Performance

Report

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| Name of service: | Bolton Clarke Farnorha |
| Service address: | 257 -281 Lyons Street WESTCOURT QLD 4870 |
| Commission ID: | 5071 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 12 January 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 Farnorha (**the service**) has been prepared by M. Nassif, 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; 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 | | 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 that they are treated with dignity and respect and felt accepted and valued. Assessments are conducted on admission to identify consumers’ backgrounds, personal preferences, identities, and cultural practices. Staff described what treating consumers with dignity and respect means in practice and what they would do if they thought a consumer’s dignity wasn’t being respected.

Staff described how they adapt the way care and services are offered so they are culturally safe for each consumer. Assessments are conducted on admission to identify consumer preferences in relation to care so that care is culturally safe. Lifestyle and catering services adapt programs around spiritual needs and preferences such as religious celebrations and multicultural days.

Staff provided examples and were observed assisting consumers make day-to-day choices such as meal selection. Consumers said they are supported to exercise choice and encouraged to be independent. Care planning documents identified consumer choices and included contact details for representatives.

Consumers said they are supported to understand benefits and possible harm when they make decisions about taking risks. Documentation evidenced risks are assessed and risk mitigation strategies and consent in place. Staff demonstrated an understanding and provided examples on how the consumers are supported to have choice and control including when that choice involves risk.

Staff described how information is communicated to make sure it’s easy to understand and accessible to consumers including strategies to communicate information to consumers with poor cognition or those who need visual aids or hearing assistance. Care planning documents included list of communication barriers and instructions to ensure information provided is easy to understand.

Consumers felt their privacy is respected and their information is kept confidential. Care planning documents specified any consumer preferences regarding their privacy. Staff were observed to respect the consumers privacy and dignity.

# 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

Consumers said that their care is well planned, and the staff take the time to understand how to support them. Staff described the assessment and care planning processes and their involvement in the process. Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including identified risks.

Staff provided examples of how assessment and planning are completed to meet the consumers’ needs and preferences. Care planning documents contained advance care directives that identified consumer wishes and preferences regarding end-of-life care.

Care planning documents identified consumers and their representatives were consulted in assessments and care planning and included input from other health professionals and care providers. Consumers confirmed that they are involved in the care planning process. Staff described their role in liaising with consumers and family members to assess, plan and review care and services.

Consumers reported the service regularly communicates with them about their care and have access to care and services plan. Staff said care planning documents included adequate information to deliver appropriate and correct care and services for the consumer. Care planning documents evidenced that outcomes of assessment and care planning are effectively updated and communicated to consumers and representatives.

Care planning documents demonstrated they were reviewed every 3 months and more frequently when needed. Consumers and representatives reported that staff regularly communicated with them following any change in circumstances or incident, including any updates or changes to the consumer’s care plan. Staff were aware of the service’s reporting system and the processes for a reportable incident.

# 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

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following an Assessment Contact conducted on the 3 March 2022. Evidence in the site audit report dated 6 to 8 December 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Consumers and representatives were satisfied that the care provided met their needs and optimised their health and well-being. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate assessments, alternative non-pharmacological strategies trialled, consent and reviews in place. Staff demonstrated familiarity with the personal and clinical needs of consumers.

Consumers and representatives felt that the service effectively managed risks to consumers' health. Care planning documents identified effective strategies to manage individual consumer’s risks and the review process.

Consumers felt confident that the service would support them in line with their wishes when they need end of life care. Care planning documents contained the statement of choice documentation in line with the consumer’s end of life care needs and preferences. Staff explained how they attend to consumers to prioritise comfort and dignity during end-of-life care.

Care planning documents reflected any changes to consumer’s condition were identified and responded to in a timely manner. Staff described how they identify signs of deterioration and the action they take to respond to it. Consumers expressed confidence in staff identifying changes in their condition and responding appropriately.

Consumers and representatives stated that the service managed consumer information effectively that is shared between staff and other providers of care. Staff said changes in consumers care and services are documented in electronic care management system, shared with others as consumers move between care settings and communicated at handovers, which were observed to be effective. Care planning documents evidenced accurate and current information relating to consumer care as it is updated regularly.

Consumers stated the service had facilitated appropriate referrals to meet their changing personal or clinical care needs. This was reflected in care planning documents. Staff described the process for referring consumers to other health professionals.

Staff said they had received training on infection minimising strategies and demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. Consumers and representatives expressed satisfaction with management of COVID-19 outbreaks.

# 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 were satisfied that they are supported by the service and are able to participate in activities of interest to them. Care planning documents reflected strategies and options to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Staff described how they access care planning documents to assist consumers to stay well and healthy and independent.

Consumers felt connected and engaged in meaningful activities that are satisfying to them and considered their emotional and spiritual well-being is supported. Care planning documents included information regarding the emotional, spiritual, and psychological needs of the individual consumers. Staff described how they support the emotional, psychological, and spiritual well-being of consumers and provided examples of cultural awareness in their everyday practice.

Consumers said they are supported to maintain personal relationships and can take part in community and social activities they choose. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests and maintain their community connections. Records evidenced the service designed services and supports with the consumer and these are adjusted to reflect consumers’ changing needs, goals, and preferences.

Consumers reported they have consented to information being shared with others about them and don’t have to repeat their story or their preferences to multiple people. Staff advised how accurate, up-to-date, and relevant information is shared with others as consumers move between care settings. Care planning documents included current information and communication from external providers and allied health staff.

Care planning documents evidenced the service collaborated with external providers to support the diverse needs of consumers. Staff identified individuals, organisations, or providers where they can make referrals and described the referral process.

Consumers said they received suitable and healthy meals. Care planning documents confirmed consumers’ dietary requirements and preferences are documented and were consistent with consumer feedback. Staff were aware of consumers’ nutrition and hydration needs and preferences. Meals were observed to be well presented and of good quality.

Staff were aware of the process for identifying equipment that required maintenance and responsibilities they share for the safety, cleanliness, and maintenance of equipment. Equipment provided was observed to be safe, clean, and well maintained. Consumers said they felt safe when they are using equipment and were aware of reporting process if they had any concerns about equipment.

# 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

Staff described how consumers are supported to make the service feel like home, and how they support consumers to maintain independence. Consumers were able to personalize and decorate their rooms according to their preference. Signage assisted consumers to navigate around the service.

Consumers reported that the service is safe, well maintained, and clean, and they enjoy the gardens. Consumers were observed moving freely around the service. Reactive maintenance records demonstrated that issues are addressed quickly.

Consumers said that equipment is well maintained and clean. Staff said that they have access to adequate and suitable equipment needed for consumer care. Staff were observed cleaning shared equipment between use.

# 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

Staff described how they would assist a consumer to give feedback and make complaints. Consumers confirmed that they are encouraged to and are comfortable giving feedback and making complaints. Consumer information booklet provided on admission to consumers included how to give feedback and make complaints. Feedback forms and suggestion boxes were available throughout the service.

Consumers reported that they are provided with information on advocacy, language services and ways to raise and resolve complaints. Management provided an overview of translation services, advocacy and specialist services made available to consumers. Information on these services was displayed around the service. Staff described the actions they would take to support consumers to make complaints or give feedback.

Consumers said management is responsive to any matter they raise. Review of quality reports and other documentation evidenced action taken by the service and open disclosure in response to feedback. Management explained the process of open disclosure when a complaint is received, or an incident has occurred.

Consumers and representatives said management is responsive to their feedback and complaints and that they are satisfied with the improvements made in response. Documentation evidenced that staff are trained and supported to foster a culture of continuous improvement using feedback and complaints.

# 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 representatives said there were adequate staff at the service. Management described how they ensure there are enough staff to provide safe and quality care by having a base roster that is designated by classification of staff member and is designed to cover care needs of their consumers.

Consumers and representatives reported that staff are kind, gentle and caring when providing care. Staff interactions with consumers were observed to be respectful and familiar with each consumer's individual needs and identity.

Consumers and representatives said staff perform their duties effectively and that they are confident that staff are skilled to meet their care needs. The service had documented position descriptions that included competencies and qualifications required for each role.

Consumers reported that the service trains, supports and prepares its workforce and they have confidence in the ability of staff to deliver their care. Staff said that they receive adequate training and support to be able to carry out their roles effectively. Training records confirmed that most staff had completed required training.

Staff reported that they have performance appraisal regularly. Management maintained records of staff completing performance appraisals and follow ups with staff who had missed an appraisal.

# 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

Documentation reviewed evidenced consumer engagement in development, delivery and evaluation of care and services. Consumers reported they felt satisfied with their level of engagement. Management and staff described the ways in which consumers are encouraged to be engaged and involved in decisions about changes to the service.

Management described the organisational structure and hierarchy and how it supports accountability over care and services delivered. Management explained how the service is supported by the organisation's clinical governance team with varying layers of leadership, who maintain oversight of the service to ensure the quality of care delivered is best practice.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management confirmed that the organisation had been responsive to requests for budgetary changes to support the needs of consumers.

The service had a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, and consumers are supported to live the best life they can, and incidents are managed and prevented. Staff and management provided examples of risks to consumers and how they are managed within the service.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure as evidenced through documentation review and management response. Staff described strategies to minimise the use of antibiotics which aligns with the service policy on antimicrobial stewardship.

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)