Performance

Report

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| Name of service: | Bolga Court Hostel |
| Service address: | 25 Barree Street TALLANGATTA VIC 3700 |
| Commission ID: | 3270 |
| Approved provider: | Tallangatta Health Service |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 28 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bolga Court Hostel (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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.
* the provider’s response to the assessment team’s report received 16 March 2023 and 21 March 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) - Each consumer gets safe and effective care and are identified, assessed and managed in accordance with the regulatory requirements for restrictive practices in relation to environmental restraint.
* Requirement 8(3)(c)(v) - Organisation wide governance systems relating to regulatory compliance, specifically restrictive practice, are effective.

**Standard 1**

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

**Findings**

I find this Standard compliant.

Consumers were satisfied they were treated with dignity and respect and provided positive feedback about staff. Consumers could describe how their culture and identity was recognised and celebrated by the service. Consumers and their representative’s said consumers could choose who they wished to include in decision making about their care, and their choices about their care supported their independence. Consumers could describe how they were supported by the service to live their best life. Consumers were satisfied their privacy is respected by staff and that their information is secure.

Staff were able to provide examples of how they demonstrated respectful interaction with consumers at the service and staff were aware of consumers’ cultural identities. Management demonstrated the service’s values around exercising choice and independence which included philosophies of person centred care within the service through the consumer’s voice. Staff could describe how they supported consumers to live their best life.

Care planning documentation reflected the history and background of consumers and what was important to them to maintain their identity. During admission, staff document consumers’ individual values and cultural wishes, with further information included over time. Care planning documentation evidenced the activities and cultural celebrations consumers attended, as well as their choices and preferences. Care documentation captured discussion and assessment for most consumers who chose to take risks and was proactive in managing further identified risk.

Staff were observed respecting consumer’s privacy and ensuring information was secure. Information to assist consumer’s in making decisions was observed to be displayed in key areas of the service in an easy to read format.

The approved provider’s response provided additional information in relation to respecting consumer’s dignity and independence as well as supporting consumers to live their best life balanced with providing safe and effective care for two consumers. The approved provider’s response evidenced continuous improvement measures including the engagement of nurse advisors to support any remediation work involved in strengthening systems and processes to ensure quality care and services provided to consumers.

**Standard 2**

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

**Findings**

I find this Standard compliant.

Consumers and their representative’s were satisfied assessment and care planning delivered safe and effective care and services and included consideration of consumer’s current needs, goals, and preferences, including end of life care. Consumers confirmed they were involved with the planning of care and services and any changes requested were addressed in a timely manner. Consumers were offered a copy of their care plan and were aware of how to access that information if they wished.

Staff could describe the assessment, planning and review process including that preferences were discussed with consumers on entry to the service, during ongoing care plan reviews and as care needs changed. Staff could describe both referral and review processes which included other health care services as well as updating care plans every 3 months in conjunction with information obtained from the care staff, allied health professionals and specialists.

Care planning documentation considered potential risks to consumers’ health and wellbeing and the outcomes of assessment and planning were documented. The service monitored clinical indicators, including pressure injuries, medication incidents, restrictive practices and falls. Care planning documentation for some consumer’s had not been reviewed within a timely manner, however no impact had been identified for these consumers.

The approved provider’s response evidenced continuous improvement measures including the engagement of nurse advisors to support any remediation work involved in strengthening systems and processes to ensure quality care and services provided to consumers as well as an immediate review of all care plans to ensure all care plans were current. No impact was identified for consumers.

The organisation had policies and procedures available to guide staff practice in the assessment and care planning process.

**Standard 3**

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

**Findings**

I find this Standard non-compliant.

Overall consumers and their representative’s were satisfied consumers received care that was safe, individualised to their needs, and supported their health and well-being. They felt confident staff would provide end of life care in line with consumers’ preferences to maximise dignity and comfort. Consumers and their representative’s expressed consumer’s care needs and preferences were effectively communicated between staff and they received the care they needed.

Care planning documentation reflected the identification of, high risk high prevalence care needs, and mitigation strategies. Effective monitoring and clinical oversight of care delivery for consumers included, but was not limited to incident reports, training records and clinical indicator data. Response to deterioration or changes in condition of consumers were regularly monitored by registered staff and if deterioration or change occurred this was recognised and responded to in a timely manner and representatives were notified.

Staff demonstrated how the consumer’s medical officer and registered staff discussed with consumers and their representative’s, consumers’ preferences on entry, during case conferences and as consumers moved through palliative care phases. Staff described the reporting processes where deterioration or change is recognised as well as access to other supports if they required. Staff confirmed they received up to date information about consumers at meetings and described how the input of other health professional informed care and services.

The approved provider had documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for consumers, had appointed an Infection Prevention and Control Lead and had access to an infection consultant when required.

While the site audit report evidenced most consumers subject to restrictive practice were effectively managed, processes applied at the service particularly relating to environmental restrictive practice had not been effective. Assessments, authorisations and monitoring in line with regulatory compliance were not established for consumers restricted by a perimeter fence secured by a locked keypad. The environmental restraint prevented consumers with cognitive impairment from exiting as they were unable to operate the keypad or did not have access to the code.

The site audit report evidenced the service took immediate action to undertake consultation with consumers and their representative’s regarding the identified restrictive practice, and both the report and the approved provider’s response did not identify impact ,incidents or negative feedback for those affected consumers. I acknowledge the service supports consumers to live their best life, and that consumers subject to other restrictive practices were effectively managed. However, the approved provider’s response evidenced staff were unaware the locked perimeter fencing constituted environmental restraint and remedial actions outlined below have not yet been completed. The approved provider’s response detailed continuous improvement measures including but not limited to the following, have been/will be undertaken:

* the engagement of nurse advisors to support any remediation work involved in strengthening systems and processes
* undertaking consultation with consumers, representatives, and medical officer’s regarding restrictive practice
* providing training to staff
* reviewing processes and policies connected to restrictive practices

While the approved provider is taking action to strengthen care delivery in relation to environmental restrictive practice, these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied those consumers did not receive clinical care that was best practice and that optimised their well-being particularly in relation to the use of environmental restrictive practice.

I find this Standard non-compliant.

**Standard 4**

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

**Findings**

I find this Standard compliant.

Consumers were able to describe ways the service supported their preferences. They confirmed they could participate in religious practices at the service, were provided emotional and spiritual support, and could take part in community activities or visit family. Consumers described how lifestyle staff knew the activities they enjoyed and were aware of the scheduled daily activities they could participate in. Overall, consumers said the food was varied, of suitable quality and quantity. They said there were options available if they chose not to select the meal offered. Consumers said they were satisfied with the equipment provided and knew how to report any concerns they had about safety.

Staff demonstrated knowledge of consumers’ needs and preferences and the support they required to participate in activities or pursue individual interests. Management described religious services attended by consumers with a variety of faiths. Staff said the service celebrated events of cultural or spiritual significance, including Christmas, Easter, and other days of importance. Staff could describe those consumers who had personal relationships or friendships. Lifestyle staff described how if consumers chose not to participate in social activities, staff would offer to spend one-on-one time and do other things of interest with the consumer. Lifestyle staff communicated with external community services about various consumer activities such as volunteers, musicians, and entertainers and could describe where consumers had been referred to providers outside of the service including to craft groups. Staff said they had enough equipment and it was maintained in working order. Where equipment needed repair or maintenance, staff notified maintenance and were able to access other equipment to meet their needs.

Care documentation contained strategies to deliver services and supports for daily living, reflecting the diverse needs and characteristics of consumers. Documentation identified the people important to individual consumers, those involved in providing care, and activities of interest to the consumer. Daily menus were displayed on a noticeboard in the dining room and staff aided consumers to record their meal choice for the day and provided information to the kitchen. The menu was reviewed by consumers and their representative’s at meetings held each month.

The site audit report identified the service had proactively engaged and collaborated with consumers to improve their dining options and experience as well as meeting with the Chef, lifestyle staff and management where consumers had expressed dissatisfaction with their meals.

The approved provider’s response evidenced continuous improvement measures including the engagement of nurse advisors to support any remediation work involved in strengthening systems and processes, as well as continued and ongoing collaboration with consumer’s in relation to meal satisfaction to ensure quality care and services is provided to consumers.

**Standard 5**

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

**Findings**

I find this Standard compliant.

Consumers expressed they felt safe and comfortable at the service and gave positive feedback regarding cleaning and maintenance.

The service’s residential areas were accessible by covered walkways which consumers could navigate with mobility aids and electric scooters. A central building contained the main dining room, activities area, cinema room and staff offices. The area was well sign posted to direct consumers to specific areas and bench seating was available on the paths to allow consumers to rest if needed.

Consumers were observed in furnished communal areas participating in group activities. Consumers’ rooms were personalised with furniture, photos, and mementos. The service had several outdoor areas for consumers to use.

The entire service was identified as a secured area by way of a perimeter fence secured by a locked keypad, which prevented some consumers with cognitive impairment from exiting as they were unable to operate the keypad or did not have access to the code. The site audit report did not identify impact to consumers in relation to their free movement both indoors and outdoors and consumers were observed using both indoor and outdoor areas, however, this is further considered within Standards 3 and 8.

Staff could describe the services processes for identifying, reporting, and actioning maintenance issues to ensure equipment used by consumers was safe, clean, and maintained. Corrective maintenance requests were assessed and prioritised each day with a team of maintenance staff and contractors available for prompt action as required.

The furniture, fittings and equipment was safe, clean, well maintained, and suitable for the consumer.

**Standard 6**

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

**Findings**

I find this Standard compliant.

Consumers felt safe, encouraged, and supported to provide feedback and make complaints and could describe various avenues to do so. Consumers and their representative’s were comfortable with sharing concerns or complaints with staff and had not required external advocacy resources at the time. Consumers evidenced how the service utilised feedback and complaints to improve quality of care.

Staff explained processes for supporting consumers to raise feedback and how they would notify management for issues requiring immediate attention. Lifestyle staff attended consumer meetings and encouraged consumers and their representative’s to have their say. Management and staff indicated they had not had to support a consumer for interpreter or advocacy services, however had procedures in place to do so if required. Management provided incident management training to staff which included information on the open disclosure process, including acknowledging complaints, apologising and being open and transparent. Management described the feedback and complaints register was reviewed weekly and the plan for continuous improvement demonstrated continuous improvement actions had been implemented following provision of complaints and feedback by consumers and their representative’s.

**Standard 7**

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

**Findings**

I find this Standard compliant.

Consumers and their representative’s were satisfied with the sufficiency of staff to meet the consumers’ personal and clinical needs in a timely manner and in accordance with their care plan. They experienced positive interactions with staff and were confident staff knew what they were doing when providing cares. Most expressed their satisfaction with the way care and services were delivered by staff at the service.

Management described how registered and care staff were employed and rostered to ensure the right mix of staff were available to manage consumer care needs. Staff demonstrated an in-depth understanding of consumers, including their identity, needs and preferences. Management advised staff competency and performance was determined through skills assessments and was monitored through performance assessments, feedback, observational audits, surveys and reviews of clinical records and care delivery. Staff described education, training and support they received during onboarding and on an ongoing basis.

Records demonstrated training was provided regularly, via online modules, in-person training sessions, and was reflective of training needs identified through care delivery and performance review processes.

Staff were observed responding promptly to requests for assistance from consumers and activities were occurring at scheduled times.

The service had a suite of documented policies and procedures to guide staff practice, and outlined that care and services were to be delivered in a person-centred, caring, and respectful manner.

**Standard 8**

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Non-compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

**Findings**

I find this Standard non-compliant.

Consumers and their representative’s considered the service was well run and they could provide feedback and suggestions to management including having regular input into their care requirements and needs.

Management described various ways consumers were supported to be engaged in the development, delivery, and evaluation of care and services and described consumer’s engagement in the development of the services. Management were able to evidence and demonstrate various organisational committee meetings were held to discuss information such as audits and surveys, incidents, mandatory reporting, education, training, policies, and legislative updates to ensure a culture of safe and accountability of care and services. Management and staff were able to describe the systems and processes of organisational wide governance relating to information management, regulatory compliance, continuous improvement, financial governance, workforce governance, and feedback and complaints were effective.

The plan for continuous improvement and consumer meeting minutes evidenced management and consumer/representatives’ continuous engagement in the delivery and evaluation of care and services. Established governance frameworks, policies and procedures supported the management of risk associated with the care of consumers, including responding to clinical incidents. The service had a clinical governance framework in place, including documented policies in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure to help guide staff on provision of safe care.

The site audit report raised the service’s governance systems for information management in relation to the review of care and service plans was ineffective with 3 of 6 consumer’s care plans reviewed being overdue. The approved provider’s response advised:

* every consumer’s care plan was reviewed by the service to ensure all care plans were current and any updates were actioned. The review found a small number of assessments were overdue and will be reviewed and updated by 23 March 2023.
* review of the consumer’s named within the site audit report found 2 of 6 consumer’s care plans were overdue. There was no impact identified for these consumers
* continuous improvement actions have been planned to strengthen systems and processes
* further monitoring practices will be included in clinical management meetings and the associated reporting included in governance meetings

I am satisfied the approved provider has taken immediate action to remedy outstanding care plan reviews, other continuous improvement actions to strengthen systems and processes are evident within the service’s continuous improvement plan and no consumers have been impacted in relation to their care delivery. I am satisfied Requirement 8(3)(c)(i) in relation to information management, is compliant.

The site audit report raised the service’s governance systems for meeting regulatory compliance requirements for environmental restraint was ineffective. The entire service was identified as a secured area by way of a perimeter fence secured by a locked keypad, which prevented some consumers with cognitive impairment from exiting as they were unable to operate the keypad or did not have access to the code. Regulatory compliance requirements for the use of restrictive practices had not been met by the service for those consumers. The approved provider’s response included that staff were unaware this constituted environmental restraint. This is further considered within Standard 3. In addition to the continuous improvement actions considered in Standard 3, further monitoring practices will be included in clinical management meetings and the associated reporting included in governance meetings.

However, immediate action and continuous improvement to remedy regulatory compliance for restrictive practices in relation to environmental restraint are yet to be fully implemented and evaluated for effectiveness. I am not satisfied Requirement 8(3)(c)(v) in relation to regulatory compliance for restrictive practices is effective.

I find this Standard non-compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)