Bolton Clarke Centaur

Performance Report

21 West Terrace
CALOUNDRA QLD 4551
Phone number: 07 5390 0000

**Commission ID:** 5251

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 7 June 2022 and 13 to 15 June 2022

**Date of Performance Report:** 21 July 2022

# Performance report prepared by

Dean Saunders, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **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** | **Compliant** |
| Requirement 3(3)(a) | 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 |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the Consumer’s experience and how the organisation understood and applied the requirements within this Standard, the Assessment Team interviewed consumers, asking them about the requirements, reviewed the care documentation and tested staff understanding and application of the requirements under this Standard.

Consumers said they were treated with dignity and respect by staff and their culture and diversity valued. Consumers were encouraged to maintain their independence, make decisions and said they felt supported by staff to exercise choice and to take risks. Consumers’ personal privacy was respected, and their private information kept confidential.

Staff sampled spoke about consumers in a respectful manner and demonstrated an understanding of consumers’ personal circumstances, backgrounds, needs, preferences and managed risks, and could describe what was important to them.

Staff demonstrated knowledge of the people important to each of the consumers and could describe how they are supported to maintain relationships with family, partners, significant others and friends.

Staff were observed interacting with consumers respectfully, greeting them by name and being discreet when discussing consumers’ needs with other staff.

Care documentation provided information about consumers’ backgrounds, life experiences, interests, religious preferences, cultural needs, their relationships, and what was important to them. The service had assessed risks to consumers and documented strategies to assist them to maintain their independence and exercise choice.

Care documentation contained evidence of consultation with consumers, their representatives and identified consumer preferences for care and service delivery.

The organisation has a range of policies that guide staff practice, including on topics such as providing respectful, culturally safe care. The organisation’s privacy policy provided guidance on the collection, use and disclosure of personal information.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# 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

Consumers and representatives said they were included in the ongoing assessment and planning of consumers’ care and services. Risks to the consumers’ health and well-being were considered and they had access to their care plans if they wished to do so.

Initial assessments identified consumers’ needs, goals and preferences and included consideration of advanced care planning and end of life wishes. The service accessed external services and allied health professionals as required to support consumer care.

There are processes to support the regular review of care and service delivery and this occurs three monthly or when circumstances change, or incidents occur. The Assessment Team found that care planning documentation evidenced involvement of consumers and other people important to them in this process.

Registered nursing staff demonstrated an understanding of the assessment and care planning process and could explain how incidents may trigger a reassessment or review. Care staff said they have access to the care plan either electronically or in hard copy.

The organisation had a suite of evidence-based policies and procedures to guide staff with the assessment and care planning process.

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 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

Consumers received personal care and clinical care that was safe and right for them. Care delivery was individualised, effective and tailored to the specific needs and preferences of each consumer. This included the ways in which risks to the consumer were managed by the service. Consumers said they had access to medical officers and other health professionals as required.

Registered staff described how they monitor consumers’ health and well-being and identify any emerging concerns. Registered staff described how they support consumers who are approaching end of life and said that they strive to maximise the consumer’s comfort and dignity through the provision of eye care, repositioning and pain management.

Care staff demonstrated a sound understanding of consumers’ needs and preferences and explained how they delivered care that was in line with the consumers’ care plans.

Care planning documentation evidenced care that was safe and appropriate to the consumers’ needs and this included those consumers who were nearing end of life. Care documentation provided examples of how staff identified and responded to deterioration or changes in the condition of consumers. The Assessment Team brought forward examples of care that had been provided to consumers with specialised nursing care needs and found that specialist directives were being followed. For consumers with chronic or complex wounds, the Assessment Team found that skin care needs were being managed effectively and that there was access to specialist services such as a nurse practitioner.

The Assessment Team found that care planning documentation included appropriate consents and authorisations where restrictive practices were applied. The use of psychotropic medications was monitored using monthly reports.

Processes were in place to ensure that consumers’ care needs were identified, actioned and communicated. This included care plans, electronic alerts, handover, communication diary and incident reporting mechanisms.

Referral processes were effective and where appropriate, information was documented and communicated with others where consumer care was shared. Allied health specialists provided feedback that their care directives were implemented as planned.

The service had processes in place to minimise infection related risks including a qualified Infection Prevention and Control Lead and an outbreak management plan. The service monitored and maintained vaccination records for staff and consumers in relation to influenza and COVID-19.

The organisation had a suite of evidence-based policies and procedures relevant to this standard to guide and support staff in the delivery of care and services to consumers. Policies included restraint minimisation, wound care, pain management and end of life care.

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

### 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.*

### 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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers and representatives considered that consumers receive the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Consumers were supported to maintain personal and social relationships and remain in contact with those people who were important to them.

The service and staff supported consumers’ emotional, spiritual and psychological needs in various ways including by way of the internal support provided by staff, in house church services and referral to external counsellors.

Consumers said they were supported to engage in activity options of interest of interest to them, which they were supported to access. Consumers provided positive feedback regarding the food, menu choices and other food options provided by the service. They said they felt equipment used to support their lifestyle needs was safe to use, clean and well maintained.

Care documentation was individualised and reflective of the needs, interests and preferences of each consumer. Care documentation provided adequate information to support effective and safe sharing of consumers’ condition, needs and preferences. The service had policies for making referrals to individuals and providers outside the service and care planning documents reflected the involvement of others in the provision of lifestyle supports.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall consumers said they felt a sense of belonging in the service and felt safe and comfortable in the service environment. Consumers said they could access indoor and outdoor areas, that their visitors were made to feel welcome and that the service had various areas for visitors and consumers to spend time together.

Staff demonstrated an awareness of how to report maintenance issues and documentation reviewed identified reactive maintenance is attended to in a timely manner and preventative maintenance is undertaken as scheduled. There were processes to support equipment replacement and risk assessments were completed as appropriate.

Management said they monitored consumer satisfaction with the service environment through encouraging verbal feedback from consumers, and through comments received through the compliments and complaints mechanisms.

The Assessment Team observed the service’s living environment including consumers’ rooms, communal internal areas and garden areas and found the service was secure, clean and well-maintained. Consumers were observed moving freely within the environment and accessing equipment that was appropriate to their needs. Consumers’ rooms were personalised with pictures, decorations, and personal items.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives sampled considered they were encouraged and supported to provide feedback, suggestions and make complaints, and that appropriate action was taken in response.

The service was able to demonstrate that consumers and representatives were made aware of and had access to advocates, language services and other methods for raising complaints. Consumers and representatives confirmed they had been provided with information about complaints processes, and consumers and representatives said they were aware of external complaints mechanisms and advocacy services.

Staff described who they encourage feedback from consumers and gave examples of how information regarding feedback and complaints is provided to consumers and how matters are escalated if this is required or appropriate.

During the site audit management provided examples of instances where complaints had been managed and where an open disclosure process was applied. Consumers and representatives were aware of the avenues for raising complaints, including accessing external complaints bodies. Staff were able to describe how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Overall consumers and representatives considered that they received quality care and services when they needed them from staff who are knowledgeable, capable and caring. Consumers said the care and services they received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were generally responded to in a timely manner. Consumers and representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff’s capabilities and how their care and services were delivered.

Staff generally said they had enough time to complete their job and management generally replaced unplanned leave. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

The organisation has policies and processes to ensure staff are recruited, trained, supported and have the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. Registered staff qualifications were monitored by the organisation to ensure they remain current.

The service has a suite of documented policies and procedures to guide staff practice and which outlines that care and services are to be delivered in a person-centred manner. Management undertake reviews of staff performance on a regular basis.

Training records indicated staff had been provided with additional education opportunities and mandatory education online and face to face. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and providing culturally safe care.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT 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

Overall consumers considered that the service was well run and felt that they could partner in improving the delivery and evaluation of care and services. Consumers and representatives said they participated in the development and evaluation of services and consumers were able to make informed decisions about the types of activities they chose to participate in.

The organisation promoted and was accountable for a culture of safe, quality and inclusive care. Management monitored compliance with the Aged Care Quality Standards through a variety of mechanisms including internal audits and quality care reports. Staff and consumers received information regarding the Quality Standards and the organisation’s goals, expectations and values related to consumer care and service delivery.

The organisation had strategic quality and clinical governance frameworks that promoted a person-centred care experience for consumers. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It included policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

Effective risk management systems and processes ensured that the organisation identified and responded to risks that could impact consumers’ health, safety and well-being. The organisations risk management frameworks described how high impact and high prevalence risks associated with the care of consumers were managed, and processes to identify, report, prevent and manage risks to the health, safety and well-being of consumers and incidents, including incidents reported in accordance with legislation and the serious incident reporting scheme (SIRS).

Governance systems were in place to support the management of information, regulatory compliance and financial governance. Governance systems relating to the management of the workforce and feedback and complaints were effective. Complaints data was consistently used to improve care and service delivery or to inform continuous improvement.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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.*

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.