Royal District Nursing Service of SA Inc

Performance Report

1 Richmond Road
KESWICK SA 5035
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**Commission ID:** 600038

**Provider name:** Royal District Nursing Service of SA Limited

**Assessment Contact - Site date:** 8 February 2021

**Date of Performance Report:** 12 April 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 Performance Assessment Report for the Assessment Contact conducted on 15 July 2020.

The Approved Provider did not submit a response to the Assessment Team’s report.

# 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

The Assessment Team assessed Requirement (3)(b) in this Standard at this Assessment Contact. All other Requirements in this Standard were not assessed at this Assessment Contact. Therefore, an overall rating of this Standard has not been provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 15 July 2020 because the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of one consumer, specifically relating to identification of changes to skin integrity and wound management.

The Assessment Team have recommended Requirement (3)(b) in this Standard as met and the Approved Provider has not provided a response to the Assessment’s report. The Assessment Team’s report provided evidence of effective management of high impact or high prevalence risks associated with the care of consumers, specifically in relation to management of skin integrity, pressure injuries and wound management.

## I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and find the service Compliant with Standard 3 Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team’s report indicates that following the Assessment Contact on 15 July 2020 the organisation implemented several improvement initiatives to rectify the identified issues in this Requirement. These improvements include but are not limited to:

* The organisation reviewed their national approach to skin integrity education for staff and subsequently made changes which were implemented and completed on 10 December 2020. Several other communications and education sessions have been offered and provided to staff and consumers in relation to pressure injuries and wound management. Relevant staff were also competency tested in relation to skin integrity and pressure injury management.
* New processes were implemented to ensure the organisation’s brokerage services use staff who have the requisite skills and knowledge to provide care to consumers.
* Regular audits are undertaken in relation to clinical documentation, including the use of the pressure injury risk assessment tool.
* The organisation completed a clinical review of all consumers to ensure care plans were current and to identify consumers who were a high risk.
* Communication with staff members was provided through meetings, bulletins and audits reminding them of the organisation’s policies and procedures, including management and pressure injury prevention and management.

The Assessment Team provided the following evidence and information for sampled consumers to support my finding of Compliance in this Requirement:

* Six of seven consumers and representatives confirmed staff are lovely and know what they are doing. They indicated staff were able to identify and manage changes to consumers’ condition. One representative who was not satisfied with various aspects of their consumer’s care is working with the management team to resolve their concerns, however, the consumer’s primary and nominated representative is satisfied all concerns have now been addressed.
* Staff interviewed were able to demonstrate knowledge in relation to sampled consumers with skin integrity issues and the process of escalating any changes or concerns to case managers.
* All Registered Nurses and care workers interviewed were aware of escalation pathways and articulated appropriate actions in response to changes in consumers’ health condition.
* The Assessment Team viewed two consumer files which demonstrated high impact or high prevalence risks are identified and managed, specifically relating to appropriate identification and care planning for skin integrity and appropriate and effective wound management.

For the reasons detailed above, I find Royal District Nursing Service of SA Limited, in relation to Royal District Nursing Service of SA Inc, Compliant with Standard 3 Requirement (3)(b).

# 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

The Assessment Team assessed Requirement (3)(c) in this Standard and have recommended this Requirement as met. All other Requirements in this Standard were not assessed at this Assessment Contact. Therefore, an overall rating of this Standard has not been provided.

I have considered the Assessment Team’s findings and evidence, and based on the Assessment Team’s report, I find Royal District Nursing Service of SA Limited, in relation to Royal District Nursing Service of SA Inc, Compliant with Standard 8 Requirement (3)(c).

In relation to Requirement (3)(c) in this Standard, the Assessment Team found the service has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. They also found overall sampled consumers and representatives consider the organisation to be well run and that they can partner in improving the delivery of care and services. In relation to specific areas of governance, the Assessment Team found:

* Information management systems are effective in ensuring effective sharing of information to support staff to perform their roles, including a comprehensive document control and review system.
* There is an organisational continuous improvement plan with a designated reporting structure. The service was able to provide examples of continuous improvement activities implemented at an organisational level.
* The organisation’s governing financial structure includes systems and processes for monitoring the organisation’s financial viability, delegation of management of budgets at service levels with reporting structures to ensure accountability.
* The service has recruitment, induction, training and performance management processes to ensure staff have the necessary skills and knowledge to perform their roles. The service maintains contracts with brokerage agencies to ensure staff providing care and services to the service’s consumers are appropriately qualified and trained.
* The organisation has a dedicated team to identify and respond to legislative changes and the Assessment Team viewed several processes and/or forms which demonstrated the service’s compliance with relevant legislation.
* The service’s feedback and complaint processes are incorporated in the organisation’s continuous improvement systems and consumers and representatives are provided with information about complaints and advocacy processes and services.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

# 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.