Performance

Report

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| Name: | Bolton Clarke Little Para |
| Commission ID: | 6205 |
| Address: | 24-28 Wayford Street, ELIZABETH VALE, South Australia, 5112 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 13 June 2024 |
| Performance report date: | 2 August 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 5357 Bolton Clarke Little Para |

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 Little Para (**the service**) has been prepared by Rebecca Beaman, 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 (performance assessment) – 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 24 July 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 4** Services and supports for daily living | **Not Fully Assessed** |

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.

**Standard 3**

Requirement (3)(a)

* Ensuring each consumer gets safe and effective personal care, clinical care or both personal care and clinical care that is best practice, is tailored to their needs and optimises their health and well-being.

Requirement (3)(e)

* Ensuring 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.

# 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. | Not 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. | Not Compliant |

Findings

The assessment team recommended requirements (3)(a) and (3)(e) in Standard 3 Personal care and clinical not met. The assessment team was not satisfied each consumer received safe and effective personal care that was tailored to their needs and best practice communication practices to ensure information about each consumers conditions, needs and preferences were not effective and always available at the point of care.

**Requirement (3)(a)**

The assessment team were not satisfied personal and clinical care needs in relation to pressure injury care, including the assessment and management of pain was undertaken as per each consumers individual needs to optimise their health and wellbeing, and documentation did not demonstrate individual supports and care needs for each consumer was undertaken as required.

* One named consumer did not have tailored support services recommended by a dementia specialist for pain management and behaviour management implemented or documented. Staff were not aware of care and supports recommended for the consumer.
* One named consumer did not receive tailored pressure area/wound care including pain management identified as a result of wound care. Staff could not describe the care needs of the consumer and provided conflicting information on pain management and pressure area care for the consumer.
* Care documentation for one consumers does not show staff are undertaking repositioning to care for a pressure injury. Staff provided conflicting information on the consumers skin care needs to what was documented in care documentation.
* Staff were not aware, as care documentation did not contain pressure and pain relief strategies for a named consumer with a chronic wound.
* Two of the named consumers with pressure injuries stated staff do not consistently reposition them.

The provider did not agree with the assessment teams findings and provided additional information and commentary in their response. In relation to consumers who did not receive tailored pressure area care, including for wound care and pain management, the providers response included updated consumer care plans, charts, huddle staff instruction examples and consumer choice/dignity of risk agreements for 2 named consumers signed 24 July 2024. The provider’s response included commentary asserting recommendations by the dementia specialist for one named consumer with pain and behaviours were trialled without success and included their updated behaviour support plans, care documents, charts, reports and medication management in their response. I acknowledge the information included in the providers response, however, I find the service did not demonstrate each consumer receives personal care and clinical care that is tailored to their needs and improves their health and well-being.

In coming to my finding, I have considered and placed weight on information in the assessment teams report. For 3 named consumers, pressure area care and or wound care was not tailored to the consumer’s individual care needs. Seven staff were unable to describe individual care needs for these consumers, and care documentation showed tailored care to optimise their health and wellbeing had not been performed. The assessment team’s observations confirmed pressure area care was not undertaken. For one named consumer, with behaviours, staff were unaware of dementia specialised care recommendations and their representative confirmed staff were not providing specialised strategies and the consumer was not receiving tailored care to minimise the impact of their behaviours and manage pain.

I acknowledge the actions the provider has taken to address the deficiencies, including updating care documentation, and undertaking consumer choice/risks agreements following the assessment teams findings, however I find the service will need time to embed those fully for efficacy.

For the reasons above I find Requirement (3)(a) in Standard 3 Personal care and clinical care not compliant.

**Requirement (3)(e)**

The assessment team were not satisfied communication systems which included handover processes, email and internal messaging effectively shared information about consumer’s needs and preferences.

* A representative of a named consumer was not satisfied with communication about the consumers’ care and provided examples including staff not being aware of specialist behaviour support recommendations or management aids implemented. The representative also confirmed they did not receive timely updates regarding medications and test results in relation to the consumer’s health and wellbeing.
  + Care documentation confirmed for the same consumer, information relating to their condition was not updated and communicated in a timely manner, resulting in conflicting care records.
* Care documentation for 5 named consumers did not contain information relating to pressure area care or wound care or pain management or behaviour supports for each consumer relevant to their individual care needs.
* Staff were not able to state accurately the frequency named consumers required pressure area care, with multiple care staff giving differing information. Various staff provided differing statements as to how repositioning for pressure area care should be documented/charted and care documentation did not provide consistent guidance for staff to follow.

The provider did not agree with the assessment teams findings and provided additional information and commentary in their response. The provider asserted cat therapy supports recommended by a dementia specialist for one named consumer were actively in place at the time of the assessment team’s visit and included commentary that they would re-educate staff on where to locate the cats for therapy and provided a copy of the consumers updated care documentation.

The provider asserts pressure injury risk, prevention and assessment procedure, repositioning is undertaken according to the consumer’s skin tolerance, medical conditions, treatment objectives. The provider asserts this information is held within the individual consumers’ care documentation and staff document by exception only. The provider included for 2 named consumers wishing to deviate from pressure area care recommendations, consumer choice/dignity of risk consent forms signed 24 July 2024. The provider included additional commentary to show they will follow up with staff to ensure reporting and communication is undertaken in a timely manner.

I acknowledge the information included in the providers response, however I find the provider did not demonstrate 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. In coming to my finding, I have considered information in the assessment team’s report that shows consumer care documentation, including behaviour support plans, did not contain the appropriate information to inform safe care and support staff. I have also considered information in the assessment team’s report that shows staff were not aware of and could not describe pressure area care needs for consumers with pressure injuries. Staff were not aware of therapy supports for one named consumer for behaviour support.

I acknowledge the actions the provider has taken in response to the deficits identified however, I have not been persuaded that the updates made have addressed those in full. Further to this updates to consumer choice/dignity of risk information for 2 named consumers were completed 6 weeks post identification. Following up with staff to ensure timely communication will need time to be embedded for efficacy.

For the reasons above, I find Requirement (3)(e) in Standard 3 Personal care and Clinical care not compliant.

# 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 |

Findings

Consumers confirmed they feel safe, get services and supports for daily living that meets their needs, goal and preferences. Consumers were satisfied care and services optimises their health and wellbeing. Documentation showed supports to optimise consumers independence are identified and recorded in care planning. Staff described the ways in which they tailor services to meet individual consumers needs and preferences for care goals.

Based on the information in the assessment teams report I find requirement (3)(a) in Standard 4 Service and supports for daily living compliant.

1. The preparation of the performance report is in accordance with section 68A, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)