Performance

Report

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| Name: | Bolton Clarke Carrington |
| Commission ID: | 5825 |
| Address: | 16 Blairmount Street, PARKINSON, Queensland, 4115 |
| Activity type: | Site Audit |
| Activity date: | 12 December 2023 to 14 December 2023 |
| Performance report date: | 30 January 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3783 Bolton Clarke Carrington |

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 Carrington (**the service**) has been prepared by Denise McDonald, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information held by the Commission in relation to the performance of 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 | **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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff treated them well, they felt valued and respected. Staff who assisted consumers with meals addressed them by name, were gentle and did not rush them to finish. Care documentation used respectful language and included information about their background, life history and people of importance to them.

Consumers said staff were aware of their backgrounds and understood their care preferences. Care documentation included information about their cultural preferences. Staff were observed calling consumers by their preferred name, which was reflected on their name plaque identifying the consumer’s room.

Consumers said staff supported them to spend time with people important to them and confirmed they made decisions about their own care. Staff gave practical examples of and were observed, assisting consumers to connect with their family. Policies and procedures promoted consumer choice and independence.

Consumers said they were supported to live as they wished including leaving the service independently. Staff confirmed risks were explained to consumers and strategies to promote their safety while undertaking their chosen activities were agreed. Policies and procedures supported consumer’s right to make decisions and engage with risk.

Consumers said they received information which allowed them to make informed decisions, such as choosing meals from the daily menu. Staff said consumers received information via an activity schedule, a monthly newsletter, in person and over the public address system. Activities schedules were displayed in communal areas and within each consumer’s room.

Consumers said staff respected their privacy, by knocking on doors prior to entering the room. Staff described how consumers’ privacy was respected when providing care, such as ensuring doors and curtains were closed when assisting with personal care. Policies and procedures guided staff on the protection and permitted uses of personal information.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and planning of consumers’ care. Staff explained the care planning process and said it included identifying risks to consumers’ safety, health and well-being. Care documentation showed their needs, goals and preferences were assessed during admission to the service and when risks were identified, interventions had been applied.

Consumers and representatives said staff had discussed advance care planning with them. Staff said consumers’ end of life planning occurred during admission or when their needs changed. Care documentation evidenced consumer’s needs, goals and preferences, including their end of life wishes, were recorded, and copies of their advance care directives were on file.

Consumers and representatives said they were routinely involved in assessment and care planning processes. Staff described how they worked in partnership with consumers and their multidisciplinary approach to care. Care documentation evidenced medical officers and allied health professionals input into assessment and care planning.

Consumers and representatives said they understood what was included in care documentation and they were offered a copy of the consumers care plan. Staff said the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and electronic mail. Care documentation was readily accessible to staff delivering care.

Consumers said their care and services were regularly reviewed or when an incident occurred which impacted their needs and preferences. Staff described their responsibility in incident reporting, the escalation process and how this may trigger reassessment of consumers’ care. Care documentation showed consumer’s needs were reviewed following incidents which impacted their goals and preferences.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received the care they needed. Staff described how consumers’ personal and clinical care needs were met and said they received training in dementia care and changed behaviours, falls management and care planning. Care documentation showed consumers received person-centred care that was safe and tailored to their needs and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how risks were managed. Care documentation detailed the risks associated with their care and a risk management plan.

Consumers and representatives said consumers’ advance care directives and end of life preferences had been discussed with them. Staff explained how they cared for consumers nearing end of life, which included comfort care, regular repositioning, hygiene care and encouraging families to spend time with the consumer. Staff were guided by the service’s palliative and end of life care standard and care planning guideline.

Consumers and representatives said staff were quick to identify changes to consumers conditions. Staff said deterioration was responded to by reassessing their needs, increased observations, escalating consumers for review. Care documentation showed changes in consumer’s condition were promptly responded to.

Consumers and representatives gave positive feedback about how consumers’ care needs were shared between staff. Staff said information about consumers’ care needs were shared during shift handovers and by accessing care documentation in the electronic care management system (ECMS). Care documentation showed information was available and shared between staff and with others involved in their care.

Consumers said they were referrals to other health services in a timely manner and they had access to a range of medical officers and health professionals. Staff explained the referral process ensuring a referral was accepted and a timely response received. Care documentation evidenced medical officer, allied health professionals and specialist referrals were made.

Consumers and representatives said staff always washed their hands, wore personal protective equipment (PPE) and cleaned equipment after it was used. Staff described infection prevention and control strategies, which included the minimisation and appropriate use of antibiotics. An infection prevention and control lead monitored for infectious outbreaks and activated management plans when required.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said lifestyle services supported their needs and preferences and optimised their independence. Staff explained how they worked with consumers to tailor the activities calendar to their preferences. Care documentation showed a range of lifestyle information was recorded, including consumer’s needs and preferences.

Consumers explained how their emotional, spiritual and psychological wellbeing was supported, such as attending church services or receiving visits from the pastor. Staff described the emotional supports, such as one-on-one visits from volunteers and bimonthly church services. Consumers were observed spending time with volunteers and the activities schedule showed pet therapy and garden walks were scheduled.

Consumers described some of the activities available to them, such as happy hours and bus trips and were observed spending time with family and friends. Staff demonstrated knowledge of supports provided to consumers to maintain contact with people of importance to them. Care documentation noted activities consumers found enjoyable and who was important in their lives.

Consumers said their care needs were effectively shared within the service and with other organisations involved in their care. Staff said they were informed of changed consumers’ conditions, needs and preferences via shift handovers and reviewing care documentation. Care documentation evidenced consumers preferences were shared between care and catering departments.

Consumers gave examples of other organisations or individuals who provided them with support. Staff explained how they worked with external organisations to enhance consumers’ lifestyle experience, such as arranging volunteers who helped with lifestyle activities and spent one-on-one time with consumers. Care documentation showed consumers had been appropriately referred to external services.

Consumers gave positive feedback about meals provided at the service. Staff said consumers provided feedback about meal quality via a feedback form or speaking directly with hospitality staff. Care documentation included information about their dietary requirements and preferences, such as allergies and preferred portion sizes.

Consumers said equipment used by staff was clean, suitable for their needs and personal equipment was checked for safety. Staff said consumers shared and lifestyle equipment was readily available when needed. Maintenance documentation showed equipment used when caring for consumers was checked monthly by maintenance staff.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service was welcoming to them and their families. Staff described how consumers and visitors were made welcome at the service, such as offering a private space to spend time together. Staff explained consumers with functional and cognitive impairments were assisted to mobilise as the corridors were wide, had handrails and garden areas had been designed for safety.

Consumers said the service was clean, well maintained, everything in their rooms was in working order and they understood how to report maintenance issues. Staff explained the maintenance process which included an online reporting system. Maintenance documentation showed tasks were completed promptly.

Consumers said they felt safe when staff used equipment during the delivery of care. Staff said shared equipment is regularly cleaned and equipment like lifting hoists was checked for safety before use with consumers. Maintenance documentation showed equipment was regularly checked.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives understood how to give feedback or make a complaint, were encouraged to do so and described ways in which a complaint could be made. Staff demonstrated knowledge of complaints mechanisms used to support consumers to raise concerns or make suggestions. Meeting minutes evidenced consumers were encouraged to give feedback.

Consumers and representatives said they knew they could access advocates if needed, with meeting minutes confirming an advocacy service representative presented to consumers at their monthly meeting. Staff demonstrated knowledge of how to support consumers to access language services. Posters and brochures displayed promoted access to external complaints services.

Consumers and representatives said the service acknowledged their concerns or suggestions and actions were taken in response. Staff described the complaints management process which included making an apology when things went wrong. Staff were guided by the service’s open disclosure standard and feedback management guidelines which set out communication and documentation requirements.

Consumers and representatives said changes to hallway lighting was made in response to their feedback. Staff said the service was responsive to feedback and had seen improvements in training to ensure safe and quality care was provided to consumers. Complaints documentation evidenced complaints, compliments and suggestions were addressed, resolved and linked to the service’s continuous improvement plan.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were sufficient staff to meet consumers’ needs. Management said staffing levels were determined according to consumers’ needs and a registered nurse was available 24 hours a day. Documentation showed the three daily shifts were consistently well staffed and consumers’ call bells were responded to in a timely way.

Consumers spoke fondly about staff whom they said treated them with kindness, care and respect. Care documentation included information about what mattered to consumers and how to meet their care preferences. Staff were guided by policies which encompassed people and culture, a code of conduct and valuing identity, culture and diversity.

Consumers and representatives said they were confident staff had the skills to meet consumers’ needs. Management said staff competency was initially determined through the recruitment process and via orientation and buddy programs, mandatory competency assessments and their practice observed. Position descriptions contained the essential qualifications required for each role.

Consumers and representatives said staff were trained and equipped to perform their roles. Staff said they had access to online and in-person training, such as in wound management and palliative care. Staff training records showed high completion rates for training in manual handling, infection control, falls management, emergency awareness and incident management.

Staff confirmed they had attended an annual performance appraisal with their manager and were offered development opportunities, mentoring and leadership training. Management said performance monitoring included consumer feedback. Staff performance was supported by a staff appraisal and performance policy which outlined the assessment, monitoring and review process.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers and representatives said the service was well operated and they were involved in the designing and evaluation of care and services, through consumer meetings. Management said consumers contributed via meetings, the feedback process, surveys and during care plan reviews. Meeting minutes showed consumers provided feedback about the menu, activities, maintenance and other issues of importance to them.

The organisation’s Board was accountable for the care and services consumers received, who said they felt safe and were provided with the care needed. The Board was kept informed of the service’s performance against the Quality Standards via reporting on key performance data, incidents, consumer feedback, satisfaction surveys, staffing levels, clinical indicators and expenditure. Documentation showed the board was kept informed and held accountable for care provided at the service.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The framework included policies and procedures to guide staff practice. The board received a range of reports which were used to determine if the Quality Standards were being met.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff said risks to consumers, such as falls, were managed using mobility aids and pendant alarms which alert staff if a consumer loses balance and falls.

The organisation’s clinical governance framework was supported by documented policies in clinical governance and infection prevention, clinical surveillance, antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff attended training in infection control, restraint management and open disclosure, and had a clear understanding of their responsibilities.

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)