Performance

Report

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| Name: | Bolton Clarke Hillside |
| Commission ID: | 6176 |
| Address: | 177 Longwood Road, HEATHFIELD, South Australia, 5153 |
| Activity type: | Site Audit |
| Activity date: | 31 July 2024 to 2 August 2024 |
| Performance report date: | 10 September 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 4190 Bolton Clarke Hillside |

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 Hillside (**the service**) has been prepared by P. Wallner, 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.
* other information or intelligence held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives said consumers felt accepted and valued, and staff treated them with dignity and respect, whatever their background or needs. Staff and management were familiar with consumers’ documented needs, preferences, background, personal circumstances, and culture. Care planning documents detailed consumer’s background, identity, and culture. Staff were observed being respectful towards consumers, and the service had policies and procedures to guide staff conduct.

Consumers and representatives said the service recognised and respected consumers’ cultural background, spiritual beliefs, and provided culturally safe care. Staff and management described how they provided care and services, in line with consumers’ identity and cultural background. Care plans detailed consumer’s cultural backgrounds, and their cultural needs and preferences. The service had policies, procedures, and training to guide staff in providing culturally safe care.

Consumers and representatives said consumers were supported to make decisions about their care and services and to maintain important relationships, including couples living at the together at the service. Staff described how they supported consumers to make choices about their care and maintain relationships of importance. Management described how they supported consumers to have meaningful relationships.

Consumers and representatives described how the service supported consumers to take informed risks, to live the best life they could. Staff described how they supported consumers to take risks to live the life they chose, in accordance with their care plans. Management detailed the risk assessment and risk management processes in place to support consumers to take risks, if they wished. The service had dignity of risk procedure to guide staff in supporting consumers who wished to take risks.

Consumers and representatives confirmed they were kept updated with clear, and easy to understand information, to inform their decisions. Staff described different strategies for communicating information to consumers, including those with sensory or cognitive deficits. Management described how they provided accurate and current information to consumers, to help them make informed decisions about their care and services. Current information about activities, menus, and other choices was displayed throughout the service.

Consumers and representatives confirmed staff respected their privacy and kept their personal information confidential. Management and staff understood the importance of privacy and described how they respected consumers’ privacy and kept their personal information confidential such as by knocking before entering consumers’ rooms, logging off computers when unattended, and discussing personal information in private areas.

# 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 assessed as Compliant.

Consumers and representatives said they were involved in the assessment and care planning processes, which identified and managed risks to consumers health and well-being. Management and staff detailed how the initial and ongoing assessment and care planning process, considered risks and mitigation strategies to inform the delivery of safe and effective care. Care planning documents showed validated risk assessments were applied in the assessment and care planning process. The service had an admission checklist to guide assessment and care planning.

Consumers and representatives described how assessment and care planning addressed consumers’ current needs, goals, and preferences and their plans for end of life care were documented. Management and staff described how assessment and planning reflected each consumer’s current, needs, goals, and preferences, and how they discussed the advance care directive during admission. Care planning documents included consumers’ current and end of life plans.

Consumers and representatives confirmed assessment and planning was an ongoing partnership between them, staff, and external service providers. Management described partnering with consumers, representatives, and other health professionals in the assessment and planning of care and services. Care planning documents confirmed consumers, representatives, and other health professionals were involved in the assessment and planning of consumers’ care and services.

Consumers and representatives described how outcomes of assessment and planning were documented and effectively communicated to them, and they were offered a copy of the care plan. Management and staff described the processes for reviewing and communicating the outcomes of assessments to consumers and representatives. Care planning documents showed outcomes of assessment and care planning were effectively communicated to consumers, representatives, and others involved in providing care.

Consumers and representatives confirmed consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Management explained the processes for the regular review of care plans, and review when circumstances or care needs changed. Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# 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 assessed as Compliant.

Consumers and representatives said the personal and clinical care provided was safe and effective, met consumers’ needs, goals, and preferences, and optimised their health and well-being. Management and staff explained how they met individual consumer’s personal and clinical care needs, in line with their care plans and best practice. Care planning documents reflected comprehensive assessment and planning of safe and effective care, tailored to the specific needs and preferences of the consumer. The service had policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives described how high-impact and high-prevalence risks to consumers were effectively managed. Management described the high-impact and high-prevalence risks to consumers at the service, and the measures in place to manage these risks. Care planning documents showed risks to consumers had been identified, and effective mitigation strategies put in place. The service had written policies and procedures to guide staff in managing risks to consumers’ health and well-being.

Consumers and representatives confirmed consumers’ advance care and end of life preferences were discussed with them. Management and staff articulated how care was provided to consumers nearing the end of life, to ensure their comfort was maximised and their dignity preserved. Management and staff described how they involved medical officers and palliative care teams to maximise the dignity and comfort of consumers nearing the end-of-life. The service had policies to guide staff in providing end of life care.

Consumers and representatives said the service responded promptly to a deterioration or change in consumers’ condition. Staff described how deterioration or change in consumers’ condition was recognised, and responded to, in partnership with clinical staff and medical officers. Care planning documents showed a deterioration or change in condition was responded to appropriately.

Consumers and representatives said care was well coordinated, and current information about consumers’ condition, needs and preferences was shared effectively between staff, and others involved in providing care. Management and staff described how current information about consumers’ condition, needs and preferences was documented, and shared within the organisation and with other care providers. Care planning documents confirmed staff regularly communicated with consumers, representative, and various health professionals to support the delivery of safe and effective personal and clinical care.

Consumers and representatives said the service provided consumers with timely referrals to appropriate other organisations and health professionals. Management and clinical staff described the processes for referring consumers to other health providers to supplement their ongoing care. Care planning documents confirmed the involvement of other individuals and organisations providing care and services.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures, and how the service managed COVID-19. Staff described how they received training in infection prevention and control. Management and staff described how they applied infection prevention and control measures and promoted antimicrobial stewardship. The organisation had an outbreak management plan, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives expressed satisfaction with the services and supports for daily living, which met consumers’ needs, goals, and preferences, and promoted their quality of life. Staff described how they partnered with consumers to assess their needs, goals, and preferences for daily living. Care planning documents detailed consumers’ lifestyle interests and the services and supports required to optimise their independence, quality of life, and well-being.

Consumers and representatives described how the service supported their emotional, spiritual, and psychological well-being. Staff provided examples of how they supported consumer’s emotional, psychological, and spiritual well-being such as by providing religious services or one-on-one visits. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being. The activities calendar reflected various activities to support the emotional, spiritual, and psychological well-being of consumers.

Consumers said they were supported to participate in their community, within and outside the service, maintain social and personal relationships, and do things of interest. Staff explained how they supported consumers to participate in their community, do things of interest, and maintain important relationships. Care planning documents detailed consumers’ lifestyle interests and important relationships. Volunteers were observed supporting consumers at the service.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively within the service, and to others responsible for providing care. Staff described how they communicated current information about consumers’ condition, needs, and preferences for daily living through shift handover meetings and through the electronic care management system. Care planning documents detailed sufficient current information to provide suitable services and supports for daily living.

Consumers and representatives expressed confidence that the service provided timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described the processes for referring consumers to additional services and supports. Care planning documents showed consumers were referred to appropriate other external services and supports.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of the meals provided. Staff were aware of consumers’ dietary needs and preferences, which aligned with their documented care plans. The catering manager described various ways consumers provided feedback about the food and influenced the menu, such as through food focus meetings. The kitchen appeared clean and well-organised, and mealtimes were calm with consumers appearing satisfied with the food served.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for keeping the equipment safe, clean, and well maintained. Records confirmed the equipment was 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 assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and optimised their sense of independence and belonging. Staff described how they supported consumers to feel welcome and how they optimised their sense of belonging, independence, interaction, and function. Consumers’ rooms were personalised, and the service was well-lit, and with sufficient signage to aid navigation.

Consumers and representatives said the service environment was safe, clean, well-maintained, and enabled them to move around freely, both indoors and outdoors. Staff described the systems in place for keeping the service safe, clean, and well maintained. The service environment was a comfortable temperature and appeared to be safe, clean, and well-maintained, with consumers able to move freely, both indoors and outdoors.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the processes in place for cleaning and maintaining, the furniture, fittings, and equipment at the service. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# 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 assessed as Compliant.

Consumers and representatives said they felt safe and supported to provide feedback and make complaints through avenues such as talking to management/staff, completing feedback forms, or by phone/email. Management and staff described the processes in place to encourage and support consumers to provide feedback and make complaints. Information about providing feedback, feedback forms and a secure lodgement box was displayed. The service had a policy to support consumers to provide feedback or make complaints.

Consumers and representatives were aware they could access advocacy, language, and external complaint services however, they felt most comfortable raising any issues directly with management or staff. Management and staff described external interpreter and advocacy services, and how they supported consumers to access these services, if they wished. Information regarding the Commission, advocacy, and translation services was displayed around the service.

Consumers and representatives said the service took appropriate action to resolve their complaints, using open disclosure. Management and staff explained how they resolved complaints and had received training in the use of open disclosure. The feedback and complaints register showed timely response taken to complaints using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives confirmed their feedback and complaints were used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities for improvement. The plan of continuous improvement, and other documents, confirmed feedback and complaints were used to improve the quality of care and services.

# 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 assessed as Compliant.

Consumers and representatives said the service had an adequate mix and quantity of staff to meet the needs of consumers. Staff said the service had the right number and combination of staff to deliver quality care. Management described how the workforce was planned and rostered to ensure the delivery of safe and effective care and services. Documentation confirmed call bell response times were within target and the service met the regulations for care minutes and registered nurse coverage. Staff were observed responding to call bells in a timely manner.

Consumers and representatives confirmed staff were kind, caring, and respectful of their identity, culture, and care needs. Staff were familiar with each consumer’s identity and culture, and interacted with consumers in a kind, caring, and respectful manner. The service had documented policies and procedures to guide staff in respecting consumers’ identity, culture, and diversity.

Consumers and representatives said staff were competent and knew what they were doing. Management and staff described the comprehensive recruitment processes which ensured staff were competent and met the qualification, registration, and security requirements before they were employed. Workforce records confirmed qualifications, professional registrations and security checks were current.

Consumers and representatives said staff were well trained and had the appropriate skills and knowledge. Staff confirmed receiving mandatory and ongoing training and support to perform their roles effectively. Management described the initial and ongoing training staff received in delivering care in line with the Quality Standards. Records showed staff training was on track ,and the service had a robust system to ensure staff training was completed by the due date.

Management described how the performance of staff was monitored, assessed, and reviewed through annual formal performance appraisals, continuous informal monitoring and review, and ad-hoc performance management, when the need arises. Staff confirmed annual performance appraisals were conducted, and they were effective in improving their professional practice. Records showed the service was behind schedule in completing some performance appraisals however, management demonstrated they had a viable plan in place to catch up.

# 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 assessed as Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of the care and services through a range of mechanisms including meetings, feedback processes, surveys, audits, care plan reviews, and the Consumer Advisory Body (CAB). Management and staff said they assisted consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services. Documentation demonstrated consumers and representatives actively participated in the development, delivery and evaluation of the care and services.

Consumers said the service environment was safe and inclusive. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The organisation had governance frameworks, policies and reporting arrangements which established oversight and accountability by the Board and its various committees. The Board had members with clinical expertise and there was a Quality Care Customer Advisory Body (QCAB).

Management described effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were aware of the governance policies and explained how they were implemented.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Consumers said they were supported to take informed risks to live the life they chose. Management and staff explained how they implemented the policies in practice to support consumers.

The service had a documented clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Management and staff could explain these policies and how they applied them in the delivery of care and services. Consumers and representatives said when things went wrong the service explained what happened and offered an apology.

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)