Performance

Report

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| Name of service: | Bolton Clarke Sunset Ridge |
| Service address: | 44 Svendsen Road ZILZIE QLD 4710 |
| Commission ID: | 5099 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 5 May 2023 |

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 Sunset Ridge (**the service**) has been prepared by G.Hope-Simpson, 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.
* 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 said they were treated with dignity and respect, and their culture and diversity valued. Staff spoke about consumers in a respectful manner, and described how they treated consumers with respect, such as by supporting consumers of Aboriginal and Torres Strait Islander backgrounds to independently attend to their activities of daily living. Staff were trained in aspects of the Quality Standard aligned to dignity, respect and inclusivity.

Information regarding consumers’ cultural and spiritual needs were captured in care planning documents. Staff explained how consumers’ culture and preferences influenced how care and services were delivered, including activities culturally important to consumers.

Consumers were supported to maintain their relationships, and exercise choice and independence about their care, including who should be involved in it. The service supported married consumers to maintain their relationship.

Consumers said they were supported to take risks, which enabled them to live their best lives. The service undertook risk assessments for consumers who wished to take risks. Care planning documents evidenced the service supported consumers to make informed choices about their care and any accompanying risks.

Information was provided to support consumers to make choices regarding their care needs and lifestyle activities. Staff described how they present information according to consumers’ preferences and needs, including providing interpreter services where required.

Consumers said their privacy was respected, and that staff protected their personal information. They described staff practices such as knocking on doors prior to entry and closing the door during provision of personal care. The Approved Providers’ policy guided staff on the expectations of consumers privacy.

# 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

A comprehensive assessment and care planning process was undertaken when consumers entered the service, to identify their needs, goals and preferences. Staff described how assessments informed delivery of safe and effective care. Care plans reflected what was important to consumers concerning how their care was delivered, and advance-care and end-of-life planning were included if the consumer wished.

Care planning documents, progress notes and case conference documentation, evidenced involvement and input from the consumer and representative, medical officers, and other allied health professionals.

Consumers and representatives said staff explained information about care and services, that they could access a copy of the consumer's care and service plan when they wanted to and that they knew how to do so. Staff described processes for documenting and communicating outcomes of assessments.

Documentation indicated care plans were reviewed every 4 months, and in response to changes in conditions, or incidents. This corroborated with consumer and representative feedback.

# 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 said they received safe and effective care tailored to their needs, which optimised their health and well-being. Staff were guided by policies and procedures to provide care that was best practice. Policies and procedures were in place to guide delivery of care, including for restrictive practices, falls prevention, skin integrity, and pressure injuries.

Care planning documents identified high-impact, high-prevalence risks were effectively managed by the service, and strategies implemented to minimise risks. Consumers were satisfied risks were well-managed. Clinical indicators were reviewed to support effective management of high-impact or high-prevalence risks for consumers.

Although at the time of the Site Audit, no consumers were receiving end-of-life care, the needs, goals and preferences of consumers who were nearing end-of-life were documented in care plans. Staff described the way care delivery changed for consumers nearing end-of-life, such as keeping families up to date at all times and encouraging families to spend as much time as they want with their loved one during their end-of-life pathway.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ conditions. Staff recognised and responded to deterioration or changes through a range of systems and processes, including handover, daily progress notes, incident reports, and feedback from consumers.

Information about consumers conditions, needs and preferences were documented and effectively communicated with those involved in the care of consumers. Progress notes and care and service plans provided adequate information to support effective and safe sharing of the consumer’s information to support care.

Care planning documents evidenced the service made appropriate referrals to other providers or organisations in a timely manner. This reflected feedback from consumers and representatives.

Consumers and representatives were satisfied with the service’s management of infection control practices especially during COVID-19. The service had an Infection Prevention Control Lead, and policies and procedures to guide staff. Staff knew the service’s strategies for minimising infections, which included practicing good hand hygiene. They also knew the service’s approach for minimising use of antibiotics.

# 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 services and supports for daily living, which maintained their independence, well-being, and quality of life. Staff said consumers were involved with developing the activities program, and that consumers participated in outings, cultural events and games. The service offered a range of activities promoting independence, health and well-being, such as walking groups, pet therapy and bus outings.

Consumers felt supported to maintain their social, emotional, and spiritual connections. Staff provided additional support for consumers who had experienced a change in mood, such as by talking to consumers who were feeling low. Care planning documents contained information about consumers’ emotional and spiritual or psychological well-being and corresponding strategies to guide staff.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents showed consumers participated in the community, pursued their interests, and maintained personal and social relationships.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers felt confident information was adequately communicated. Staff said any change to the conditions, needs and preferences of consumers was communicated through handovers and recorded in the service’s electronic care management system.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community, such as volunteers to provide gentle exercises with music. Consumers confirmed they were supported by other organisations.

Consumers and representatives said they were satisfied with the variety and quantity of the service’s food. They said the service offered a range of food options for each meal. Care planning documents identified consumers’ dietary requirements. The Assessment Team observed staff assisting and responding to consumers’ requests during meal services.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean, and well-maintained. Staff said they had access to equipment they needed, and when issues were identified, they were reported to maintenance.

# 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 felt at home at the service and considered the environment easy to navigate and clean. The service environment was observed to be clean and tidy, with signage and design features to support consumers with different needs. Consumers were supported to personalise their rooms and they had access to various areas of the service to socialise and relax in throughout the day, such as a café with a veranda overlooking water.

All areas of the service were observed to be safe, clean, and maintained. Consumers were satisfied with the cleanliness of their rooms and the service’s common areas, and they said they had access to an elevator to move between floors. Regularly scheduled cleaning and maintenance occurred. Staff described how they assisted consumers to access other floors and outdoor areas where needed. Documentation evidenced cleaning and maintenance processes were completed in a timely manner.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable. Consumers and staff confirmed sufficient equipment was available. The service had a preventative and reactive maintenance program.

# 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 were encouraged to provide feedback, were comfortable to raise any concerns with management or staff and felt safe doing so. Staff described the different avenues for consumers to raise concerns, such as feedback forms and at meetings. Meeting minutes showed the service encouraged feedback and complaints. The service had information regarding methods for making complaints visible throughout the service and places to submit feedback forms securely.

Consumers were comfortable raising concerns within the service and were aware of advocacy supports if needed. Although at the time of the Site Audit there were no consumers who required interpreter services, staff knew how to engage interpreters if needed. The Assessment Team observed brochures and other written information about advocacy and language services displayed throughout the service.

Consumers and representatives provided examples of when incidents occurred, and the service had responded in a timely manner and applied the principles of open disclosure. For example, one representative said the service provided frequent and clear communication about the lengthy refurbishment works at the service, which required some consumers to move rooms. Open disclosure was embedded within the service’s complaint procedures.

The service had systems to record and trend complaints, feedback, compliments, and suggestions. All feedback and complaints were reviewed and used to improve the quality of care and services. This reflected consumer and representative 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

The workforce was planned to enable a suitable number and mix of staff to support the delivery of safe and quality care and services. Staff said the service had enough personnel to meet consumer needs. Consumers considered they received timely responses to call bells and reported no concerns with the care received. Staff were observed responding to call bells in a timely manner, communicating with each other and carrying out their duties around the service.

Consumers said staff were respectful, kind and caring. The Assessment Team observed several kind and respectful interactions between staff and consumers, including staff using respectful language when interacting with consumers and enquiring if they required assistance.

Consumers and representatives felt staff were competent, and confident they were skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements.

All members of the workforce said they were trained, equipped and supported to deliver safe and effective care. Education records identified staff participated in mandatory training, including the Serious Incident Response Scheme and Restrictive Practices. Consumers and representatives expressed confidence in the abilities of staff.

The performance of staff was regularly reviewed through performance appraisals, direct observation and feedback from consumers and representatives. Staff described the annual performance appraisal process, and the service’s records reflected appraisals were up to date.

# 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 were satisfied with the level of engagement in the development, delivery and evaluation of care and services. Management and staff described ways consumers were encouraged to be involved and engaged, such as through resident meetings.

The organisation had clinical and quality governance frameworks that established accountability from the Service Manager, through various Committees, to the Board as the service’s governing body. This was achieved through analysis of site-based audits and monitoring of clinical indicators. The Assessment Team observed a suite of mature policies and practice documents that were used by the service to provide guidance on governance and leadership.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described how opportunities for continuous improvement were identified, providing a recent example of when maintenance audits identified the need to re-paint and replace flooring at the service. The flooring project was brought forward to coincide with another scheduled project related to air conditioning, to minimise impact on consumers.

Risks were reported, escalated and reviewed at service level. Staff had been trained to identify and respond to abuse and neglect in accordance with their obligations under the Serious Incident Reporting Scheme. Risks related to incidents were managed at handover meetings, discussed in the Consumer Outcomes and Risk Management committee meetings, and in Board meetings.

The service had a documented clinical governance framework, which included policies and guidelines relating to practising antimicrobial stewardship, minimising use of restrictive practices, and applying open disclosure. Staff demonstrated their understanding of open disclosure, antimicrobial stewardship, and ways to minimise restrictive practices by providing practical examples.

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)