Performance

Report

**1800 951 822**

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| Name of service: | Bolton Clarke Fairview |
| Service address: | 2603 Moggill Road PINJARRA HILLS QLD 4069 |
| Commission ID: | 5080 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 November 2022 |
| Performance report date: | 20 December 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 Fairview (**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 - 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
* 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 have been 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)(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 |

Findings

The service was found to be Non-compliant in this Requirement following the Site audit conducted 23 to 25 February 2022. Several processes have been implemented since the previous Site Audit to ensure compliance with this Requirement.

The service demonstrated each consumer receives safe and effective personal and clinical care in relation to bowel management, oral hygiene and nutrition and hydration. Consumers provided positive feedback about the care provided at the service. Staff demonstrated detailed knowledge of consumer’s bowel management, oral hygiene, nutrition and hydration care needs and the processes in place to support care delivery in these areas.

Actions taken by the service to return to compliance in this Requirement included:

* Care plan reviews were overseen by Clinical coordinators and completed by registered staff every three months, or when required. This review included bowel management, oral hygiene and nutrition and hydration assessments.
* The Clinical coordinators were responsible for completing all clinical assessments, including bowel management, oral hygiene, nutrition and hydration, on the day of entry to the service in consultation with the consumer and representative. The assessments created an interim care plan to guide staff in providing cares and services from the start of the consumer’s journey.
* Assessment and care planning processes included the consumer and representative, review of documentation including hospital discharge summaries and assessment by the Medical officer and other allied health professionals when necessary.
* Regular walkthroughs of all areas of the service and daily review of progress notes was completed by Clinical coordinators to identify any changes in consumer’s care needs or emerging issues which needed to be addressed. Responsibility for addressing concerns was allocated to registered staff which included updates of assessments and care plans.
* Daily clinical meetings were held with RNs and care staff to discuss consumer care needs including bowel management, oral hygiene and nutrition and hydration. The information shared at these meetings was captured in a communication book located in the nurse’s station of each area of the service therefore all information was accessible to all shifts. The communication books were observed, and they contained relevant consumer information.
* A clinical meeting was held weekly with management to discuss consumer care needs and ensure any emerging issues or identified risks were being addressed, including bowel management, oral hygiene and nutrition and hydration. Meeting minutes evidenced discussions occurred in relation to the deficits identified and actions taken to mitigate the deficits from further occurring, including the oversight of completion of assessments on entry to the service.
* The care planning documentation for 11 consumers demonstrated assessments and care plan reviews, including bowel management, oral hygiene, nutrition and hydration, had been reviewed as part of the Resident of the day process, during the three-monthly care plan review in consultation with the consumer and representative or when changes occurred.
* Consumers were referred to allied health professionals for review and consultation when changes or concerns were identified. Strategies prescribed for consumers were documented in progress notes and dietary information was updated and disseminated to the appropriate areas of the service including kitchens and serveries.
* Additional education in relation to bowel management, oral hygiene, nutrition and hydration was conducted in October 2022, and attendance sheets evidenced the sessions were well attended.
* The service included and implemented further education in bowel management, oral hygiene, nutrition and hydration and the dining experience at the orientation and onboarding process.
* A review of the ‘Resident of the Day’ (a monthly review of consumers’ care needs) process was conducted resulting in further information and education being provided to care staff in the tasks to be completed, and with registered staff in the documentation and assessments that required reviewing or updating.

Based on the above information and the level of monitoring occurring in relation to consumers’ care needs, it is my decision the deficits identified in the Site audit report have been rectified by the above actions, and it is my decision, this Requirement is now Compliant.

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)