Performance

Report

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| Name of service: | Bolton Clarke Fairways |
| Service address: | 59 Hanbury Street BUNDABERG NORTH QLD 4670 |
| Commission ID: | 5354 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 9 August 2023 |
| Performance report date: | 11 September 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 Fairways (**the service**) has been prepared by T Wurf, 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 28 August 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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

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)(a) – The service must ensure consumers get safe and effective personal care. Areas for improvement include:
  + Behaviour support plans are in place for consumers that need them, include individualised support strategies for changed behaviours and are reviewed.
  + Staff have knowledge of individual strategies to effectively support consumers with changed behaviours.
  + Care documentation is current and records care delivery relating to the management of consumers’ wound care and diabetes.
  + Restrictive practices (environmental restraint and chemical restraint) are identified and managed in line with the Quality of Care Principles definition and requirements for the use of a restrictive practice.

# 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 |

Findings

Consumers said staff treat them with dignity, and respect their preferences for how and when care is delivered. One consumer said they felt like staff treat them as family.

Consumers’ care documentation was individualised and identified consumers’ backgrounds, history and significant events in their lives, preferences, culture, diversity, religious affiliation, family members and previous occupations.

The Assessment Team observed staff:

* speaking and interacting with consumers in a kind, caring and respectful manner,
* knocking on doors and seeking permission to enter rooms, and
* clarifying preferences, including for meal choices and shower times.

The organisation has documentation and training to support staff in the delivery of inclusive and consumer-centred care and services.

# 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. | Non-compliant |

Findings

Consumers and their representatives interviewed by the Assessment Team were generally satisfied that consumers receive the personal and clinical care they need. However, the Assessment Contact – Site Report identified evidence that:

* Behaviour support plans (BSPs) for consumers with changed behaviours were incomplete and did not include individualised strategies to support consumers. Staff lacked knowledge of strategies to manage consumers with changed behaviours.
* Consumers’ wound care and diabetes management were not consistently documented. For example:
  + Whilst wound management plans were in place for sampled consumers with pressure injuries and consumers and staff reported that wound care was consistently completed, care documentation did not record details about wound care completed, or measurements or photographs of the wounds.
  + Whilst a diabetes management plan was in place for a consumer with insulin-dependent diabetes and that consumer and staff said the diabetes was managed in accordance with the plan, care documentation did not consistently record blood glucose levels (BGLs) charting or actions taken when BGLs were outside parameters.
* Regarding restrictive practices, environmental restraint for one consumer and chemical restraint for another consumer were not identified and documented in line with regulatory requirements.

During the assessment contact visit, management acknowledged the Assessment Team’s findings and advised the service’s plan for continuous improvement listed actions to address these areas.

The approved provider’s response to the Assessment Contact – Site Report acknowledged the findings and provided evidence of action taken or planned to address deficiencies for the named consumers, improve the service’s processes, and to monitor the sustainability of improvements made. Improvement actions included:

* Update all consumers’ BSPs with individualised strategies.
* Deliver a range of staff information and education, such as:
  + Registered staff education in BSPs, wound management and documentation, and diabetic management.
  + Staff online training in dementia and responding to change in behaviour.
  + Email reminder to registered staff about management of diabetes.
  + Registered staff meeting to discuss the importance of documentation of care.
* Review of consumers’ restrictive practices documentation.
* Daily review of wound care documentation by the clinical manager to ensure wound care documentation is current
* Updated the service’s plan for continuous improvement to monitor progress of improvements across wound management, diabetic management, restrictive practice and behaviour support plans.
* In September 2023, conduct an audit against the plan for continuous improvement to review the sustainability of changes.

Based on the Assessment Contact – Site Report and the approved provider’s response, I am satisfied that:

* Consumers with changed behaviours were not effectively managed. BSPs were incomplete and did not include individualised strategies to manage consumers’ behaviours. Staff lacked knowledge of strategies to support consumers with changed behaviours.
* Care documentation was incomplete for care delivery relating to wound care and diabetes management. A lack of care documentation has the potential to compromise care delivery.
* Restrictive practices (environmental restraint and chemical restraint) were not consistently identified and managed in line with the Quality of Care Principles.
* Whilst the approved provider’s response to the Assessment Contact – Site Report identified actions to address the deficiencies, some actions are yet to be fully implemented and tested for effectiveness and sustainability.

For these reasons, I have decided requirement 3(3)(a) is non-compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers said they feel safe at the service and that the environment is clean, well-maintained and beautifully presented. They said they can move indoors and outdoors easily.

The Assessment Team observed the service environment to be safe, clean and well-maintained. The service has good lighting, handrails, automatic doors, open access to communal areas and interconnected undercover outdoor areas available to consumers. The Assessment Team observed consumers moving around indoor and outdoor areas of the service using a range of mobility equipment.

Some consumers who smoke cigarettes reported they use the designated smoking area and are supported to do so safety. The designated smoking area is sheltered with a seating area, rubbish bin, call bell, safety and fire equipment provided and is set within the external garden environment. Following feedback from the Assessment Team, the consumers who smoke were provided with access cards that enable re-entry to the service from the designated smoking area at any time they wish.

Maintenance staff conduct scheduled and reactive maintenance of the environment and equipment.

# 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 were satisfied there are enough staff to meet their care needs and preferences. They said staff take the time to engage with them.

Management and staff confirmed there are sufficient staff to meet the needs and preferences of the consumer cohort. They also described the new care champion roles that will provide extra coverage across all areas of care tasks during peak times.

The service has a structured process to ensure the workforce is planned and sufficient to deliver safe and quality care and services. Management and roster staff use an electronic staffing roster system, which supports filling shifts when there is unplanned leave. Staff spoke positively about the new rostering system and their ability to pick up additional vacant shifts. Staff rosters for the week prior to the assessment contact showed all shifts were filled and reflected a mix of clinical, care and other staff.

Management monitors staffing levels, including through monthly auditing of staffing numbers and monitoring and reporting on call bell response times.

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