Performance

Report

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| Name: | Bolton Clarke Fairways |
| Commission ID: | 5354 |
| Address: | 59 Hanbury Street, BUNDABERG NORTH, Queensland, 4670 |
| Activity type: | Site Audit |
| Activity date: | 19 March 2024 to 21 March 2024 |
| Performance report date: | 23 April 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 Patricia Golledge, 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 Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.

# 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 | |  |
| 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were respected by staff, treated with dignity, and staff were aware of their needs. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation included information about consumers’ life history, cultural, and religious beliefs to support the delivery of care and services.

Representatives considered staff were aware of consumers’ cultural backgrounds, supported their beliefs and customs, and delivered appropriate care. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ customs, life journey, cultural needs, and preferences.

Consumers said they were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff were able to describe how they support consumers to make decisions about their care and maintain relationships of their choice. Care documentation identifies consumers’ lifestyle choices who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers described how the organisation supports them to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans. The service had a policy and procedure which outlined the commitment to respect consumers’ right to make decisions including those that involve an element of risk.

Consumers said information was provided in a timely and easy to understand manner which assisted them to make decisions about their care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs. Documentation evidenced the various ways consumers were provided information that supports them to make informed decisions including activity calendars, meeting minutes, newsletters and menus.

Consumers said their privacy was respected by staff. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. Staff handover was observed to be conducted in a private area of the service. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers expressed their satisfaction of the assessment and care planning processes and said known risks to their health and well-being were well managed. Clinical staff described the service’s assessment and care planning processes, and the organisation had policies, procedures, and a suite of evidence-based assessment tools to guide staff practice. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to falls and diabetes management.

Representatives reported consumers receive care that aligns with their needs, goals, and preferences, and they are involved in discussions regarding end-of-life-care wishes. Management advised discussions around advance care and end of life planning with consumers and representatives occurs during consumers entry to the service and these discussions are re-visited during care plan review processes or any changes in a consumer’s condition. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Representatives said they were involved in assessment and care planning and receive regular updates regarding consumer’s care needs. Management and clinical staff advised how they involve consumers, representatives, medical officers and other health professionals in assessment and care planning processes. Care planning documentation reviewed demonstrated the ongoing involvement of a diverse range of health professionals and specialists, with consultation and involvement of consumers and representatives in the assessment and planning of care and services.

Consumers said they were involved in assessment and planning processes and staff explained what was in the care and services plan, and they were offered a copy. Management advised how consumers and representatives are involved in the assessment and care planning process through a range of ways including case conferences and during regular review processes.

Consumers said changes to consumers care and services plan are made following any concerns or incidents and any changes to their care and services plan is discussed with them. Management advised care and services are reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services were reviewed regularly for effectiveness when incidents occur or when circumstances change.

# 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 |
| 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Consumers were supported by the service in their clinical care needs, such as management of stoma care, wound care, pressure injuries and changed behaviours. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers.

Representatives said known risks were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls and pressure injuries. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Representatives of consumer’s receiving palliative care expressed their satisfaction of the emotional support they receive, and the comfort cares being provided to their loved one. Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Representatives said staff recognise and act upon any changes or deterioration of consumer’s condition. The Clinical Manager (CM) said the service has designated Care Champions, appointed from existing care staff, who provide care to consumers with complex care needs on a regular basis and report any signs of deterioration to clinical staff. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition were communicated to those involved in their care. The service has policies, procedures, and clinical tools to guide staff in the management of deterioration.

Consumers were satisfied their needs and preferences were accurately communicated between staff and they do not have to repeat themselves to different staff about their care needs. Staff advised they are kept informed about each consumer’s care needs and preferences through care alerts on the electronic care management system (ECMS), care reviews, handover processes and discussions with consumers and their families. Care planning documentation reflected information about consumers was documented and shared with others as appropriate.

Representatives said they were aware of other health professionals involved in consumers care and services. Care planning documentation demonstrates the service collaborates and makes timely referrals to allied health professionals and other specialists to meet the care needs of consumers.

Consumers reported staff take precautions to minimise infection risks including wearing of personal protective equipment (PPE) and washing their hands prior to providing personal and clinical care. Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. The service had an outbreak management plan which is facilitated and activated by 2 appointed infection prevention control leads.

# Standard 4

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| Services and supports for daily living | |  |
| 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff said they consult consumers and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Care planning documentation showed consumers’ individual needs and preferences.

Staff could describe how they support consumers’ emotional, psychological, and spiritual wellbeing through arranging religious services and visits by volunteers and pastoral care workers and spending one-on-one time with consumers. Consumers said their emotional well-being, religious and spiritual practices were supported, and they enjoy one-to-one visit from volunteers and pastoral care workers. Care staff reported they would escalate any concerns regarding consumers’ emotional well-being to clinical staff. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said they were supported to maintain community connections, friendships, personal relationships, and do things of interest. Lifestyle staff described the services and supports in place to promote consumers’ social interaction and relationships, such as scenic bus tours, picnics, and shopping trips. Consumers were observed engaging in various group activities and interacting with other consumers and family members.

Consumers reported staff know their preferences. The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Staff said they receive up to date information regarding consumers including any change in consumer’s condition, needs and preferences, for example, hospitality staff explained how dietary information is provided and updated and a dietary summary report is provided to them to ensure the kitchen has up-to-date information about consumers’ changing dietary needs and preferences.

Lifestyle staff advised they collaborate with other individuals and other providers of care and services to support consumers’ current and emerging needs. Consumers said they were supported by providers of other care and services and referred to individuals and other organisations when needed. Care planning documentation demonstrated the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers including but not limited to volunteer organisations.

Consumers considered meals were of suitable quality, portion size, with a variety of options available and requests for alternative meals were accommodated. Documentation evidenced consumers they have input into the menu through food focus meetings and other feedback mechanisms. The Team Leader for Hotel Services advised in response to consumer feedback hot boxes have been ordered to ensure meals requested to be delivered to consumers rooms are kept at an adequate temperature.

Consumers considered their mobility equipment was safe, clean, and well maintained. Staff said described the processes in place to maintain the safety and cleanliness of equipment. A range of equipment, such as walkers, wheelchairs, and leisure and lifestyle equipment, was observed to be suitable, clean and in good condition.

# Standard 5

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| Organisation’s service environment | |  |
| 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers expressed their satisfaction with their rooms and the overall service environment. Consumer rooms were personalised with personal belongings, photographs and items of importance displayed. Management described the features of the service’s Memory Support Unit (MSU) was designed to support the functioning of people living with a cognitive impairment, such as wide corridors, good lighting, handrails inside and beside outdoor paths, a fish tank and freedom to move indoors and outdoors.

Consumers said the service was kept clean, they can access outdoor areas of the service and maintenance requests were attended to promptly. Cleaning contractors and maintenance staff were guided by work schedules. Staff in various roles could describe how they report potential hazards or maintenance issues. Documentation identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per an established schedule.

Consumers reported their rooms were kept clean, their mobility aids well maintained, and maintenance issues were promptly actioned. Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# Standard 6

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| Feedback and complaints | |  |
| 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt comfortable raising complaints and staff were responsive to feedback. Staff interviewed described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback.

Consumers said they were aware of advocacy services, and other ways to raise and resolve complaints and confirmed an external advocacy agency had provided an information session for consumers. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Management and staff demonstrated their awareness of complaints management and open disclosure processes. Representatives reported the service responds promptly to complaints and incidents and takes appropriate action including using an apology when things go wrong. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Consumers reported improvements occur as a result of their feedback and complaints. Management described how they reviewed feedback and complaints and used this information to improve care and services. Feedback received from consumers and representatives is used to develop continuous improvement activities across the service for example, improvements in menu options and the purchase of hot boxes for meals, this is discussed further in my findings in Requirement 4f.

# 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 |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Overall consumers and representatives said there were enough staff to meet consumers’ needs. Staff reported there is adequate staffing and resources available for unplanned leave, including utilising existing staff, the staffing pool and/or agency staff. Documentation evidenced call bell reports were monitored daily and any delays over 10 minutes were investigated and appropriate actions taken. Management advised that direct care minute targets for the service were not being met and were being reported through the Aged Care Quality and Safety Commission portal accordingly. Management provided evidence the governing body was aware of the deficiency and that a workforce strategy had been endorsed by the Board.

Consumers advised staff were capable, gentle, and caring when providing their care, and that staff understand their preferences and what is important to them. Staff were observed using respectful language when interacting with consumers, such as greeting consumers in corridors and communal areas, and enquiring if they require assistance.

Representatives said staff were capable and experienced. Management advised staff competency was determined through appropriate selection and recruitment processes, and through a buddy shift program. Staff reported they had position descriptions which described their required competencies. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Staff said, and documentation demonstrated the workforce received training and education covering a range of topics relevant to these standards. Consumers expressed satisfaction with the skills of the staff providing care and services. Documentation evidenced staff mandatory training is monitored and staff were kept up to date with mandatory training modules.

Management stated they monitor and review staff performance through a process of staff self-assessments, monitoring of annual training completion, supervisors identifying and addressing issues one-on-one, and through the annual performance appraisal. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# Standard 8

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| Organisational governance | |  |
| 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said they were supported to be involved in how care and services are delivered. Management described the mechanisms in place to engage and support consumers in providing input into the care and services delivered through participation in monthly consumer and representative meetings, the Consumer Advisory board, and feedback forms.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, quality initiatives, complaint trends, and incidents.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs, for example, renovations to the service’s MSU.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Consumer’s high-impact and high-prevalence risks were monitored through the monthly clinical indicators reports and discussed at the Consumer Outcomes and Risk Management Committee meetings, management meetings and Board meetings.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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-1)