Performance

Report

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| Name: | Bolton Clarke Pioneers |
| Commission ID: | 5988 |
| Address: | 1 Sparrow Street, LONGREACH, Queensland, 4730 |
| Activity type: | Site Audit |
| Activity date: | 6 February 2024 to 8 February 2024 |
| Performance report date: | 22 February 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3900 Bolton Clarke Pioneers |

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 Pioneers (**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 said staff are respectful, take the time to learn about their lives and what is important to them. Staff were observed interacting with consumers and their visitors in a respectful and friendly manner. Policies and procedures guided staff practice to ensure consumers were treated with dignity and respect.

Consumers and representatives gave practical examples of how consumers were encouraged to stay connected to their cultural heritage and life history. Staff demonstrated knowledge of consumer’s cultural backgrounds, life history and facilitated known routines into care delivery. Care documentation contained information on consumer’s identity, cultural background and care preferences.

Consumers who wished to make their own care decisions, confirmed they are able to do so and their family are only involved at their discretion. Staff described practical examples of how married consumers were supported to maintain their relationship, by residing in the same room. Care documentation evidenced consumer’s decision-making involvement was regularly discussed and when representatives were nominated, these were recorded.

Consumers said they were supported to live life as they chose. Staff were aware of which consumers undertook various activities that presented a risk to the consumer and knew what support strategies were required to promote consumer safety. Care documentation evidenced risk-based activities were discussed with consumers and strategies to manage those risks were agreed.

Consumers and representatives said they were given information verbally and in writing which enabled them to make choices regarding their care. Noticeboards were observed to display a variety of information including newsletters, menu, activity programs and meeting minutes. Staff said they gave information to consumers verbally on their daily meal and activity choices.

Consumers said staff respect their privacy Staff gave practical examples of practices followed to protect consumer privacy and the confidentiality of their information. Staff were observed waiting for consent prior to entering consumer’s rooms and locking computers which stored consumer information, when not in use.

# 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

Care documentation evidenced a comprehensive assessment and care planning process was undertaken, upon consumer entry to identify risks to their health and develop a plan of care. Policies and procedures guided staff through the assessment process. Staff demonstrated knowledge of the assessment process and confirmed allied health professionals conducted specialised assessments, if further information on care strategies was required.

Consumers and representatives confirmed consumers care preferences and advance care wishes were discussed with them. Consumer files included documented advance care directives where these had been given and care plans contained consumer’s care goals, needs and preferences. Policies and procedures guide staff on how to support end of life planning discussions.

Consumers and their representatives said they were involved in assessment and care planning processes when the consumer entered care and during care plan reviews. Staff reported consumers and their families were consulted routinely and during an annual case conference. Care documentation reflected the input of medical officers and allied health professionals on an ongoing basis.

Staff said outcomes of care plan reviews and assessments were discussed with consumers and representatives, verbally, in writing and during annual case conferences. Most consumers and representatives knew they could request a copy of the care plan, with other confirming receipt. Care documentation evidenced care plans being sent to consumer’ representatives and it was observed being accessed by staff, medical officers and allied health professionals.

Consumers and representatives confirmed consumer’s care were regularly reviewed including following an incident or change in condition. Care documentation evidenced review occurred 6 monthly and after falls or changes in behaviour were identified. Staff knew to reassess consumers and review their care strategies in response to incidents.

# 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. Care documentation reflected, and staff confirmed, they provided care consistent with the individualised care of each consumer. Policies and procedures guided staff to provide care consistent with best practice in relation to restrictive practices, pain and wound management.

Consumers and representatives said risks, such as diabetes, pressure injuries and falls were effectively managed. Staff advised a frequent check in program had been implemented to visually monitor consumers identified to have high impact or high prevalence risks. Policies and procedures guided staff practice to ensure risks to consumer were minimised.

Staff described the way care delivery changes for consumers at end of life, including monitoring for pain and regular care to ensure the consumer’s comfort. While there were no consumers receiving end of life care, consumers said they were confident their end of life wishes would be met. Care documentation for a consumer who had recently passed, evidenced comfort care was routinely provided.

Consumers and representatives stated when consumers were unwell, this was identified quickly, and action was taken promptly. Care documentation evidenced staff monitored consumers for signs and symptoms indicative of deterioration and escalated the consumer for medical officer review when required. Staff confirmed the follow policies, procedures and a flowchart to assist with the management of a deteriorating consumer.

Consumers and representatives said information on consumers preferences and needs was effectively communicated between staff. Care documentation was readily accessible and contained adequate information to inform others involved in the consumer’s care of their current condition and needs. Staff were observed to hand over information between shifts and advised each other of changes to care requirements and new incidents.

Consumers and representatives said referrals to medical officers and allied health professionals occurred when required. Care documentation evidenced referrals were initiated quickly and the consumer was reviewed in a timely manner. Staff confirmed a range of allied health professionals and medical officers attended the service routinely ensuring referrals were completed promptly.

Consumers said staff always wash their hands, wear gloves and when consumers were unwell, they were isolated to their room. Staff gave practical examples of approaches used to prevent or minimise the risk of infection and the need for antibiotics. Staff confirmed vaccination programs are provided to staff and consumers; and they have ready access to personal protective equipment.

# 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 daily living needs were supported and they were able to take part in activities they enjoyed. Care documentation evidenced consumers were supported to complete daily living tasks such as fold clothes, wash up and set the dining tables independently. A lifestyle program offering various activities including exercises, cooking and happy hour was displayed.

Consumers said they had access to spiritual services, and staff are provided emotional support when needed. Care documentation contained consumers spiritual beliefs and emotional support needs. Staff were observed provided one to one support to consumers and a chapel was available for consumer to engage in faith-based practices.

Consumers said they were supported to access the community, to catch up with friends and to do things that were important to them. Staff demonstrated knowledge of consumers personal interests and gave practical examples of how they assisted consumers to engage in the local community. Consumers were observed to participate in a range of individual and group activities including a bus outing.

Consumers said their information was communicated effectively between staff of different departments. Staff confirmed information was exchanged through written and verbal handover and include information on changes in consumers’ lifestyle requirements and preferences. Care documentation provided adequate information to support effective communication between staff and others.

Consumers and representatives interviewed said they were referred to other organisations for support. Staff understood referral processes, and care documentation supported consumers were referred for assistance with settling in to care and strategies recommended included supporting consumer to do daily living tasks.

Consumers said they enjoyed the food, received plenty to eat, and had alternate choices if they didn’t like the meal offered. Staff demonstrated knowledge of consumers dietary needs and preferences, confirming meals were cooked on site using a 4-week rotating menu. Care and catering documentation contained consumers allergies and texture modification needs.

Consumers said their mobility aids were kept in good working order and were kept clean. Staff said they had access to sufficient equipment to meet consumers daily living needs and confirmed shared equipment was cleaned between use. Equipment was observed to be clean, safe, 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

Consumers said they felt at home and their visitors were always welcomed. Staff said consumers were encouraged to bring items of familiarity and to decorate their rooms as they wished, with family and friends invited to join in special and cultural events. Navigational aids assisted consumers to move around, to identify their room and home like furnishings were used.

Consumers said they were able to move around as they pleased, and staff do a good job with the cleaning. Cleaning and maintenance documentation evidenced hazards were reported and attended to quickly, and all routine tasks were completed as scheduled. Communal areas were observed to be clean and fire safety equipment was readily available.

Consumers said they had ready access to a call bell within their room. Staff advised shared equipment was cleaned and equipment used for handling consumers was regularly inspected. Maintenance documentation evidenced fittings and equipment was scheduled for routine maintenance to ensure it was safe for consumer 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

Consumers and representatives said they felt supported and were encouraged to make complaints and to give feedback, including at consumer meetings. Staff gave practical examples of verbal, written and electronic means available to consumers to make suggestions or to raise concerns. Feedback forms and lodgement boxes were readily accessible, and a suggestion wall encouraged consumers to contribute ideas.

Consumers and representatives said they had been informed on how to access advocacy and interpreter services, and how to make external complaints. Posters and brochures displayed promoted access to external complaint support agencies. Staff advised consumer handbooks and newsletters also contained information on advocacy and complaint services available to consumers.

Consumers and representatives said their complaints were responded to appropriately, apologies were received, and they were included in the investigation. Staff demonstrated knowledge of complaints management processes and the principles of open disclosure. Complaints documentation evidenced complaints were logged and monitored through to completion.

Continuous improvement documentation evidenced complaints and consumer feedback prompted improvement actions to be planned. Staff gave practical examples of how feedback had been used to improve the provision of oral care to consumers. Consumers advised their compliments, suggestions and concerns were discussed at consumer meetings.

# 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 enough staff and staff attended to their calls for assistance quickly. Management said staff allocations were based on consumer needs and occupancy, with various strategies used to ensure an adequate staffing pool was available due to its remote locality. Staff said they had sufficient time to provide the care needed and rostering documentation evidenced a registered nurse was on duty continuously.

Consumers and representatives said staff were kind, caring and gentle when they provided care to consumers. Staff were knowledgeable of consumers identity and referred to them by their preferred name. Staff were observed to interact with consumers with care, kindly and respectfully.

Consumers and representatives said staff were knowledgeable and appropriately skilled. Management described processes used to ensure staff had the required qualifications and were competent to perform their role. Personnel records evidenced staff had the required qualifications outlined in their position description and screening checks were performed.

Consumers and representatives said staff know what they are doing and were well trained to meet their care needs. Management said staff are required to complete an ongoing training program which encompasses various topics aligned to the Quality Standards. Education records evidenced staff completed training on incident management, infection control, open disclosure, aspects of clinical care and the code of conduct.

Management said staff performance is monitored routinely and reviewed following probation, and annually, with performance management processes, initiated when required. Staff advised they are alerted when their review is due and meet with their supervisor to assess their performance. Personnel documentation evidenced performance reviews were completed as scheduled.

# 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 representatives said the service was well run and they contribute to improvements through their feedback given at meetings and during care reviews. Management described consumer input is sought through meetings, surveys, and feedback forms, while a consumer advisory committee has attempted to be established, interest wasn’t expressed. Meeting minutes evidenced consumers contribute to the design and evaluation of care delivery.

The service operates under a hierarchical structure with the Board, supported by a number of sub-committees, ultimately accountable for the delivery of safe care and services. Management confirmed the Board receives reports on clinical data, feedback, incidents, workforce and risks to consumers to inform its decisions. A diversity wall promotes inclusiveness, policies and procedures outlines the Board commitment to the provision of safe and quality services.

Effective governance systems were evidenced by staff confirming they have access to the information they need. Practical examples were given to support continuous improvement had been achieved in response to consumer feedback and needs, with financial delegations understood and used when additional funding was required. Monitoring systems were in place to identify and respond to legislative changes and to ensure the workforce’s compliance with the requirements of their role.

An effective risk management system was ensured as policies, procedures and guidelines guided staff to understand their role and responsibilities in managing the risk of harm, neglect and elder abuse. An electronic incident management system was used to ensure high impact risks were identified, reported, analysed and trended to ensure appropriate actions were taken in response and to prevent reoccurrence. Consumers were supported to live life as they chose through appropriate assessment of risk and the adoption of responsive strategies.

A clinical governance framework was in place and included policies and procedures to guide staff in antimicrobial stewardship, using restrictive practice as a last resort and using open disclosure in response to adverse incidents. Staff confirmed they had received training, understood their roles and responsibilities and monitoring systems were in place to ensure practice aligned with policies, procedures and standards.

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)