Performance

Report

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| Name: | Bolton Clarke Inverpine |
| Commission ID: | 5282 |
| Address: | 54 Ogg Road, MURRUMBA DOWNS, Queensland, 4503 |
| Activity type: | Site Audit |
| Activity date: | 15 November 2023 to 17 November 2023 |
| Performance report date: | 13 December 2023 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3639 Bolton Clarke Inverpine |

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 Inverpine (**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

# 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

Consumers gave practical examples of how staff respect their identity and confirmed they felt valued and respected. Staff were knowledgeable of consumers backgrounds and preferences; and were observed treating consumers with compassion, dignity and respect.

Consumers and representatives said consumers were provided with care in ways that were safe for them. Care documentation evidenced consumers cultural identity, care preferences and specific care requests were recorded. Staff knew how to provide care, which was safe for each consumer, including when gender preferences for care had been expressed.

Consumers said they were enabled to make and communicate decisions about who should be involved in their care. Staff explained how they assisted consumers to maintain relationships, including for married couples and close friends. Care documentation identified which relationships were important to consumers and who was involved in their care decisions.

Consumers said they were supported to take risks, including by not following directives from health professionals. Staff demonstrated knowledge of consumers’ activities that included an element of risk and knew how to support them. Policies and procedures guided staff practice to ensure consumers were enabled to live life the way they chose.

Consumers said they were given up-to-date information; in ways they could understand and gave practical examples of how this assisted them to have choice. Staff described information is given to consumers, verbally, via newsletters and is displayed on noticeboards. Newsletters, menu and activity calendars evidenced consumers were given current and accurate information and were informed of changes to service delivery.

Consumers said staff respect their privacy. Staff described how they know consumers’ privacy preferences and how they protect consumers’ information to ensure confidentiality. Staff were observed implementing practices to ensure consumers’ privacy and confidentiality. Policies and procedures guided staff about privacy and security of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Staff explained the assessment and care planning processes undertaken when consumers enter care to ensure risks to their health or wellbeing were identified. Policies and procedures guided staff through assessing consumers and responding to risk. Care documentation evidenced validated assessment tools were used and responsive strategies were documented to minimise risk to consumers.

Consumers and representatives said they have had discussions regarding consumer’s care preferences, including for advance and end of life care. Care documentation evidenced consumers care needs and goals of care were recorded, with advance care directives held on file. Staff demonstrated knowledge of consumers care preferences and needs.

Consumers and representatives said they were involved in assessment, planning and routine review of consumer’s care. Staff described how they ensure consumers and representatives were regularly included in care discussions. Care documentation evidenced a multi-disciplinary approach with medical and allied health professionals contributing to assessment and care planning.

Consumers and representatives said they understood what is included in consumer’s care plans, and confirmed a copy was offered during assessment or review. Staff described how they communicate changes to care documentation with consumers and their representatives. Care plans were accessible via the care management system, to those who needed them.

Consumers and representatives advised consumer’s care was routine reviewed 3 monthly and reassessment occurred in response to an incident such as a fall. Staff understood the need to report any changes in the consumer’s condition, needs or preferences as a prompt for their care to be reviewed. Care documentation evidenced staff evaluated care every 3 months and when ineffective, care strategies were revised.

# 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

Consumers and representatives said consumers received the care they needed. Staff demonstrated knowledge of consumer’s personal and clinical care needs and preferences for care delivery. Care documentation evidenced consumer’s wound care, restrictive practices, medication and pain management strategies were tailored to their needs and delivered in line with care directives.

Consumers and representatives were aware of care strategies in place to minimise risks to consumers and these were implemented as required. Staff demonstrated knowledge of potential high impact and high prevalence risks, including falls, responsive behaviours, and infections, and knew the preventative strategies used with each consumer. Policies and procedures guided staff in the management of high impact risks.

Representatives said consumers were provided with care which kept them comfortable at end of life. Staff described, and care documentation evidenced, care to manage pain and maintain the consumers dignity, were monitored to ensure effectiveness. Policies and procedures guide staff to provide palliative and end of life care.

Consumers and representatives advised staff responded quickly when deterioration in a consumer was identified. Staff knew, and policies and procedures, guided staff on what signs may indicate a consumer was experiencing a decline in their health and the escalation pathways used when these symptoms were detected. Care documentation evidence staff responded promptly when consumers were unwell.

Consumers and representatives said consumer’s care needs and preferences were documented and communicated between staff. Staff described progress notes and handover, were used to communicate changes in consumer’ care needs. Care documentation evidenced accurate and adequate information was accessible and shared between staff and health professionals.

Consumers and representatives said referrals for consumers were undertaken in a timely manner and were appropriate. Staff demonstrated knowledge of the process of referring consumers to internal and external providers as needed. Care documentation evidenced consumers were promptly referred to health professionals in response to changes in their condition.

Consumers and representatives said staff always wash their hands, wear personal protective equipment (PPE) and clean equipment after it was used. Staff described the various infection prevention and control strategies including the minimisation and appropriate use of antibiotics. An outbreak management plan was available to guide staff in the event of an infectious 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

Consumers said their supports for daily living assisted them to meet their goals and were delivered in line with their preferences. Care documentation evidenced consumer’s preferences for completing activities independently were recorded. Staff described how individual activities are adjusted based on consumers cognitive and physical abilities.

Consumers gave practical examples of how their emotional, spiritual, and psychological needs were met. Lifestyle staff described providing consumers with emotional support through individualised interactions and conversations. Care documentation evidenced consumers requiring additional support received socialisation through volunteers and church services were scheduled as part of the activity calendar.

Consumers gave practical examples of how they are supported to keep in touch with family or friends and to do things of interest to them. Care documentation reflected who was important to consumers and what activities they enjoyed. Consumers were observed engaging in activities and visiting with family and friends.

Consumers felt their information about their daily living choices and preferences was effectively communicated. Care documentation evidenced the exchange of information between staff and other support services involved in the care of the consumer. Staff described handover processes and communication books were used to share information which kept them informed of changes to consumers support needs.

Consumers said they have been referred to appropriate support services when their needs were not able to be met. Staff advised consumers were referred to external agencies for socialisation, community access, pastoral and disability supports. Volunteers were observed supporting consumers to undertake activities of daily living.

Consumers said they like the food, they receive enough food, it is served at the right temperature and a variety of meals are provided. Staff described how they plan the menu to ensure there are a variety of meals to suit consumer preferences. Care documentation included information on consumers allergies, dietary requirements, and personal preferences. Consumers were observed to enjoy the meals provided.

Consumers said they find the equipment suitable, safe, clean, and well maintained. Staff advised when equipment was needed, it was available and confirmed equipment was cleaned regularly. Maintenance documentation evidenced equipment was routinely inspected and serviced.

# 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

Consumers said they felt at home and safe; with the environment described as well signed and tastefully furnished. Staff said consumers were encouraged to personalise their room and gave practical examples of how the design of the environment caters for consumers with a functional impairment. Consumer’s rooms were decorated with their personal belongings, and communal indoor and outdoor areas, supported a welcoming environment.

Consumers advised the service was always clean, the environment well maintained, and they were free to move around and leave the service, as they wished. Staff demonstrated knowledge of what to do when they identified a hazard or a safety issue and confirmed cleaning is monitored via a schedule. Cleaning documentation evidenced, routine, spot and additional high touch cleaning was completed and up to date.

Consumers stated they were comfortable, and they had access to equipment that was appropriately maintained. Staff reported equipment and fittings were inspected regularly to ensure it was in good working order. Maintenance documentation evidenced preventative maintenance was completed when scheduled and repairs were undertaken promptly.

# 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

Consumers and representatives felt supported to provide feedback and were encouraged to make complaints if they are not satisfied with their care. Staff advised complaints could be lodged via feedback forms, meetings and verbally consumers wished to raise concerns or provide suggestions. The consumer handbook, policies and procedures evidenced consumers were encouraged to raise complaints.

Consumers and representatives were aware of how to access external advocacy and complaint agencies if these were required. Staff said no consumer currently required assistance with language services, but staff knew how to contact them. Posters for external complaint and advocacy organisations were displayed.

Consumers and representatives said when they had raised a concern, they were listened to and received a response. Staff advised and complaints documentation, evidenced complaints management processes included an open disclosure approach. Policies and procedures guided staff in complaints handling and relevant timeframes required for responsive actions.

Consumers and representatives said improvements were made in response to their feedback and complaints. Complaints documentation evidenced feedback was trended and was transferred to the plan for continuous improvement, when necessary to monitor progress of actions taken. Staff advised improvements to meals, training and the activity calendar were based on consumer feedback.

# 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

Consumers and representatives said there were an adequate number of trained staff to deliver the care required and calls for assistance were attended promptly. Staff confirmed resources were appropriately allocated and they had sufficient time to complete their duties. Rostering documentation evidenced strategies were in place to fill unplanned leave, additional supernumerary staff were allocated in response to increase consumer need and a registered nurse is continually on duty.

Consumers and representatives said, and observations confirmed, staff interactions were kind, caring and respectful. Staff were knowledgeable to consumers identity and were guided by policies promoting inclusiveness.

Consumers and representatives felt confident staff were skilled to meet consumer’s care needs. Management advised staff complete buddy shifts and complete written and practical assessments to ensure they meet core competencies. Position descriptions evidenced minimum qualifications were described and attainment was monitored.

Consumers and representatives stated staff were trained to perform their roles. Staff said they have access to online and face-to-face training as required and additional training is provided, when required. Education records evidenced staff were up to date in completing mandatory training modules, including manual handling, SIRS, infection control and emergency awareness.

Staff described performance appraisals occurred annually, with performance monitoring records confirming the assessment of workforce performance was up to date. Policies and procedures guided staff and management in completing performance assessments.

# 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

Representatives confirmed there was a consumer advisory committee established so they could contribute to how care and services were designed and delivered. Management described how the various meetings, surveys and feedback received was used in the development of services. Meeting minutes evidenced consumer assisted in the design of the menu and activity calendar.

Management explained how the Board receives information through the provision of monthly reports to oversee the quality of care delivered. Reports evidenced, the Board uses clinical indicator data to identify gaps in service delivery and monitor implementation of its responsive actions. Policies and procedures outline the process and commitment required of the Board in promoting a culture of safe and inclusive, operational environment.

Effective governance systems are in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, and reports including information for the governing body to satisfy itself that the Aged Care Quality Standards are met.

Staff demonstrated knowledge of high impact risks to consumers and how these were reported, monitored and managed. Staff understood how to minimise risks and incidents abuse, harm and neglect of consumers. Policies and procedures encouraged consumers to engage with risk safely and staff understood how to support consumers to live their best life.

A Clinical Governance framework was documented and included policies and procedures on antimicrobial stewardship, reducing restraint, and use of open disclosure. Staff advised they have received mandatory training and education on their roles and responsibilities to reduce the need for antibiotics, use restraint as a last resort and to apologise when things went wrong. Restrictive practice monitoring documentation evidenced a decrease in consumers subject to chemical restraint.

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)