaction with the quality of the care. However, one representative raised concerns about falls prevention and management for the resident and said despite delays there is now action being taken to address this; and one representative said they are initiating a medication review as this has not occurred for a while and they noted the resident has had falls. Representatives also raised concerns about staffing levels, the adequacy of staff training, and communication.

Other information gathered by the Assessment Team shows that high impact and high prevalence risks associated with the care of some residents have not been effectively managed. This includes risks relating to behaviours of concern, falls, pressure injury and wound management; and risks to residents of poor staff practices such as manual handling and unauthorised restraint. There has been adverse impact on some of these residents, including serious injuries.

### 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.*

While most residents interviewed (or a representative on their behalf) expressed satisfaction with the quality of the care, two representatives raised some related concerns and other information gathered shows high impact and high prevalence risks associated with the care of some residents have not been effectively managed.

# STANDARD 8 NON-COMPLIANTOrganisational 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 Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

To understand how the organisation understands and applies one of the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (including as assessed through other Standards).

The risk management systems and practices used by the organisation have not been sufficiently responsive, timely and effective in managing high impact and high prevalence risks associated with the care of residents, in identifying and responding to the abuse and neglect of residents, or in supporting residents to live the best life they can.

Examples of adverse outcomes for residents include poorly managed behaviours of concern which have resulted in injury to some residents; lack of effective falls prevention with some residents falling, some repeatedly and some acquiring injury; and lack of effective skin care with some residents acquiring pressure injury.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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 organisation provided evidence of a documented risk management framework, however it was not demonstrated this has been effectively implemented. Policy and procedure to support risk management and compliance with this requirement is not in place. While management and staff have some understanding of their roles and responsibilities in relation to risk management, this has not been applied in practice or has not been effective in relation to any of the sub-requirements. There are plans to bring about improvement.