Performance

Report

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| Name of service: | Performance report date: |
| Bolton Clarke Cunningham Villas | 25 August 2022 |
| Commission ID: | Activity type: |
| 5298 | Site Audit |
| Approved provider: | Activity date: |
| RSL Care RDNS Limited | 19 July 2022 to 21 July 2022 |

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 Cunningham Villas (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, 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 and intelligence held by the Commission in relation to 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 | | Compliant |
| 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

Consumers said they are respected by staff and their identity and culture is valued. Staff described consumers’ preferences and backgrounds, consistent with care plan information. Staff were observed assisting consumers in a manner that maintained dignity.

Consumers and their representatives said consumers’ culture is respected, they can express their identity and interests, and staff support their cultural preferences. Staff described how consumers’ culture influences care and lifestyle activities and said the service celebrates culturally important events.

Consumers said they make decisions about their care and maintain their independence, including through maintaining relationships. Staff how they encourage consumers to be independent, and support consumers’ choices of relationships and activities.

Consumers and their representatives said consumers are supported to take risks of their choice to live their best life. Staff described how risk assessments occur and mitigation strategies are implemented to meet consumers’ preferences.

Information is provided to support consumers to make choices regarding their care needs, lifestyle activities and meals. Multiple methods are used including meetings, noticeboards, newsletters and verbal communication. Care plans reflect communication barriers that consumers may experience and detail interventions to enable staff to deliver information clearly.

Consumers said their privacy is respected. Staff described how they maintain privacy and confidentiality, including through use of password protected electronic records. Staff were observed knocking on consumers’ doors before entering and closing doors to maintain privacy.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Care planning documents demonstrated effective, comprehensive assessment and planning processes occur, including identification of risks to consumers’ health and well-being. Care plans include individualised information regarding consumers’ goals, preferences and care needs. Advance care and end of life planning is included in line with consumers’ wishes.

Consumers and their representatives said they are involved in ongoing assessment and planning processes. Care plans are stored in an accessible location for consumers. Staff described how other health professionals are involved in assessment and planning, including on admission and following changes or incidents, with any directives reflected in care documents.

Care plan reviews occur every 3 months. Care documents reflected review occurs following staff observing a decline in consumers’ condition, an incident or admission to hospital.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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

Care planning documents showed the service provides individualised care that is safe, effective and tailored to consumers’ needs and preferences. Consumers considered they receive personal and clinical care that is right for them. Staff described how they know care is safe and effective, including in relation to skin integrity and wound care. Consumers subject to restrictive practices have relevant consent and behaviour support plans in place.

Care plans document strategies to minimise high impact and high prevalence risks, which take consumers’ preferences into account. Staff described interventions to manage identified risks.

The service did not have consumers receiving end of life care at the time of the Site Audit, however staff described how they would deliver care consistent with consumers’ wishes.

Care planning documentation and progress notes showed staff identify and respond to deterioration or changes in consumers’ condition. This includes referral to hospital, other providers or health professionals. Staff follow any subsequent directives.

Staff communicate with each other during handover and share information about consumers’ condition and needs through progress notes and contacting representatives.

Consumers said timely and appropriate referrals occur for external health providers and other organisations. Referral information and providers’ recommendations are noted in care plans.

Staff described how they minimise infection-related risks, including through using antibiotics appropriately. Infection monitoring occurs as part of the clinical indicators program. Staff were observed following infection control practices.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

Consumers said they are supported to engage in activities of interest to them to maintain their quality of life. Staff described how they support consumers’ needs and develop activities to suit consumers’ interests. Consumers were observed engaging in a variety of group and independent activities.

Consumers said the service supports their emotional and psychological well-being by helping them to maintain relationships. Care plans include strategies to support consumers. Staff described how they identify when consumers have a change in mood and provide support if a consumer is feeling low. Staff were observed to respond to consumers in a supportive and caring manner.

Consumers said they are supported to participate in the community, staff encourage them to do things that interest them and they enjoy spending time in the service environment. Care plans identify important relationships and interests.

Information about consumers’ dietary needs, lifestyle activity preferences and additional support is reflected in care planning documents and shared between staff.

Referrals are made to other services as needed. Activities are supplemented by external services and volunteers.

Overall consumers said meals provided are of suitable quality and portion size, and their preferences are accommodated. Consumers requiring dining assistance are supported. Staff described how consumers are offered choice and how they ensure consumers receive suitable meals.

Equipment used to support the lifestyle needs of consumers were observed to be clean, suitable for their needs and well maintained. Monitoring occurs to review the cleanliness and general condition of equipment, and items are replaced or repaired when required.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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

Consumers said the service environment was welcoming, staff are friendly, and the service optimises their sense of belonging and independence. Consumers are supported to spend time indoors and outdoors, with private and shaded areas available that are easily accessible via walkways and corridors. Consumers personalise their rooms with belongings and furniture, and married consumers can share a room.

The service was observed to be clean and gardens were well-maintained. Equipment is suitably stored. Consumers said they can move freely and the service environment is clean. Cleaning, laundry and hospitality staff follow procedures to maintain safety and cleanliness.

Suitable furniture, fittings and equipment were observed to be in use, and appeared clean and well-maintained. Maintenance records reflected regularly scheduled maintenance occurs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

Consumers and their representatives said they are encouraged and supported to give feedback and make complaints, and while they were aware of external advocacy services they were comfortable to raise issues directly with staff. Staff said they would assist consumers to complete feedback forms and access advocacy or language services. Information is provided to consumers and representatives regarding the complaints process in the consumer handbook.

Consumers and their representatives said concerns are quickly addressed once they are raised and they are satisfied with complaint outcomes. Staff said they meet regularly with consumers to discuss and resolve complaints, including through consumer meetings. Staff described action taken in response to complaints.

The service records feedback and complaints for review and identification of continuous improvement opportunities. Records showed action is taken to improve the quality of care and services.

**Standard 7**

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| Human resources | | Compliant |
| 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

Consumers and their representatives said sufficient staff are rostered to provide safe and quality care. Staff said they work together to meet consumers’ care needs and overall the service demonstrated effective workforce planning processes. Call bell records showed timely responses occur.

Consumers said staff are kind and treat them with dignity and respect. Concerns about staff behaviour are addressed. Staff were observed interacting with consumers in a respectful manner.

Position descriptions are in place for each role. Records are maintained regarding staff registrations and competency. Staff said they receive suitable training and support to perform their roles well and they would request further training as relevant. Training completion is monitored, and staff are required to complete mandatory and role-specific training.

Staff said they receive proactive performance assessment and monitoring and are encouraged to adopt best practice approaches in their work. Management gave examples of how performance concerns are addressed. All performance reviews were up to date.

**Standard 8**

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| Organisational governance | | Compliant |
| 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

Consumers and their representatives said the service is well run and they are engaged in development and delivery of care and services through regular meetings, feedback forms and surveys.

The organisation’s governing body is accountable and promotes a culture of inclusive and quality care. A number of advisory committees are in place to consider performance data and trends, which are used to inform initiatives to support safe care.

The service demonstrated effective governance systems for information management, regulatory compliance, financial and workforce governance. An effective quality improvement program operates, incorporating consumer feedback and complaint data, to support continuous improvement action.

Staff were familiar with the service’s risk management framework. They described how they follow policies to report incidents, manage high impact and high prevalence risks and support consumers to live their best lives. Staff receive training regarding elder abuse and neglect.

The service has a clinical governance framework, with policies implemented regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure. Staff explained how they apply the policies in practice.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)