Performance

Report

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| Name of service: | Bolton Clarke Moreton Shores |
| Service address: | 91 King Street THORNLANDS QLD 4164 |
| Commission ID: | 5593 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 8 August 2022 to 11 August 2022 |
| Performance report date: | 22 September 2022 |

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 Moreton Shores (**the service**) has been prepared by T Wurf, 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; 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; and
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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/representatives said staff treat consumers respectfully, value them as individuals, take time to get to know them and respect their privacy. Consumers said they receive sufficient information, in a way they can understand, to make informed choices about their care and the life they lead. They said staff respect their individual preferences.

Staff demonstrated a sound understanding of consumers’ needs and preferences and provided examples of how this influenced the care they provided. Staff described how they ensure consumers’ personal information is kept confidential and how they promote consumers’ privacy, including when providing care.

Care documentation reviewed by the Assessment Team reflected relevant information about consumers with respect to their identity, culture and diversity, and preferences for care and services.

The Assessment Team observed staff approaching consumers discreetly and respectfully to discuss their needs.

# 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

Most consumers and their representatives confirmed they were included in the assessment and planning of consumers’ care and reported that staff discuss care with them. Consumers/representatives were satisfied they could access a copy of their care plan if they wished. Consumers/representatives confirmed that allied health and medical professionals are involved in consumers’ care as required, and care and services are reviewed regularly.

Registered staff complete assessments using evidence-based tools. Consumers’ care documentation was individualised and included information about consumers’ needs, goals and preferences, including in relation to end of life care. Care documentation also included information relative to the risks to each consumer’s health and well-being (such as falls, complex behaviours and wounds) and individualised strategies to manage risks. Staff demonstrated a sound understanding of consumers’ care needs, preferences and strategies to manage any risks associated with their care.

Care planning documents reflected the involvement of consumers/representatives and input from other health professionals in assessment and planning. Assessments and care plans are reviewed in response to consumers’ changing needs or preferences. Whilst a process was in place to routinely review care plans, the service had identified reviews were not up-to-date and had implemented a schedule to complete outstanding reviews.

Staff reported that care documentation was readily available to staff delivering care, including at the point of care. This was consistent with observations made by the Assessment Team.

# 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 provided positive feedback about their care and services, saying they receive the care they need, delivered in a way that meets their preferences. Consumers were satisfied the service manages their medical conditions and clinical risks. Consumers/representatives felt communication between staff was effective and said consumers have access to medical officers and other health professionals as required.

Staff could describe consumers’ care needs and any associated risks, and the way they deliver care in accordance with consumers’ care plans. Staff recognised and responded to deterioration or change in a consumer’s condition and have access to registered staff and a nurse practitioner when required. Staff described the service’s referral process to other health professionals and how their input informs care and services. Staff discussed the use of progress notes and shift handover meetings to share information about consumers.

The Assessment Team reviewed the care of consumers, including those with complex care needs. They found that care was individualised, clinical risks were identified and managed, care was delivered in accordance with consumers’ identified needs, deterioration or changes in condition were recognised and responded to, and referrals were made to health care specialists where required.

Advanced care planning is discussed on entry to the service. For those consumers approaching end of life, care plans included information about the consumer’s needs and preferences and input from the consumer/representatives, medical officers and palliative care staff from the local hospital. Staff are guided by clinical procedures and demonstrated an understanding of processes to support consumers nearing the end of life.

The service has policies, procedures and outbreak management plans to ensure infection-related risks are minimised. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has a dedicated infection control and prevention lead and a vaccination program for staff and consumers. The Assessment Team observed staff using personal protective equipment and performing hand hygiene appropriately.

The organisation has a range of policies and procedures relevant to this Quality Standard to guide staff practice, including relating to clinical care, sharing of consumer information and referrals to other health professionals. Staff receive relevant training. Clinical indicators are monitored and reviewed and used to inform quality improvement activities.

# 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 were satisfied with the services and supports for daily living they receive, which are of interest to them and in accordance with their expressed needs and preferences. They said that staff and other organisations involved in the delivery of their services knew them well. Consumers confirmed the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them.

Staff demonstrated knowledge of consumers’ needs, goals and preferences and described how they support activities that individual consumers enjoy. Staff also provided examples of how they support consumers’ emotional, spiritual and psychological well-being, including through the provision of religious services, a men’s group, and the celebration of days of significance.

Staff described the process for referrals to other organisations and providers. Lifestyle staff provided examples of how the service works with external individuals and organisations to supplement the services and supports offered by the service, including through the engagement of volunteers and chaplains.

Care documentation was individualised and demonstrated that assessment and planning processes capture what and who is important to individual consumers. For example, documentation included information about consumers’ background and life history, cultural preferences, emotional and spiritual needs, activities of interest to them and significant people in their lives. Lifestyle staff said consumers’ lifestyle and well-being assessment and care plans are reviewed regularly.

Consumers and their representatives expressed satisfaction with the meals provided by the service, saying meals are tasty, portion sizes are generous and there is variety. Consumers’ dietary needs and preferences are available to staff in care documentation and are understood by hospitality staff. Hospitality staff described how care staff communicate dietary changes and the process to update consumers’ care documentation. The chef described a recent change to food preparation made as a result of consumer feedback.

Equipment to support lifestyle processes was safe, suitable, clean and well maintained. Consumers’ mobility aids are cleaned regularly during the weekly room cleaning and shared equipment is wiped down after each use. Care staff described the process for reporting maintenance concerns. The Assessment Team observed equipment to be clean and cleaning wipes located near the equipment storage area.

The service’s activity schedule was displayed throughout the service and in consumers’ rooms. The Assessment Team observed consumers engaging in a range of individual and group activities throughout the service and in the outdoor cafe.

# 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 and representatives provided positive feedback about the service environment and described it as clean, well maintained, comfortable and welcoming. Consumers reported they feel a sense of belonging at the service. Consumers said they can personalise their rooms with their belongings and can move freely indoors and in the outdoor environment.

Consumers and representatives reported furniture, fittings and equipment were safe, clean and well maintained. This was consistent with observations made by the Assessment Team.

Housekeeping and cleaning staff described their cleaning schedule. Staff described maintenance processes and said maintenance requests are actioned promptly.

The Assessment Team observed the service environment to be welcoming, well maintained, clean and easy to navigate. Consumers’ rooms were personalised with photos and personal possessions. Consumers were observed to be moving around the service freely.

# 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/representatives said they feel encouraged, safe and supported to provide feedback and make complaints and reported their complaints are addressed promptly. They described various avenues available to them to make a complaint and provide feedback, and options to access external bodies and advocates.

Consumers/representatives said staff apologise, provide an explanation and involve them in the resolution and evaluation process when things go wrong. Consumers/representatives also provided examples of recent improvements at the service made as a result of feedback and complaints, including to bus trips and the morning/afternoon tea service.

Staff described the service’s complaints management process and their role in supporting consumers/representatives to raise feedback and complaints and access external complaints bodies, advocates and language services. Management and staff had a shared understanding of open disclosure principles.

Information about the service’s feedback and complaints processes are included in the consumer handbook provided upon entry to the service, and in brochures and posters. Avenues available to raise feedback and complaints included feedback forms, consumer meetings and the organisation’s dedicated feedback telephone number and website.

The organisation has policies and procedures that guide staff in the management of feedback and complaints and staff receive relevant training.

# 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 reported there was sufficient staff to deliver timely care and services that aligned with consumers’ preferences and care plans. Consumers and representatives considered consumers received care and services from staff who had the training, knowledge and skills to effectively perform their roles. They also described staff as respectful, kind, caring and gentle.

Staff working across various roles and areas of the service considered there was enough staff to deliver care and services in accordance with consumers’ care plans. Staff reported they have enough time to complete their allocated workload. Management and registered staff described processes to prioritise care delivery in the event of a staff shortage. Management also described processes to monitor call bell response times.

The Assessment Team observed staff responding promptly to requests for assistance from consumers, meals being served on time and activities occurring at scheduled times. They also observed staff interacting positively and respectfully with consumers and representatives.

Staff demonstrated an understanding of their roles and responsibilities. They described the training, support, professional development and supervision they receive. Staff complete mandatory training on a range of topics and the service has a process to track the completion of training.

The service has processes to recruit, train and support the workforce. Position descriptions are available for various roles that establish required skills, qualifications and requirements.

The performance of the workforce is monitored and reviewed. The service determines staff capabilities and competency through processes such as skill assessments, performance assessments, consumer/representative feedback, and reviews of clinical records and care delivery. Whilst the service had identified the annual performance review process was not up-to-date, a process had been implemented to complete the annual appraisals. The service has a robust process to support and monitor the performance of new staff, and registered and care staff reported that management is responsive to requests for training.

The service has a suite of policies and procedures related to human resource management that cover recruitment, orientation and probation, and managing performance.

# 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

Consumers and their representatives expressed confidence in the way the service is run and said their engagement in the development, delivery and evaluation of the care and services has improved with the recent change in management. Management described various ways consumers are engaged (including through consumer surveys, meetings and feedback mechanisms) and provided examples of recent changes at the service that involved consumer/representative feedback.

The organisation has a documented governance framework that details the organisation’s leadership structure and the overall accountability of the governing body, including for promoting and the delivery of safe, inclusive and quality care and services.

The governing body monitors and evaluates how the service performs against the Quality Standards, including through meetings and established reporting processes on areas such as incident and clinical data, complaints trends, financial information, and results of audits and surveys.

The organisation has effective governance systems in place relating to information systems, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The organisation has a risk management framework, clinical governance framework and relevant policies in place. Staff demonstrated knowledge of these and described their practical application to their work.

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