Performance

Report

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| Name of service: | Bolton Clarke Centaur |
| Service address: | 21 West Terrace CALOUNDRA QLD 4551 |
| Commission ID: | 5251 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 14 June 2023 |
| Performance report date: | 12 July 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 Bolton Clarke Centaur (**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 Assessment Contact - Site; the Assessment Contact - Site 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 3 July 2023
* Other information known by the Commission

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7** Human resources | Non-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)(b) – Consumers receive effective management of high impact high prevalence risk including for falls management, pain management and wound care in line with their assessed care needs.

Requirement 3(3)(d) – Effective management of recognised deterioration for consumers including that deterioration is responded to in a timely manner.

Requirement 7(3)(a) – Deployment of a workforce to enable the delivery and management of safe and quality care.

Requirement 8(3)(d) – Ensure effective risk management systems and practices are in place.

# 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. | Non-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. | Non-compliant |

Findings

Requirement 3(3)(b)

I find this Requirement non-compliant.

The site report identified the service was unable to demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer and the identification and response to changes in consumer’s condition including for high risk clinical care needs, deterioration and function.

The approved provider’s response included an immediate corrective action plan which reflected targeted areas for continuous improvement. The approved provider has appointed an operational manager to provide clinical oversight to mitigate risk and provide education to staff. Information of procedure changes, meetings and reporting / auditing documents was provided to demonstrate commencement of monitoring practices to mitigate risks. The approved provider’s response included that care plan reviews have commenced for consumers who experience pain, falls and wounds and to ensure care plans are person centred. Documents provided included information that shows consumers have been referred to allied health providers and a wound specialist to review the care needs of consumers. Named consumers within the site report have been reviewed and care needs updated as required. The service has implemented a program, to focus on consumers who experience a high number of incidents each month. Education has been provided to all staff in relation to the management of high impact high prevalence risks, wounds and pain management. Education has been delivered to consumers and their representatives in relation to the issues raised within the site report. Outcomes of the service’s investigations have, where relevant included reporting to the Serious Incident Response Scheme and an open disclosure process was initiated by the service with consumers and their representatives. The service is recruiting internal staff to act as ‘care champions’ to ensure consumer’s receive optimal care.

I have considered the information within the site report and the information provided by the approved provider. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report, however, has provided information of immediate targeted actions commenced to remediate the deficiencies identified. While the approved provider has taken actions to strengthen care delivery in relation high impact or high prevalence risks and improve consumer outcomes these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied the service did not demonstrate consumers received effective management of high impact or high prevalence risks associated with their care needs.

**Requirement 3(3)(d)**

I find this Requirement non-compliant.

The site report identified the service does not have effective processes in place to ensure when a consumer’s condition changes or deteriorates, information is escalated to ensure consumers receive timely and appropriate medical reviews and interventions.

The approved provider’s response included an immediate corrective action plan which reflected targeted areas for continuous improvement. The approved provider has appointed an operational manager to provide clinical oversight to mitigate risk and provide education to staff. Information of procedure changes, meetings and reporting / auditing documents was provided to demonstrate commencement of monitoring practices to mitigate risks. The approved provider’s response included that care plan reviews have commenced for all consumers. Documents provided included information that shows consumers have been referred to allied health providers and a wound specialist to review the care needs of consumers. Named consumers within the site report have been reviewed and care needs updated as required. Education has been provided to all staff in relation to recognising and responding to deterioration, wounds and pain management. An all staff meeting was conducted to discuss the findings within the site report. Outcomes of the service’s investigations have, where relevant included reporting to the Serious Incident Response Scheme and an open disclosure process was initiated by the service with consumers and their representatives. The service is recruiting internal staff to act as ‘care champions’ to ensure consumer’s receive optimal care. Clinical huddles have been introduced to facilitate staff awareness of changing conditions of consumers.

I have considered the information within the site report and the information provided by the approved provider. I have placed weight on the information within the site report including the feedback by consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward by the site report, however, has provided information of immediate targeted actions commenced to remediate the deficiencies identified. While the approved provider has taken actions to strengthen care delivery in relation to recognising and responding to deterioration and improve consumer outcomes, these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied the service did not demonstrate deterioration was recognised and responded to in a timely manner for consumers.

# 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. | Non-compliant |

Findings

Requirement 7(3)(a)

I find this Requirement non-compliant.

The site report identified staffing levels are insufficient to provide care and services in a timely manner.

The approved provider’s response included an immediate corrective action plan which reflected targeted areas for continuous improvement. The approved provider has initiated ‘care champions’ positions to provide oversight and troubleshooting to support clinical outcomes for consumers. Two positions have been approved for recruitment as ‘care champions’ with 2 staff seconded to the positions until a full recruitment process is completed. Guidance to the roles has been provided for the created positions and a roster for 2 weeks has been drafted. Where consumers have been identified as having a high number of incidents the service have implemented a program to closely monitor and improve outcomes for those consumers. The service has undertaken review of care and services for the named consumers. Outcomes of the service’s investigations have, where relevant included reporting to the Serious Incident Response Scheme and an open disclosure process was initiated by the service with consumers and their representatives. An all staff meeting was conducted to discuss the findings within the site report. Call bell reports are being closely monitored and investigated for consumers who experience delays in care and services.

I have considered the information within the site report and the information provided by the approved provider. I have placed weight on the information within the site report including the feedback by consumers and staff in relation to the timely delivery of care and services. The approved provider has not refuted the evidence brought forward by the site report, however, has provided information of immediate targeted actions commenced to remediate the deficiencies identified. While the approved provider has taken actions to strengthen care delivery, these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied the service did not demonstrate effective deployment of a workforce to enable the delivery and management of safe and quality care.

# 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. | Non-compliant |

Findings

Requirement 8(3)(d)

I find this Requirement non-compliant.

The site report identified the service did not have a shared understanding of the legislation for identifying and reporting incidents, and incidents had not been reported to the Serious Incident Response Scheme.

The approved provider’s response included an immediate corrective action plan which reflected targeted areas for continuous improvement. The approved provider has appointed an operational manager to provide clinical oversight to mitigate risk, provide education to staff and complete a full review of Serious Incident Response Scheme reports for rectification plans with consumers. Education has been provided to all staff in relation to the Serious Incident Response Scheme. Clinical huddles have been introduced to facilitate staff awareness of changing conditions of consumers. The document guides staff in identifying and responding to risk management for consumers. The approved provider’s response includes information that an incident specialist supports the service in the capturing and reporting of incidents and risk is discussed at the Consumer outcome and risk meeting and clinical risk indicators are monitored through reports. Outcomes of the service’s investigations have, where relevant included reporting to the Serious Incident Response Scheme and an open disclosure process was initiated by the service with consumers and their representatives.

I have considered the information within the site report and the information provided by the approved provider. I have placed weight on the information within the site report. The approved provider has not refuted the evidence brought forward by the site report, however, has provided information of immediate targeted actions commenced to remediate the deficiencies identified. While the approved provider has taken actions to strengthen risk management systems, these actions are yet to be fully implemented and evaluated for effectiveness. I am satisfied the service did not demonstrate effective risk management systems and practices.

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)