Performance

Report

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| Name: | Bolton Clarke Glendale |
| Commission ID: | 5776 |
| Address: | 435 Dalrymple Road, Mount Louisa, Queensland, 4814 |
| Activity type: | Site Audit |
| Activity date: | 28 November 2023 and 14 February 2024 to 16 February 2024 |
| Performance report date: | 11 March 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 7015 Bolton Clarke Glendale |

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 Glendale (**the service**) has been prepared by Denise McDonald, 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.
* the providers response received on 1 March 2024
* other information and intelligence held by the Commission in relation to the performance of the service

# 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 assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as consumers said staff knew them well and were respectful, thoughtful and considerate when providing care. Staff were familiar with consumers’ preferences and were observed speaking to consumers with kindness, warmth and showed respect for their choices. Care documentation evidenced consumers’ backgrounds, identities, preferred language, religious or spiritual beliefs and their interests, to guide staff in care delivery.

Consumers and representatives said staff respected their cultural values, preferences and identities. Staff explained consumers’ cultural preferences were discussed during entry and included in care documentation, which provided guidance during care delivery. Care documentation evidenced consumers’ cultural needs and backgrounds.

Consumers confirmed they were their own decision maker or when they were unable to make decisions, they had appointed a nominated representative. Staff gave practical examples of how consumers were supported to make decisions such as when they would like to get ready each day and who they would like to receive as visitors. Care documentation evidenced consumers’ and representatives’ involvement in decision making, along with how consumers wanted to maintain their independence and important relationships.

Consumers gave practical examples of enjoying food and drinks which were at odds with clinical recommendations as how they were supported to live life as they chose. Staff explained they met with consumers to discuss risks involved with their choices, conducted a risk assessment and developed strategies to promote their safety. Care documentation evidenced consumers were supported to take risks and strategies were in place to minimise harm.

Consumers confirmed they received information in ways which enabled them to make choices. Staff explained timely information was provided to consumers during care plan development and reviews, as well as on noticeboards and in person. Posters, brochures, menus and activity programs displayed, were observed to be current.

Consumers gave practical examples of staff waiting for consent prior the entering their rooms as how their privacy was respected. Staff explained consumers’ personal information was kept in a secured electronic care management system (ECMS) and confirmed care discussions were held in private areas. Staff were observed respecting consumers’ privacy and accessing care documentation via a password protected computer, located within secured nurse stations.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as staff described the assessment and planning process and said risks to consumers were identified and included in care documentation, which informed how they delivered care. Care documentation evidenced assessment identified risks to consumers and responsive strategies were planned. Policies and procedures guided staff practice in assessment and planning of consumers’ care and services, in response to identified risks.

Consumers and representatives said they had advised staff of consumer’s preferences, including for advance care, and had discussed consumer’s end of life care wishes. Staff confirmed discussing end of life wishes with consumers during entry, when their needs changed and during scheduled care plan reviews. Care documentation reflected consumers’ daily care needs, goals and preferences, and contained advance health directives, where finalised.

Consumers and representatives confirmed they regularly participated in care assessment, planning and review processes. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Care documentation evidenced consumers, representatives, medical officers and allied health professionals were consulted routinely.

Consumers and representatives said they understood what was in consumers’ care plans and confirmed they were offered a copy of the care plan. Staff explained the outcomes of assessment and planning were shared with consumers and representatives in person, by phone and email. Consumers’ care documentation was observed to be readily accessible via the ECMS.

Care documentation evidenced consumers’ needs were reviewed biannually or when incidents occurred, such as changes in mobility and behaviours. Staff demonstrated knowledge of when to review consumers’ care documentation, including following an incident. a change in their condition, needs or preferences. Policies and procedures guided staff to review care plans when existing strategies were no longer effective.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as consumers and representatives said the care consumers received was in line with their individual needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received person-centred care that was safe, effective and in line with their care plan.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained these were managed. Care documentation evidenced risks to consumers, such as weight loss and pressure injuries, were identified and responsive management strategies were in place.

Care documentation, for a consumer receiving end of life care, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and emotional support as per their wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers and representatives said staff promptly responded to deterioration or changes in consumers’ conditions. Staff explained when consumers’ conditions deteriorated, a registered nurse (RN) reassessed their needs, increased observations, consulted with medical officers, notified representatives and updated care documentation. Care documentation evidenced deterioration in consumers’ conditions were recognised and responses were timely.

Consumers and representatives gave positive feedback about how information was shared relating to their conditions, particularly as staff knew how to provide the care they needed. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Care documentation evidenced consumers were promptly referred to other health care providers when required. Staff explained the referral process which included ensuring a referral was accepted and a timely response received. Staff advised they had access to a range of allied health professionals and specialists to which they could refer consumers.

Consumers and representatives gave positive feedback about the service’s infection-control measures and said staff practiced hand hygiene, wore personal protective equipment when providing care and cleaned equipment after it was used. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak.

# 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 assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as consumers gave positive feedback about the supports for daily living and confirmed these were safe, optimised their quality of life and promoted their independence. Staff knowledge of consumers’ needs, and preferred activities was consistent with their leisure and lifestyle plans. Care documentation evidenced consumers’ lifestyle preferences and the supports needed to participate in activities which interested them.

Consumers gave practical examples of how their emotional, spiritual and psychological needs were supported, such as tending to the garden, which they found meaningful. Staff were familiar with consumers’ needs and explained they spent one-on-one time with consumers whose mood was low. Care documentation evidenced consumers’ spiritual and emotional needs were known and support strategies were in place to meet those needs.

Consumers said staff supported them to socialise, access the community, participate in activities and enjoy visits from family. Consumers were observed socialising with each other in the café, spending one on one time with volunteers and leaving for a planned bus trip into the community. Care documentation evidenced consumers’ important relationships, hobbies, lifestyle choices and how they were supported to achieve their goals.

Consumers and representatives said information about consumers’ daily living needs were effectively communicated and staff understood their preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for care delivery.

Consumers said when additional support was needed, they were promptly referred to volunteers and other service providers. Staff described how they worked with other service providers and said referrals were followed up to ensure consumers’ needs were met. Care documentation evidenced collaboration with other organisations and individuals to meet consumers’ diverse needs.

Consumers said meals were enjoyable, portions served were sufficient and the menu reflected their choices. Staff explained how consumers’ individual dietary needs and preferences were met, such as working with consumers to create a varied menu which suited their choices. Meal services were observed, and consumers appeared to enjoy the dining atmosphere, meals and each other’s company.

Consumers said equipment such as mobility aids were safe, clean, suitable and well maintained. Staff said equipment was always cleaned, maintained and made ready for its next use by consumers. Mobility aids used by consumers within and outside of the service environment was observed to be clean and well maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as consumers said they felt at home and staff always welcomed their visitors. Staff explained consumers’ rooms were personalised with their own belongings and recent refurbishments encouraged consumer interaction in a pleasant environment. Consumers were observed socialising with visitors in a well-maintained outdoor living environment.

Consumers said the service was clean and they felt safe, their rooms were kept tidy and free of clutter, and they enjoyed being in the outdoor areas. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed routinely. Consumers had free access to outdoor areas and those with limited mobility were assisted by staff to move around as they wished.

Furniture, fittings and equipment were observed to be safe, clean, and suitable for use by consumers. Staff described equipment and furniture was regularly inspected for safety and cleaned between use. Maintenance documentation evidenced equipment and fittings were regularly checked and serviced by either maintenance staff or specialist contractors.

# 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 assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as consumers and representatives said they were supported and encouraged to provide feedback and make complaints. Staff gave practical examples of how consumers provided feedback and complaints, including through meetings, completing a feedback form and speaking directly with management. The consumer handbook evidenced consumers were encouraged to provide feedback and explained their complaints handling options.

Consumers were aware of how to access external complaints supports. Staff understood the advocacy and language services available to consumers and assisted them to access these, if required. The consumer handbook, residential agreement and brochures promoted access to complaints mechanisms and advocacy services.

Consumers said when they provided feedback, staff were prompt to address concerns, made an apology and put strategies in place to prevent recurrence of the issue. Staff understood the complaints management process and explained consumers received an apology, with their concerns documented and resolved using open communication. Policies and procedures guided staff in feedback and complaints management.

Consumers gave practical examples of improvements made to menu choices as to how their feedback and complaints were used to improve the quality of their care and services. Staff explained opportunities for improvement were identified and included in the plan for continuous improvement (PCI). Complaints documentation evidenced feedback was evaluated and opportunities for improvement were included in the PCI, with actions taken to prevent recurrence of the complaint.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as consumers and representatives gave positive feedback about staffing levels and said their needs were promptly met. Management explained staffing levels were determined according to consumers’ needs and a registered nurse was available 24 hours a day. Documentation evidenced shifts were consistently well staffed and staff were prompt to respond to consumers’ requests for assistance.

Consumers said treated them with kindness, care and showed respect for their cultures and identities. Staff were familiar with consumers’ individual identities and understood how these influenced care delivery for each consumer. Staff were observed interacting with consumers respectfully and treating them kindness as they assisted them during mealtimes and activities.

Consumers said staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was initially determined through the recruitment process and ongoing via orientation and buddy programs, mandatory competency assessments, observations and performance reviews. Personnel records evidenced staff had position descriptions and held qualifications and clinical registrations relevant to their roles.

Consumers and representatives gave positive feedback about staff training and said they were equipped to perform their roles. Staff gave practical examples of training they accessed online and in-person, such as in identifying risks to consumers. Training records evidenced high rates of completion in manual handling, challenging behaviours, infection control, falls management, nutrition and hydration, emergency awareness and the Serious Incident Response Scheme (SIRS).

Staff advised and management confirmed their performance was assessed annually, during which they were offered development opportunities, mentoring and training. Management gave practical examples of how performance management strategies were developed in response to staff feedback, such as training which was arranged in improving consumers’ dining experience. Personnel records evidenced all staff had completed their annual performance appraisal.

# 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as consumers and representatives gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services during meetings and care plan reviews. Management confirmed consumers contributed to service evaluation during meetings, the feedback process and care plan reviews. Meeting minutes evidenced consumers provided feedback about the menu, activities, maintenance and other issues they wanted to discuss.

The organisation’s board of directors (the board) were accountable for service delivery and satisfied themselves the Quality Standards were being met through monthly reporting on clinical governance, incidents reported through the SIRS, feedback and complaints, operational budgets, staffing levels and audit results. Management explained the board analysed the reports to identify trends or gaps in service delivery, following which solutions were implemented and monitored for effectiveness. Policies and procedures outlined the board’s commitment to promoting a culture of safe and inclusive quality care and services.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS, should they identify a consumer whom they suspected was subject to abuse or neglect. Staff were guided by polices and processes which promoted a positive culture of risk management within the organisation.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)