Performance

Report

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| Name of service: | Bolton Clarke Fernhill |
| Service address: | 103 King Street CABOOLTURE QLD 4510 |
| Commission ID: | 5081 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 30 August 2023 to 31 August 2023 |
| Performance report date: | 03 October 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 Fernhill (**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
* the provider’s response to the assessment team’s report received 19 September 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **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 | **Non-compliant** |

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.

* Staff practices must support the dignity and respect of consumers.
* Consumers are to receive safe clinical and personal care.
* The workforce needs to be sufficient to deliver quality care and services.

# 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. | Non-compliant |

Findings

Consumers were not treated with dignity and respect. A consumer was observed to be unable to reach their fluids. For a named consumer with identified weight loss, who preferred a vegetarian diet, they were provided a meal labelled for another consumer which contained two types of meat. It was noted the meal was left uneaten. The lack of staff assistance impacted on the dignity of consumers including delays in hygiene care provision, including timely change of continence aids and mobility assistance.

In relation to the consumer who was unable to reach their fluids to drink independently, the Approved provider in its response has indicated the consumer requires full assistance with food and fluids due to a high risk of choking and staff regularly offer the consumer fluids and assistance with their dietary needs. Conflicting information was provided by the Approved provider in its response to the Assessment contact report. A meeting was held with management and the consumer’s representative 07 September 2023, where assurances were provided the consumer would have fluids within their reach, this information is in direct contrast to the Dietary needs assessment, printed 14 September 2023 which states fluid is not to be within reach due to high risk of choking. I am unable to determine if the consumer has access to fluids, without staff assistance.

A consumer with identified weight loss, was provided the incorrect meal, which was not in accordance with their dietary preference, and was labelled with another consumer’s name. Weight charts submitted by the Approved provider in its response indicated stable but low weights recorded since January 2023. A dietitian review was conducted 06 September 2023, and nutritional supplements commenced. The Approved provider has acknowledged the incorrect meal was provided to the consumer in error and documented when the correct meal was provided to the consumer it was consumed.

One named consumer provided feedback they experienced pain from being left in bed for extended periods of time, including up to 12 hours overnight and delays occur with the provision of hygiene cares. A sleep agreed care and service plan was submitted in the Approved provider’s response which indicated the consumer’s preferred bedtime is 9.30pm and preferred rising time is 6.30am. Progress notes submitted by the Approved provider did not consistently reflect the consumer’s preferences were followed, for example on 07 September 2023 the consumer had their personal hygiene care completed at 4.30am, and on 01 September 2023 the consumer requested assistance from staff but did not receive assistance in a timely manner and therefore did not have a shower. Pain charts submitted in the Approved provider’s response indicated one episode of back pain over a seven-day period which was effectively managed with analgesia, this information is in contrast with a progress note entry completed 28 August 2023 which indicates the consumer has ongoing severe pain after sustaining a fall 23 August 2023. Progress note entry completed 11 September 2023 indicated the consumer has agreed to an air mattress to release pressure while the consumer is in bed at night. I am unable to determine if this strategy will assist the consumer and relieve their pain.

For three consumers who provided negative feedback regarding concerns raised with the service, the Approved provider’s response indicates each consumer had an individual meeting to discuss their concerns and provide opportunities for improvement.

Care staff provided feedback that it was difficult to ensure care tasks are completed daily and often care is delayed or missed due to a lack of staff or busy work schedules. Registered staff provided feedback care staff are often understaffed causing care and services to be delayed or missed. While the Approved provider has not specifically responded to this feedback in relation to this Requirement, further information is provided in Requirement 7a.

While I acknowledge the Approved provider has been responsive to information contained in the Assessment contact report and feedback provided during the audit, six consumers or their representative provided feedback consumers’ dignity had been impacted by staff practices, therefore this Requirement is Non-compliant.

# 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 have not received safe and effective care and services. Wound care was not provided as prescribed and wounds have deteriorated. Pain monitoring processes have not been effective. Medications were not administered safely. Referrals have not occurred in a timely manner. Blood glucose readings were not consistently recorded. Consumers who experienced falls were not consistently reviewed by a physiotherapist.

A consumer was noted to have an infected Stage III pressure injury to their coccyx, and wound care documentation did not support wound care was attended to as prescribed. I note the consumer was reviewed by a wound care specialist on 16 August 2023, however, the wound consult report was not provided in the Approved provider’s response to ascertain the suitability of wound care provision. It was also noted the consumer experienced pain during wound care. The Approved provider in its response has indicated the consumer refuses care and treatment due to their diagnosis and evidence of progress notes were submitted to support the consumer’s refusal of care. While I note the consumer refuses care including analgesia at times, I think it is unreasonable that an alternative to oral analgesia was not considered until 07 September 2023. Progress note entries submitted from 13 August 2023 to 11 September 2023 indicated the use of strong pain relief to manage the consumer’s pain was required on at least 19 occasions during this period, and notes that the consumer was crying due to the pain they were experiencing. The Medical officer noted the consumer would have been in constant pain for 80% of the time for the four days prior to their review on 06 September 2023. This does not support effective pain management.

I acknowledge the consumer experienced changed behaviours, however the consideration that pain may have been a factor in this behaviour was not evident through information submitted by the Approved provider. I also acknowledge an extensive review occurred in relation to the consumer’s behaviour which has resulted in 10 pages of text and suggested strategies in the behaviour support plan. I am unable to determine how any staff member rostered to care for the consumer and was wanting assistance to manage the consumer’s behaviours would have the time to read 10 pages of interventions, and I recommend these strategies be summarised to be of any use when managing the consumer’s behaviours.

For a consumer prescribed time sensitive medication to manage their Parkinson’s disease, information in the Assessment contact report indicated the consumer received their medication late on 5 occasions between 14 and 31 August 2023. Information submitted by the Approved provider in its response acknowledge the consumer received their time sensitive medication late on 12 occasions out of 96 doses over a 32-day period. This equated to 12.5% of medication dosages were delivered late to the consumer. The consumer’s representative expressed concern staff were crushing the medication which would affect the efficacy of the medication. A discussion was held with the consumer’s representative on 07 September 2023 reassuring them staff were not crushing the medication and a memorandum was sent to staff in relation to time sensitive medication on 09 September 2023. While I acknowledge the actions taken by the Approved provider in relation to the time sensitive medication for the consumer, I am also cognisant the consumer may have experienced physical and psychological distress due to the delay in medication required for their mobility and to reduce their tremors. While the memorandum sent to staff 09 September 2023, includes the requirement for medication incidents to be reported to the Serious incident response scheme as an incident of neglect, I am unable to determine if retrospective incident reports were created for the 12 medication errors sustained by the consumer. This does not support safe medication management.

The Assessment contact report indicated the behaviour support plan for a named consumer with extreme changed behaviours including physical and verbal aggression, did not contain any triggers or strategies to guide staff in supporting the consumer. Staff confirmed it was difficult to provide care to the consumer. While the consumer was reviewed by a behavioural specialist service in June 2022, strategies have not been recorded and consideration has not been given for a further referral for the consumer who continues to experience changed behaviours associated with their diagnosis.

The Approved provider has met with the consumer’s representative to discuss the concerns raised during the Assessment contact. A referral has been made to a dementia advisory service as the consumer was last reviewed in June 2022. Staff have been reminded to use cue cards to communicate effectively with the consumer. The Behaviour support plan submitted by the Approved provider in its response contained triggers, intended outcomes and best practice strategies to support staff in managing the consumer’s behaviours. I am unable to determine when the behaviour support plan was created.

For one named consumer who experienced 12 falls between January 2023 and August 2023, documentation did not support the consumer was reviewed by a physiotherapist following each fall. The Approved provider’s response indicates the consumer sustained 10 falls in this time period, seven of which were reviewed by a physiotherapist following the fall. The Approved provider also noted the consumer has impaired vision and impulsive behaviours which lead to falls. The Assessment contact report contains information the consumer had not been reviewed by a Geriatrician; this was refuted by the Approved provider who submitted progress notes to support the review of the consumer by a Geriatrician on several occasions. A referral has also been made to a dementia advisory service on 07 September 2023. The Assessment contact report stated the incidents of falls for the consumer had not been reported to the Serious incident response scheme, I am unable to determine a reason the incidents of falls sustained by the consumer meets the threshold for reporting under the scheme, and therefore have discounted this information.

For two consumers with a diagnosis of diabetes, blood glucose levels were not recorded as prescribed to support effective diabetes management. I am unable to determine the impact on the lack of recorded readings for the two consumers. An education record identified 19 registered staff attended diabetes education on 07 September 2023. I note for one of the named diabetic consumers, a progress note entry from their medical officer dated 01 August 2023, and directives from a dietitian included a supplement to improve wound healing was suggested. It is noted in the progress note the consumer would be required to pay for the supplement, I am unable to determine how this information is in accordance with the *Quality of Care Principles 2014* in relation to the provision of meals and refreshments in Schedule 1- Care and services for residential care services.

Evidence of cleaning and changing of oxygen equipment was not evident for one consumer who required continuous oxygen therapy. A memorandum relating to staff obligations in changing and cleaning oxygen equipment was circulated 11 September 2023. I am unable to identify any impact for the consumer in relation to the oxygen needs and note the consumer is happy with care and services.

I have reviewed the Assessment contact report alongside the response received from the Approved provider, and while I acknowledge actions taken by the Approved provider to address deficits have commenced and appear to be effective, I am unable to discount a consumer was in severe pain due to a pressure injury and a second consumer did not receive their time sensitive medication 12.5% of the time it was prescribed. This information does not support safe and effective care and services, and therefore this Requirement 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

The Assessment contact report contained information relating to a lack of environmental restraint authorisation for four named consumers who were unable to leave the service unescorted. The service had not identified these four consumers were environmentally restrained.

For one named consumer who resided on level 3 of the service, has a diagnosis of dementia and is unable to leave the service unescorted, consent for the use of environmental restraint had not been obtained. The Approved provider in its written response to the Assessment contact report provided evidence of a case conference held with the consumer’s representative on 12 September 2023 to discuss environmental restraint, however the consumer’s representative declined to authorise the restrictive practice authorisation.

In relation to the remaining three consumers, consent and authorisation was obtained for two named consumers and the third named consumer did not require an environmental restraint authorisation as they were freely able to leave the service as desired. Documentation was not submitted to support the consumer’s ability to safely leave and re-enter the service.

In coming to my decision of compliance in this Requirement, I have determined the Approved provider had a system for obtained informed consent in relation to restrictive practices and took immediate steps when deficits were identified and sought appropriate consent and authorisation. Therefore, this Requirement is Compliant.

# 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. | Non-compliant |

Findings

Consumers and representatives provided feedback there was insufficient staff at the service. Two consumers stated they did not receive their hygiene preferences due to a lack of staff. The majority of clinical and care staff interviewed confirmed there was insufficient staff at the service, which impacted on the delivery of care and services for consumers. A lack of staff was observed in the memory support unit due to staff taking meal breaks together.

For two named consumers who did not have their preferences respected in relation to showering times, information was sent to staff in the form of a memorandum to ensure the consumers received their showers at their preferred time. Agreed service plans for the consumers were submitted as part of the Approved provider response, which included their preferred showering times.

In relation to staff feedback regarding their ability to complete their workload, the Approved provider in its response stated a recent staff survey was conducted which resulted in a staff meeting held on 11 September 2023, to obtain direct feedback from staff to assist in developing strategies to address workload issues. The creation of Care Champion roles commenced 25 August 2023; the roles were designed to further enhance a person-centred care approach for consumers and a daily checklist has been created. Five Care Champions work seven days per week from 07.00am to 06.00pm, and further recruitment is occurring for these roles.

The Approved provider in its response stated a review of staffing hours was recently completed and they were reflective of what is needed to deliver care and services within the service and in alignment of the direct care minutes obligation. A collaborative project is planned to commence at the service over the coming weeks to support a culture of teamwork and generalised understanding of the provision of care for the consumers.

Further actions have been considered by the service in relation to the workforce and have been incorporated into the plan for continuous improvement. The plan for continuous improvement was not submitted by the service as part of the response, therefore I am unable to gauge the progress of these planned actions. The Approved provider also committed to a full internal quality compliance audit to be completed at the service in September 2023. Results of the audit were not provided at the time of the Approved provider’s response.

In relation to staff meal breaks, a memorandum was sent to staff working in the memory support unit to stagger their meal breaks. I am unable to determine if this also relates to staff working in other areas of the service.

While I acknowledge actions taken and planned by the Approved provider to address workload concerns from staff and feedback from consumers, these actions are either yet to commence or are in their infancy to test their effectiveness. It is my decision this Requirement is Non-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)