Performance

Report

**1800 951 822**

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| Name: | Bolton Clarke Carinya |
| Commission ID: | 6762 |
| Address: | 39 Fisher Street, MYRTLE BANK, South Australia, 5064 |
| Activity type: | Site Audit |
| Activity date: | 2 October 2024 to 4 October 2024 |
| Performance report date: | 4 November 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 4234 Bolton Clarke Carinya |

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 Bolton Clarke Carinya (**the service**) has been prepared by R Falco, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the site audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, representatives and others; and
* the provider’s response to the assessment team’s report received 17 October 2024 acknowledging the recommendations made by the assessment team, and indicating they will not be submitting a response.

# 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 | **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 | **Compliant** |

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 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

Staff spoke respectfully about consumers with an understanding of their personal circumstances and described how it influenced the delivery of care and services. Documentation showed the service is respectful of consumers’ identity and culture. Consumers and representatives described staff as kind, caring and respectful.

Staff demonstrated an understanding of cultural safety and how this is incorporated in the delivery of care and services. Documentation showed care and services provided are culturally safe and are committed to by the organisation. Examples were provided of ways the service and staff deliver culturally appropriate care to ensure consumers felt comfortable and safe. Consumers and representatives said staff understand consumers’ needs and preferences and felt safe.

Documentation showed who consumers wish to have involved in their care, how the service can assist in maintaining relationships and anyone consumers do not wish to have involved in their care and services. Staff described how they support consumers to exercise choice, maintain relationships and described how consumers’ decisions are captured. Consumers and representatives confirmed they are supported to make their own decisions about their care and services.

Staff were aware of consumers who take risks and described how they are supported. Risk assessments have been completed for any activities deemed to incorporate an element of risk with strategies to minimise risks discussed with consumers. Consumers’ dignity of risk assessments included a description of the risk, potential risks, and the likelihood of the risk occurring.

Information is communicated to consumers in a variety of ways that is clear and easily understood. A Resident’s Handbook detailing information on the organisation and the services available is provided to consumers when they enter the service. Information about the Aged Care Quality Standards, Aged Care Advocacy and internal complaints processes is displayed. Consumers interviewed advised they are provided with information to assist them in making choices about their care and lifestyle, including meal selection and daily activities.

Induction training guides staff on the requirement for consumer privacy and ensures the correct use of consumers’ personal information. Staff were observed delivering care in a way that maintained consumers’ privacy by knocking on their door before entering and delivered care behind closed doors. All consumers and representatives are happy consumers’ privacy is respected, and their personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

Staff described processes used to identify individual risks to consumers’ health and wellbeing to inform the delivery of safe and effective care and services. Care documentation showed risk assessments were conducted using validated assessment tools with risk mitigation strategies implemented and documented in a care and service plan. Policies and procedures guide staff practice in care and service assessment planning processes. Consumers and representatives said care and services are well planned to meet their needs and confirmed staff discussed risk and mitigation strategies.

Assessment and planning processes ensure consumers’ needs, goals and preferences are met, including advance care planning, and care and service plans are tailored and personalised to each consumer. Consumers and representatives confirmed staff listen to what is important to them and customise their care and service planning to fit their current needs, goals, and preferences.

Staff demonstrated the importance of partnering with consumers and described the involvement of other health professionals and organisations in assessment, planning, and review. Staff were knowledgeable in partnering with consumers during assessment and planning and ensured information from other service providers was accurately reflected in care and service plans.

Care documentation showed continuous consumer and representative involvement in initial and ongoing assessment and planning. Consumers and representatives confirmed active involvement in assessment and planning to meet their goals and preferences.

Documentation showed assessment and planning outcomes are communicated to consumers, representatives, and staff. Staff described sharing outcomes of assessment and planning with consumers and representatives, including processes to obtain consent. Consumers and representatives confirmed they are supported to understand their care and service plan, and have access to a hard or electronic copy.

Staff described instances that would trigger a reassessment of a care plan. Consumers’ needs are reviewed every 6 months at care plan reviews, or more frequently when needs or preferences change. Documentation showed ongoing review of care to evaluate its effectiveness. Consumers and representatives expressed satisfaction in the service’s communication.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# 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 |
| 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

Documentation showed personal and clinical care is reflective of best practice, tailored to consumers’ needs and focuses on optimising health and well-being. Staff were knowledgeable of consumers’ individual needs and preferences and observations showed consumers were consistently well presented, groomed to their preference, and wearing clean clothing. Consumers and representatives said care is personalised and improved consumers’ well-being.

Management described and provided evidence of systems and processes to assess, monitor, and evaluate high-impact and high-prevalence risks impacting consumers’ health and well-being. Effective management relating to visual and hearing impairments, minimising restrictive practice, nutrition and hydration, and changed behaviours was demonstrated. Staff and management were knowledgeable of consumers’ risks and described personalised mitigation strategies. Consumers and representatives expressed satisfaction with the management of high-impact and high-prevalence risks.

Policies and procedures are in place to guide and support staff in providing holistic, person-centred end of life care. Staff provided examples of recently caring for consumers at the end of their life and described training, palliative care pathways, and ways to support the consumer and their family. Documentation showed end of life wishes, needs, goals and preferences were recognised and addressed. Consumers and representatives said they feel confident the service will support them physically, emotionally, and spiritually when they require care towards the end of their life.

Staff described responding to a change in consumers’ condition and were knowledgeable of deterioration pathways. Documentation for consumers who experienced deterioration showed escalation and response to deterioration was identified and responded to in a timely manner. Consumers and their representatives provided positive feedback regarding the service’s effectiveness in responding to deterioration.

Internal and external staff confirmed receiving relevant information relating to consumers’ care and described the methods of communication used. Documentation demonstrates communication is effectively shared within the service and where responsibility for care is shared. Observations showed collaborative communication pathways with staff and the multidisciplinary team to share changes to consumers’ information efficiently and promptly. Consumers and representatives said staff are familiar with consumers’ needs, goals, and preferences.

Documentation for consumers showed referrals are appropriate and occur in a timely manner. Staff completed referrals in a timely manner and described the referral process to other organisations or care providers. Consumers and representatives said referrals occur promptly when their personal or clinical needs change.

Staff were knowledgeable of infection control practices, use of personal protective equipment, outbreak management plans, and infection related risk mitigation strategies. Staff confirmed ongoing training in infection control and antimicrobial stewardship. The service promotes antimicrobial stewardship and takes actions to reduce infection-related risks through systems and processes guided by policies, procedures, and guidelines.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is 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

Staff described how consumers enjoyed spending their time and documentation described the types of supports provided to consumers. Consumers and representatives said they felt the services they receive are safe and effective, and staff supported consumers to do the things they enjoy.

Staff interactions observed with consumers were kind, caring and thoughtful. Examples were provided of how consumers who require additional psychosocial needs are supported and processes are in place to ensure emotional and spiritual care is provided to all consumers. Consumers and representatives said they were confident consumers’ emotional and spiritual well-being was a priority for staff.

Staff were knowledgeable of individual consumer preferences for services and supports for daily living. Lifestyle documentation included an activity program consistent with documented interests of consumers, and confirmed supports provided to assist consumers to participate in their community, maintain relationships and do things of interest to them. Observations showed consumers actively participating in group activities and individual activities of interest to them. Consumers and representatives said staff took the time to understand what is important to them and were enabled to choose what they participate in.

Staff described processes for sharing consumer information and said care and service plans are accessible, easy to read and contain sufficient, updated information. Observations of staff interactions and staff interviews confirmed information is effectively shared between volunteers, domestic staff, hospitality staff, care and clinical staff, and other service providers. Consumers and representatives said they felt fully informed, rarely have to repeat information to staff about their care needs and preferences and are asked for consent prior to their personal information being shared with others.

Clinical and lifestyle staff said referrals are made in consultation with consumers as required or as indicated by assessment. The lifestyle care plan and care documentation showed input from other specialists as well as volunteers and pastoral care. Consumers and representatives said they receive prompt timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Staff described processes to accommodate consumers’ mealtime needs, goals, and preferences and how they encourage feedback about meals and the menu. The menu showed alternative options for all diet types and was seen to be displayed on each dining table. Consumers were observed to have choice in the meal they wanted prior to each meal. Staff were knowledgeable of individual consumer diets, including their preferred drinks and desserts. Consumers and representatives said they get meals that are varied and of suitable quality and quantity, have input into the menu and are confident providing feedback.

Staff described processes to maintain equipment to ensure its safety, suitability, and cleanliness. Documentation showed processes to regularly clean equipment and maintenance pathways when required. Observations of lifestyle and other equipment used for consumers’ care and services showed it was safe, suitable, clean, and well maintained. Consumers and representatives said they get suitable equipment that is well maintained, safe, and kept clean.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# 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

The service environment is welcoming, home-like, and relaxed. There was adequate lighting, posters and artwork in the corridors and sufficient space for consumers to mobilise. Staff interviewed said the service environment is monitored through scheduled maintenance, cleaning, audits, surveys, and consumer feedback. Staff demonstrated how they assist consumers with visual impairments to navigate around the service. Consumers said they were able to decorate, arrange and personalise their rooms with their own furniture, photographs, and pictures.

Preventative and reactive maintenance systems, cleaning processes and regular environmental audits ensure the service environment is safe, well maintained, and potential hazards are identified and addressed. Staff were knowledgeable of maintenance and hazard reporting processes and consumers were observed to move freely throughout the internal and external spaces of the service. Consumers and representatives confirmed the service environment is safe, well maintained, and consumers can move freely both indoors and outdoors.

Furniture, fittings, and equipment were observed to be safe, clean, and well maintained. Systems are in place for preventative and reactive maintenance and consumers and staff described how to identify and report hazards and any maintenance issues. Records demonstrate furniture, fittings and equipment is regularly cleaned and maintained. Consumers and representatives confirmed furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# 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

Staff described how they support consumers to provide feedback verbally, written or assisting them to discuss with management. Feedback mechanisms are displayed throughout the service and are contained in regular consumer and representative newsletters. Consumers and representatives interviewed described a range of mechanisms available to provide feedback including face to face, phone, and feedback forms.

Consumers and representatives said they are aware of external advocates and organisations for making complaints. Contact details for advocates and external organisations were observed in the consumer handbook, and throughout the service. Staff demonstrated awareness in relation to advocate services and how to support consumers to raise complaints. Management confirmed consumers are provided information relating to how to make complaints through internal and external services.

The service has feedback, complaints and open disclosure policies and procedures available to guide management and staff in responding to feedback. Documentation demonstrated open disclosure processes are used when things go wrong. Consumers and representatives confirmed staff apologise when things go wrong and help them to fix any concerns they have.

The service uses feedback information to drive continuous improvement and consumers were confident their feedback was listened to and used to improve care and services. Management described how feedback is regularly reviewed to identify trends, and this information is used to drive continuous improvement within the service.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# 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

Staff said they have adequate time to undertake their daily tasks, and confirmed vacant shifts are usually covered. The service has a low number of unfilled shifts, and management described how vacant shifts were covered. Management discussed how the roster is created, considering the changing care needs of consumers. Consumers and representatives said they are satisfied with staffing levels at the service, and confirmed staff are always available to tend to their needs in a timely manner.

Management discussed a range of ways in which they monitor workforce interactions, and documentation confirmed organisational expectations for workforce interactions are regularly communicated to staff. Observations of staff interactions with consumers were positive and kind, and staff demonstrated an understanding of treating consumers with kindness and respect. Consumers and representatives interviewed said workforce interactions are always kind and considerate, and staff understand what is important to consumers.

All staff described a range of training undertaken online and face to face. Management discussed how they monitor staff competency daily through regular walks around the service, through care champions, and following outcomes of mandatory training. Qualifications including police clearances, nursing registrations and visas are monitored through human resources. Consumers and representatives interviewed said staff are competent and understand the care needs of consumers.

Staff described the induction process undertaken upon commencing their roles and confirmed participating in mandatory annual training. Documentation evidenced a high completion rate for mandatory training and systems are in place to ensure staff have the appropriate qualifications and checks prior to commencing their roles. Consumers and representatives said they are confident in staff’s ability to provide consumer care.

Staff interviewed confirmed partaking in performance reviews, and said they are supported to raise requests for additional training or support outside of these reviews. Management discussed the process for performance management for staff who are not meeting the requirements of their role and provided a recent example of this process. Staff confirmed they are involved in performance reviews, where they can discuss additional training and support needs, and receive feedback on their performance.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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. | 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

Management described a range of mechanisms used to engage consumers, such as through consumer meetings and surveys, and advised consumers who do not ordinarily provide feedback are contacted during surveys to ensure they are actively engaged. The continuous improvement log showed improvements made as a result of consumer feedback. Consumers and representatives interviewed described being actively involved and engaged in the delivery of care and services and confirmed attending consumer meetings.

The board receives information from a range of sub-committees and the governing body is comprised of independent members from diverse backgrounds. Quarterly quality and care advisory body reports are provided relating to the regulatory performance of services within the organisation to the board.

The organisation has governance wide systems. Information systems and processes are in place to ensure staff have accurate and up-to-date information required to complete their roles. Consumer information is contained within an electronic system which is password protected. Continuous improvement actions were noted to be identified through a range of mechanisms, such as monthly clinical indicators, feedback, and incidents. Management described the process for approving out of budget expenditures. Processes are in place to ensure staff are selected, trained, and supported to meet the organisation’s values and job specifications of each role. The organisation monitors peak bodies to identify changes in legislation and are compliant with all mandatory reporting obligations. Feedback and complaints are managed and trended at a service level and reported to sub-committees of the board.

The organisation has effective processes to manage high-impact and high-prevalence risks associated with the care of consumers, and ensuring each consumer is supported to live the best life they can. The quarterly quality and care advisory body report monitors services to ensure staff are providing safe delivery of care. The organisation has an incident register, and all reportable incidents are reported within legislative timeframes. Staff are aware of and can recognise and respond to abuse and neglect. Policies and procedures are in place to support consumers to take risks and live the best life they can.

Effective clinical governance arrangements were embedded across the organisation to effectively support the workforce and visiting health care practitioners to provide safe and quality clinical care. A new care and services governance overarching framework document has been launched which includes the management of antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures to guide staff practice. Management described how the governing body maintains oversight of clinical care, antimicrobial stewardship, and restrictive practice.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is 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)