Performance

Report

**1800 951 822**

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| Name: | Bolton Clarke Fairways |
| Commission ID: | 5354 |
| Address: | 59 Hanbury Street, BUNDABERG NORTH, Queensland, 4670 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 December 2023 |
| Performance report date: | 11 January 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3706 Bolton Clarke Fairways |

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 J Earnshaw, 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 8 January 2023, agreeing with the findings within the Assessment Contact - Site report.
* other information and intelligence held by the Commission.

# 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 non-compliant under this requirement following an Assessment contact conducted 8 August 2023. Deficiencies related to the service being unable to demonstrate consumers are consistently receiving safe and effective personal care and/or clinical care. Specifically:

* Consumers with challenging behaviours did not have up to date behaviour support plans reflecting individualised strategies for the individual consumer.
* Consumers subject to a restrictive practice did not have adequate behaviour support plans to support staff in managing or monitoring their restrictive practice.
* Diabetes management was not effective in the monitoring or managing care of consumers with diabetes.
* Wound care was not documented or completed as directed in consumer care plans.

The announced assessment contact conducted 12 December 2023 found the service had taken targeted measures to address some of the previous non-compliance. However, deficiencies were identified in wound care management, specifically the documentation of wound care provision. The service has taken action to improve its performance under this requirement, including:

* Implementation of a behavioural support team to support the service in reviewing behaviour support plans. A registered Nurse was trained in behaviour management and has reviewed consumer behaviour support plans to ensure the provision of personalised strategies.
* Conducted training for registered staff, including topics such as behaviour support and restrictive practice, documentation in a care environment and wound care.
* Reviewed consumers subject to restrictive practices to ensure appropriate assessment and authorisations are in place.
* Introduction of a daily wound management monitoring process by senior clinical staff.
* Implemented weekly monitoring of diabetic management by senior clinical staff.
* Standing agenda item of diabetic management at registered staff meetings.

The service demonstrated the delivery of safe and effective personal and clinical care in accordance with the consumer’s needs, goals, and preferences, including the management of diabetes and changed behaviours.

Care documentation demonstrated and interviews with consumers and staff confirmed, consumers with a diagnosis of diabetes are receiving appropriate management of their condition.

Staff demonstrated knowledge of consumers’ individual care needs and additional support strategies. Behaviour support plans are in place with individualised strategies to guide staff in effectively supporting consumers.

Care documentation identified individualised strategies to guide staff in the provision of personal and clinical care delivery to consumers and effective assessment, management, and evaluation of care delivery.

The Approved Provider, in their response, acknowledged gaps in the documentation of wound care provision and regimes but advised that 100% of wound care needs have been attended to as evidenced by the wound care reports and documentation provided.

The response advised of targeted actions implemented at the service.

* The Service has an updated plan for continuous improvement to support monitoring and progression of improvements in wound management.
* Senior Clinical Management is available at the service 7 days a week.
* Daily wound care reports are generated to improve monitoring and clinical oversight by senior clinical staff and Management.
* Registered Staff informed of the process where only the Clinical Manager or Clinical Co-Ordinator are to modify wound care management plans.
* All wound care management plans have been reviewed by senior clinicians.
* Education provided to registered staff on wound care and the electronic care management system.
* An additional Registered Nurse shift has been introduced and rostered to support the provision of safe and effective clinical care.

Whilst the Assessment Team have recommended this requirement as non-compliant, I am satisfied that the Approved Provider, by their response to the assessment team report, has taken adequate and ongoing measures to address the deficiencies identified.

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)