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: | Assessment Contact - Desk |
| Activity date: | 15 August 2023 |
| Performance report date: | 19 September 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 D. Fekonja, 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 Assessment Contact - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents, and interviews with service management.
* S67 Request for Documents response for the Approved provider received 28 July 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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. | Compliant |

Findings

The service was found non-compliant with this Requirement following a Site Audit conducted from 21 February to 23 February 2023. The entire service is secured by a perimeter fence secured by a locked keypad. This prevented consumers from exiting freely. However, the service had not identified this as environmental restraint and had not implemented a process to support this intervention. Assessments, authorisations, and monitoring of consumers restricted by a perimeter fence and keypad were not in place.

The service has implemented a range of actions in response to this non-compliance. All consumers have now been assessed for environmental restraint and ‘environmental restraint consent’ forms have been completed. Consumers who have been assessed as safe to freely leave the service in consultation with their nominated representatives have been provided with either the key code or an access fob. Behaviour support plans have been updated for those consumers subject to environmental restraint and care plans identify restraint and incorporate strategies for the use of environmental restraint.

Ongoing education on restrictive practices and specific training on environmental restraint have been provided to staff.

Based on the information provided as summarised above I find the service compliant with this Requirement.

# Standard 8

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| Organisational governance | |  |
| 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. | Compliant |

Findings

The service was found non-compliant with this Requirement following a Site Audit conducted from 21 February to 23 February 2023. The service at that time was not able to demonstrate regulatory compliance requirements for the use of restrictive practices had been met by the service for their consumers in relation to environmental restraint. Staff were unaware the perimeter fence constituted environmental restraint for some consumers.

The service has implemented a range of actions in response to the non-compliance. Consumers with environmental restraints in place are identified on the organisation’s ‘risk profile register’ which includes every consumer living at the service. Management provides fobs or the code to access the keypad to consumers assessed as safe to freely leave the service. Informed consent and care planning have been implemented for consumers subject to environmental restraint.

The service is also ensuring restrictive practices are discussed during governance meetings and reported on in quality indicator reports.

Based on the information provided in response to this requirement and the information provided in the S67 request for information response documents received on 28 July 2023, I find the service compliant with this Requirement. Actions proposed and already taken identify the service is now aware of its responsibilities in relation to environmental restrictive practices.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)