Performance

Report

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| Name of service: | Bolton Clarke Tantula Rise |
| Service address: | 96 Tantula Road West ALEXANDRA HEADLAND QLD 4572 |
| Commission ID: | 5498 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 30 November 2022 to 2 December 2022 |
| Performance report date: | 23 January 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 Tantula Rise (**the service**) has been prepared by K. Spurrell, 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.
* 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 and representatives said consumers were treated with respect and felt valued; staff understood them and were knowledgeable about their lives, their likes and dislikes as well as what was important to them. Staff described individual consumers and what was important or significant to them and how their care was delivered to support their needs and preferences. Care planning documentation demonstrated consumers’ preferences are clearly noted to guide staff on routine and consumer needs.

Consumers were observed to be from a variety of cultural and religious backgrounds and said their culture was respected, they were free to express their cultural identity and interests and staff supported them to meet their cultural preferences. Staff described how they adapt the way care and services are offered so they are culturally safe for each consumer. Staff were observed speaking kindly to consumers, reassuring them, and supporting consumers to attend to cultural and other activities.

Consumers said the service supports them to make decisions affecting their health and well-being and they can change these decisions at any time; consumers confirmed they have as much control over the planning and delivery of care and services as they want. Staff described how they help consumers make day-to-day choices and help with access to support consumer needs. Care planning documentation evidenced the service ensures consumers understand the choices available to them.

Consumers said the service supports them to make choices and they are not judgemental about choices they make, and they are supported to understand risks and benefits of managing risk. Staff described how the organisation has supported consumers to have choices involving risks. The service uses a standardised risk assessment tool with consumers who wish to take risks and decisions regarding risk are documented in care planning documentation.

The service provides current and relevant information to consumers. Staff described different ways information is communicated to consumers and representatives including through printed media, newsletters and posters on notice boards. Consumers said they had access to information in formats they were able to understand.

Consumers and representatives said information was kept confidential and only shared if needed to enhance consumer care or wellbeing and confirmed such as information referred to a medical officer or specialist when required. Staff were observed knocking before being invited to enter consumers’ rooms and responding respectfully and leaving quietly if consumers did not want assistance. Staff demonstrated a commitment to keeping information private and confidential by not discussing consumer information openly.

# 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

Consumers said their care is planned and documented in their care plan. Staff described assessment and care planning processes and their role in conducting assessments to contribute to a tailored care plan. The electronic care management system evidenced validated assessment tools used in assessment and planning of care and services including consideration of risks and management strategies.

The service has policies and procedures including end of life support to guide staff practice in relation to a consumer centred approach to planning and providing care and services. Care plans are developed with input from staff, the consumer, and representatives. Consumers said the service involves them in the assessment process to identify what is important to them and how they want their care and services delivered. Care planning documentation evidenced advance care directives and a statement of choice were documented for consumers.

Consumers and representatives said they are actively involved in assessments and the review of their care and services plans. Staff described their role in partnering with consumers and representatives to assess, plan and review care and services. Care planning documentation demonstrated a coordinated assessment process involving a range of allied health care providers, individuals and service providers such a dietitian, speech pathology and podiatry.

Consumers said they could access their care plan at any time and their care plan meets their goals and preferences. Staff said care plans are reviewed 3-monthly and updated when changes occur to consumer’s needs, goals, and preferences. Representatives confirmed accessing consumers’ care plans when they needed to, the service emailed updated care plans or they could request a hard copy care plan when visiting a consumer.

Consumers and representatives said they are notified when there are changes in the consumer’s clinical or cognitive health or when incidents such as a fall occurs. Staff said clinical incidents are reviewed monthly to identify any trends and strategies are developed. The service is guided by policies and procedures for recording and reporting incidents and care plans are updated when circumstances change such as a change in health or when incidents occur.

# 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 care and services meets consumers’ needs and optimises their health and well-being. Staff described personal and clinical care needs of consumers. Care planning documentation contained interventions specific for each consumer. The service has policies and procedures in place to support the delivery of care provided.

The service demonstrated risks for consumers such as their mobility, safety and personal life choices are identified, risk assessed and managed appropriately. Care planning documentation contained strategies to manage identified risks. The service collects and trends risk management data every month including falls, skin integrity, challenging behaviours, and infections.

Consumers said they are confident staff will support them to have their end-of-life care needs acknowledged and met. Care planning documentation contained information about consumer’s end of life care needs, goals, and preferences and progress notes demonstrated that discussions about advance care needs had occurred with consumers and representatives. Staff described how they support consumers who are approaching end of life, including supporting their family to be present throughout the end-of-life care of consumers.

Consumers and representatives said they are confident staff will identify a change in a consumers’ condition and respond appropriately. Staff described how they identify and communicate changes or signs of deterioration in a consumer and progress notes evidenced appropriate responses to changes in a consumers’ condition. Policy and procedures document processes for responding to clinical or cognitive deteriorations or changes in a consumer’s condition, health, or abilities.

Consumers said they are fully informed regarding their clinical care and services. Staff described how updated consumer information is communicated through verbal handover, accessing care plans, and via messages on the electronic care management system. Information and recommendations from allied health professionals such as dieticians were evidenced in care planning documentation.

Consumers said the service refers them to appropriate providers, and they are satisfied with the referral processes. Staff described the process for referring consumers to other health professionals and allied health services. Progress notes reflected information from other allied health providers such as the medical officer, podiatrist, physiotherapist, occupational therapist, speech pathologist and dietitian. The service provided a list of referral agencies which included clinical, medical, allied health and pathology services.

Visitors, staff and contractors are screened on entry for COVID-19. The service has an outbreak management plan in place to guide how the service prepares for, identifies, and manages outbreaks. Staff said they had received training on infection control including hand hygiene and the use of appropriate personal protective equipment and were familiar with strategies for reducing the use of antibiotics and ensure antibiotics are used appropriately.

# 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 and representatives said the service supports consumers to meet their needs, goals and preferences. Staff demonstrated an understanding of what consumers consider to be important to them and enjoy doing; care planning documentation reflected consumers preferences for engaging in lifestyle activities to meet their needs. The activities calendar and monthly community newsletter were observed on noticeboards in the service demonstrating the service provides a range of activities for consumers to participate in, including morning exercises and gardening.

Consumers and representatives described how their emotional, spiritual, and psychological well-being needs, goals and preferences are being supported. Policies and procedures are in place to support consumers with their emotional, spiritual, and psychological well-being. Staff were observed sitting and talking with consumers and care planning documentation reflected their emotional and spiritual or psychological well-being was supported by staff.

Consumers and representatives said they are encouraged to do things that interest them, to maintain important relationships, and to participate in their community. Staff described how consumers are supported to regularly participate in activities within and outside the community, and to stay connected to social supports and increase opportunities for social interaction. Consumers were observed spending time with their visitors and doing things of interest to them.

Consumers and representatives said information regarding their condition, needs, and preferences are well communicated. Staff said regular meetings and updates to care planning documentation ensures they are aware of consumer requirements. External allied health care providers such as physiotherapists and occupational therapists said they regularly assess, review, and update consumer requirements in care planning documentation which was observed to clearly to identify consumer conditions, needs, and preferences.

Consumers and representatives said they could be referred to other organisations and providers if they wished. Staff explained how they assess consumer requirements and provide them with access to other care and services as necessary. Care planning documentation evidenced the involvement of others in the provision of consumer support.

Consumers and representatives provided positive feedback on meals at the service. Staff explained the service is currently completing main kitchen renovations and has established a temporary kitchen to provide meals. Care planning documentation showed consumer dietary requirements and preferences were recorded accurately and staff were familiar with individual consumers’ food preferences.

Consumers said the service provides them with adequate and suitable equipment which met their requirements, and they were familiar with the process for reporting maintenance issues and felt confident the service would deal with them. Maintenance staff explained the process for handling requests for equipment issues and equipment provided for daily living was observed to be safe, suitable, clean, and well maintained. The ongoing and preventative maintenance schedules evidenced timely response to maintenance issues.

# 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 can access their rooms on different floors with lifts and the service environment supports them to move about easily such as large elevator buttons to select the correct floor. Staff said the service environment supports consumers to use several areas, including outdoor green spaces, balconies, and lounges, to watch TV, read, and participate in activities, consumers are encouraged to personalise their bedrooms if they wish. Clear signage was observed throughout the service to assist consumers with navigation.

Consumers and representatives said they felt safe and comfortable at the service. Staff said that consumers are provided with easy access to outdoor areas. The service was observed to have green outdoor spaces with pathways suitable for consumers with wheelchairs or walkers to move between indoor and outdoor spaces. Consumers’ rooms and communal areas were cleaned properly, and the completed cleaning schedules confirmed regular cleaning occurs.

Furniture, fittings, and equipment were observed to be clean and in good condition throughout the service. Consumers said they can access a variety of equipment that meets their needs, and they could notify staff if they had issues with equipment which was responded to quickly. Staff described how they support the maintenance team to purchase, maintain, and replace furniture, fittings, and equipment.

# 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 said they are supported to make complaints and provide feedback and they feel comfortable to take issues up directly with staff or management should they have a concern. Information on complaint processes was observed displayed within the service. Staff described how consumers can make complaints and provide feedback through formal feedback forms, speaking directly with the management team, raising issues at the consumers/representatives’ meetings, or calling or sending an email directly to management.

Consumers and representatives said they are aware of avenues for raising a complaint externally such as through government bodies, through family or friends or an advocacy service. Staff demonstrated that they understood the internal feedback and complaints system and described how they assist consumers with a cognitive impairment or have difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said management promptly addresses and resolves their concerns after lodging a complaint, or when an incident has occurred and confirmed staff provide an apology when things go wrong. Staff have received education regarding the management of complaints and were familiar with feedback and complaint processes and explained the principles of open disclosure.

Consumers and representatives had several ways to provide feedback or make a complaint and all complaints are logged and recorded. Management described how feedback and complaints are linked to the continuous improvement plan and how every comment and complaint was an opportunity to improve the processes and systems at the service. A new menu planner was in development based on feedback from consumers to improve the menu at the service and management described the forthcoming implementation project.

# 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 staff are delivering care and services and care needs are consistently met. Management explained they have implemented several improvement initiatives to ensure adequate staff numbers are available. Rosters demonstrated sufficient staff allocated across a 24-hour period and strategies to replace staff on planned and unplanned leave includes extension of hours, discussions with existing staff for additional shifts, and the use of regular agency services.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner, and are gentle when providing care. Staff demonstrated a comprehensive understanding of consumers, including their needs and preferences which aligned with consumer details in care planning documentation. Staff were observed engaging with consumers and their family members in a respectful and personable manner and knocking on consumers’ doors before entering their room.

Consumers reported staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking training provided to them upon commencement and ongoing thereafter, while at the service. Management ensure staff are comfortable to perform their roles effectively by providing buddy shifts and an induction process for new staff. Position descriptions specify the core competencies and capabilities for each role and standard operating procedures guide staff when undertaking specific tasks.

The service has a recruitment team with an effective recruitment and selection process in place. Management said all staff must meet the minimum qualification and registration requirements for their respective role. Staff described how they have regular training sessions conducted at monthly team meetings and can access training through the online learning platform. Human resources documentation demonstrated management is guided in staff development and review processes, including the manager handbook, recruitment and selection guidelines, local orientation checklists, and performance development and review guidelines.

Staff said their performance is monitored through educational competencies and annual performance appraisals and confirmed they had a performance appraisal in place or had one scheduled. Management said staff competency is assessed regularly and the service reviews and analyses internal audit results and clinical data to monitor staff practice and competencies. The service has a suite of documented policies and procedures that guide the monitoring of staff performance and the performance management of staff when issues are identified.

# 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 said the service is well run, they have ongoing input into how consumers’ care, and services are delivered, and they are encouraged to participate in decision making processes. Staff confirmed they ensure effective communication and engagement with consumers to ensure their views are sought including individual likes and preferences. The continuous improvement plan demonstrated consumer engagement with activities to improve care and services.

The service demonstrated that the governing body has implemented processes to ensure the service is accountable for the delivery of care, and promotes a culture of safe, inclusive, and quality care and services. Management provided a range of strategies when describing how the governing body satisfies itself that the service is promoting a culture of safe, inclusive, and quality care. Board documentation and reports relating to clinical and quality indicators evidenced the governing body’s commitment to promoting a culture of quality care.

The service has processes in place to ensure effective systems relating to effective organisation wide governance systems including information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service undertakes monthly internal auditing to monitor and review performance against the Quality Standards. Management review quality performance data, clinical indicator details and consumer/representative feedback and incidents to satisfy itself the Quality Standards are being met.

Consumers said they are supported to live the best life they can. Staff described how they use the service’s policies, procedures, and practices to minimise risk to consumers including falls, infection prevention, restrictive practices, and reporting of incidents. Management provided the service’s documented risk management framework, including policies, procedures, and the serious incident reporting register. The service has policies and procedures in relation to incident management, serious incident reporting, collection of clinical data in relation to medication management, falls prevention, antimicrobial stewardship, wound management.

The service has a clinical support and governance framework, an antimicrobial stewardship policy, restrictive practices policy and procedure, and an open disclosure policy to support in the delivery of clinical care. Staff were familiar with principals of antimicrobial stewardship and provided examples of how the concept would be applied. Staff ensure pathology results are available prior to commencing antibiotics, and undertake monitoring when consumers are prescribed antibiotics. Infection control forms are complete for consumers with an identified infection.

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)