Performance

Report

**1800 951 822**

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| Name: | Bolton Clarke Centaur |
| Commission ID: | 5251 |
| Address: | 21 West Terrace, CALOUNDRA, Queensland, 4551 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 10 October 2023 |
| Performance report date: | 24 October 2023 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3608 Bolton Clarke Centaur |

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 Centaur (**the service**) has been prepared by K. Reed, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Performance report completed 12 July 2023, following the Assessment contact-site 14 June 2023
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

Requirement 3(3)(b) Effective management of high impact or high prevalence risks associated with the care of each consumer.

Consumers and representatives were satisfied the service was effectively managing high prevalence risks for consumers. Training records demonstrated staff received training in relation to high prevalence risks. Wound care documentation demonstrated wound care was conducted in accordance with wound care treatment plans, and wounds were observed and recorded to be improving. Consumers received appropriate clinical assessments after sustaining a fall. Medication administration reports demonstrated consumers received time sensitive medications within a timely manner.

Actions have been taken to return the service to Compliance in this Requirement following the Assessment contact -site conducted on 14 June 2023. Actions included:

A wound care specialist reviewed each consumer with a wound within the service and individualised wound care treatment plans were created to support the wound healing process. A wound care specialist was available for registered staff to escalate any wound deterioration for wound care advice. The Assessment Team confirmed consumers’ wounds were reviewed by a wound care specialist, and progress notes demonstrated registered staff were escalating to the wound care specialist for advice when required.

The service implemented a daily clinical catch up meeting where consumers who had a pressure injury or wound were discussed between clinical management and registered staff regarding wound healing progress. Meeting minutes confirmed this occurred daily.

Registered staff and personal care workers received training in relation to the management and monitoring of wounds and pressure injuries, and the management of high prevalence risks. A review of training records confirmed staff received this training between July 2023 and October 2023.

While it was identified there remained some deficits in the recording of neurological observations and wound photographs and measurements, the feedback from consumers and representatives and immediate actions taken by management to address the identified deficits, supported a decision to return to Compliance in this Requirement.

**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.**

Consumers and representatives were satisfied the service recognised clinical deterioration and responded with appropriate clinical interventions within a timely manner. Care documentation demonstrated consumers who experienced clinical deterioration received effective clinical interventions within a timely manner after their deterioration was identified, and appropriate follow up from their medical multidisciplinary team.

Actions have been taken to return the service to Compliance in this Requirement following the Assessment contact -site conducted on 14 June 2023. Actions included:

Registered staff and personal care workers received training in relation to the management and monitoring of wounds and pressure injuries, and early identification of clinical deterioration. A review of training records, and staff confirmed they received this training between July 2023 and October 2023.

The service implemented a ‘Care Champion’ to provide additional clinical oversight of personal care workers. ‘Care Champions’ were allocated to the service’s roster daily and staff confirmed they escalated concerns to the allocated care champion or registered staff.

Management implemented daily ‘clinical catch up’ meetings where registered staff discuss any consumers who experienced clinical deterioration. Meeting minutes confirmed clinical deterioration was an agenda item on the daily ‘clinical catch up’ meeting, and meeting minutes confirmed clinical deterioration was discussed.

It was noted for one named consumer receiving palliative care, interventions were not specifically created for the consumer. I did note however, the consumer was receiving appropriate palliative care. The service took immediate actions to address the feedback in relation to the consumer’s care plan, which further supported a return to Compliance in this Requirement.

# 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 |

Findings

Consumers and representatives expressed satisfaction with the availability of clinical and support staff and with the quality of care and services provided. There were processes to ensure the workforce was planned, the number and skills mix enabled the delivery of quality care and services and planned and unplanned leave was managed appropriately. The service had a dedicated rostering team who produced a roster to match consumers’ care and service needs. Staff confirmed they had enough time to complete tasks and that if they required assistance, assistance was available. Staff reported the service generally replaced unplanned leave in a timely manner.

Actions have been taken to return the service to Compliance in this Requirement following the Assessment contact -site conducted on 14 June 2023. Actions included:

The service had a detailed action plan to increase staff numbers to support the care and service needs of consumers. The service employed new staff over the past three months and through monitoring of staff recruitment identified areas that required improvement, for example introduction of a new role for Care Champions to ensure all consumers needs were met. An additional registered staff member was permanently allocated to the night duty roster. Some staff were moved to other areas of the service to ensure appropriate skill mixes. Staff provided feedback staffing levels, teamwork and morale was improved.

Call bell response times have reduced. Care Champion responsibilities included ensuring call bells were answered promptly. The service completed a project to improve staff culture and morale through workshops and individual discussions with staff. The top areas for improvements were identified through this project, and actions are ongoing on addressing these improvements.

Based on the information recorded above, this Requirement has returned to Compliance

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

Management and staff demonstrated a risk management process was in place and a consistent understanding of what constituted a serious incident and the legislative requirements for the Serious Incident Reporting Scheme. The service had an electronic risk management system to capture care and medication incidents which was monitored by the Care Manager daily. The Care Manager and Regional Operations Manager met fortnightly to consider incident trends and develop responses such as toolbox talks and training if required.

Consumers and representatives confirmed they had no hesitation in raising concerns with management in relation to their care and service delivery, either in person or at consumer meetings. Consumers felt the service sought their opinions on improving service delivery and recently implemented actions following consumer feedback on call bell response times and published the outcome for consumers and representatives. Consumers were actively encouraged to provide feedback on service delivery at consumer meetings, via correspondence, or in person.

Staff had the knowledge of what a reportable incident was and the processes to report and respond to a variety of incidents involving consumers. Staff knew where they accessed policies and procedures electronically and stated when policies changed all staff received an email with information on the change and any relevant training.

Actions have been taken to return the service to Compliance in this Requirement following the Assessment contact -site conducted on 14 June 2023. Actions included:

The service implemented daily clinical catch up meetings to capture consumers’ clinical and personal care needs including falls management, wound care and deterioration.

Serious incident response scheme information was displayed on consumer noticeboards and added as an agenda item for consumer meetings. An education session delivered by the Operations Manager to provide consumers with information on elder abuse noted was completed in June.

All incidents since May 2023 were reviewed to ensure serious incidents were identified and captured for submission.

Staff advised and education records demonstrated 94% of staff have completed training on the Serious Incident Response Scheme and 37 staff completing refresher training in June and August 2023.

Management advised the electronic care management system provided a handover report capturing consumers’ care needs and changes from progress notes for staff to refer to electronically or print.

All incidents were reported in monthly Clinical Indicator reports which were reviewed and analysed by the Regional Director of Operations and benchmarked against other services. A risk indicator report was developed capturing outcomes across all services in relation to areas such as falls, incidents and pressure injuries. This is discussed with Residential Managers weekly and escalated to the Board.

Based on the information recorded above, the service has returned to Compliance in this Requirement.

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