Performance

Report

**1800 951 822**

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| Name: | Bolton Clarke Westhaven |
| Commission ID: | 5324 |
| Address: | 55 Arabian Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Site Audit |
| Activity date: | 17 June 2024 to 19 June 2024 |
| Performance report date: | 30 July 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3678 Bolton Clarke Westhaven |

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 Westhaven (**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 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 relating to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their diverse cultures and identities were valued, such as being served appropriate food and drink for those whose faith formed part of their cultural beliefs. Staff explained they were trained in providing person-centred care and had knowledge of consumers’ individual needs and preferences. Care documentation evidenced consumers’ cultural backgrounds and practices, identities and personal preferences.

Consumers confirmed they received culturally safe care and gave practical examples of being supported by gender specific staff when receiving personal care, as per their preferences. Staff had knowledge of consumers’ cultural backgrounds, identities, individual values and explained how care was tailored to meet cultural needs. Staff practice was guided by policies, procedures and training in providing consumers with culturally safe care and services.

Consumers said they were supported to maintain personal relationships and make choices about how and when their care was provided. Staff gave practical examples of how they supported consumers to maintain relationships and make social connections, such as ensuring friendship groups could socialise with each other daily. Care documentation evidenced consumers and those important to them were involved in making decisions about their care.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to go shopping and participate in community activities. Staff explained where consumers wished to take risks, relevant health professionals were involved in the risk assessment, risks were discussed, and mitigation strategies implemented to promote consumers’ safety. Care documentation evidenced risk assessments and mitigation strategies were in place, with consumers having made informed decisions.

Consumers and representatives confirmed they received timely information in ways which met differing communication needs, and which enabled them to make informed choices about their care and daily living preferences, particularly via the activities calendar. Staff explained information was provided to consumers in person, at meetings, by newsletter, emails, memos and on noticeboards. Care documentation evidenced consumers’ communication needs and preferences, whilst noticeboards in communal areas promoted the lifestyle calendar and newsletters in easily understood formats.

Consumers and representatives gave practical examples of how consumers’ privacy was respected, such as staff ensured doors and curtains were closed when attending to their care. Staff explained consumers’ confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed consistently respecting consumers’ privacy by seeking consent prior to entering their rooms.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave practical examples of how they participated in the assessment and planning of their care, said risks were identified and they received care which met their needs. Staff explained the assessment and planning process which identified risks to consumers and the interventions to manage those risks. Care documentation evidenced risks to consumers’ health and well-being, such as falls and pressure injuries, were assessed through validated risk assessment tools.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as medical officers, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as wound specialists and dementia support services.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives. Care documentation evidenced outcomes of assessment and planning were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were updated in their care plan. Staff said consumers were reviewed biannually and explained incidents and changed circumstances may also result in a review of consumers’ needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, and reassessment occurred in response to incidents and when their circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers confirmed they received tailored, effective personal and clinical care which optimised their health and well-being. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood wound care, restrictive practices, pain management and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care in line with their care plan.

Consumers said risks to their wellbeing were identified and confirmed strategies were implemented to manage those risks. Staff understood the risks to individual consumers and said management strategies were monitored to ensure consistency with planned care. Care documentation evidenced risks associated with consumers’ care were identified and effectively managed with mitigation strategies in place.

Staff understood how to care for consumers nearing end of life to ensure their comfort, preserve their dignity and meet their needs and preferences, with support available from palliative care specialists. Staff explained consumers nearing end of life would be supported through regular comfort cares, pain monitoring and management, spiritual support, and emotional support for family and friends. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changed vital signs, appetites, mobility and behaviours, with any changes documented and the consumer escalated for review, with support from medical officers and allied health professionals. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared relating to their conditions, particularly as staff understood the care they needed. Staff explained changes in consumers’ care and services were communicated during shift handovers, as needed throughout the day and they accessed care documentation in the ECMS. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers, such as medical officers and allied health professionals, and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, whose recommendations were included in their care plans.

Consumers gave positive feedback about how infection-related risks were prevented and managed, particularly as staff performed hand hygiene and wore personal protective equipment, if needed. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as gardening, which they enjoyed as it enhanced their wellbeing. Care documentation evidenced the supports needed to promote consumers’ needs, goals and preferences, which contributed to maintaining their independence. Consumers were observed participating in well-attended group activities or pursuing independent interests.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, and through attending religious services and participating in community groups. Staff were familiar with consumers’ needs and explained they spent one-on-one time with consumers if their mood was low. Care documentation evidenced consumers’ emotional and spiritual needs, as well as guidance on how staff could provide support.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as supporting others during activities and leaving the service independently to spend time with family and friends. Staff explained they supported consumers to maintain personal relationships by arranging video calls with family. Consumers were observed participating in activities, pursuing their interests, socialising with each other and receiving visitors.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, by staff memos and dietary folders, and they accessed care documentation in the ECMS. Care documentation evidenced consumers’ needs, preferences and their changed conditions, which was shared with others involved in their care.

Consumers and representatives gave practical examples of how they had been referred to other organisations and providers of care and services, such as receiving visits from pastoral care volunteers with whom they spent meaningful time. Staff explained consumers’ community connections and the supports needed to maintain these were identified during the entry process, and the service partnered with local organisations to ensure consumers’ diverse needs were met. Care documentation showed referrals to other providers of care were timely.

Consumers and representatives gave positive feedback about meals and said they were of good quality, varied and portion sizes were suitable. Staff said the menu was developed in consultation with a dietician, with consumers encouraged to provide feedback before the menu was finalised. Consumers’ dining experience was enhanced with appropriate background music and staff interactions were gentle when assistance was provided during meals.

Consumers said they had access to safe, clean equipment and they sought support from maintenance staff if their equipment needed to be checked. Staff said they cleaned shared equipment after use and maintenance documentation evidenced it was inspected routinely. Mobility aids were observed to be clean, well maintained and suitable for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming, easy to navigate and consumers were encouraged to personalise their rooms and receive visits from loved ones, which made it feel like home. Staff explained how consumers were supported to make the service feel like home, with outdoor areas furnished for their comfort. Consumers were observed socialising with each other both indoors and outside as they tended to raised garden beds.

Consumers said the service was safe, clean, well maintained and they could move freely between the indoors and outdoors, including the community, should they wish. Staff described the maintenance process and maintenance documentation evidenced tasks were completed routinely. Consumers were observed moving freely around a clean, safe, well-maintained environment, with access to both indoors and outdoors areas, including independent access into the community.

Consumers said furniture, fittings and equipment were safe, clean and maintenance requests were promptly actioned. Staff described the cleaning and maintenance schedules, with documentation supporting tasks were completed routinely. Furniture, fittings and equipment were observed to be clean and in good condition, whilst the kitchen, laundry and storage areas were clean, tidy and secure.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were supported to raise concerns and gave practical examples of speaking with staff, submitting a complaint by email or phone call, completing surveys and attending meetings, as ways they could give feedback. Staff explained the complaints management process and confirmed they would support consumers to raise concerns, if required. The consumer welcome pack and newsletters included information about how to make a complaint, whilst complaints forms, and locked suggestion boxes were observed to be easily accessible.

Consumers were aware of how to raise an external complaint or seek support from an advocacy service. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Posters, brochures and the consumer welcome pack promoted access to the Commission, advocacy and language services.

Consumers and representatives gave practical examples of improved personal care processes, as appropriate action taken in response to their complaints of some consumers’ dignity not being prioritised during the delivery of care. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers gave practical examples of how their feedback and complaints resulted in vacuuming no longer occurring during breakfast services, so their dining experience was undisturbed. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Most consumers gave positive feedback about staffing levels and confirmed their needs were promptly met; however, 2 consumers said their needs were not promptly met during the evenings, prompting a review of overnight staffing levels. Management explained daily consumer call bell data was analysed and used to inform staffing allocations, with care minute targets were being met. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers confirmed staff were kind, caring, familiar with their needs and preferences and respectful when care was delivered. Staff had knowledge of consumers’ needs and preferences and explained they were trained in providing care which was dignified and respectful of consumers’ choices. Staff were observed treating consumers with respect by knocking on their doors, requesting entry, and addressing them by their preferred names as assistance was provided during meals.

Consumers confirmed staff were suitably skilled, knowledgeable and competent in meeting their care needs. Management explained staff competency was determined through pre-employment checks, regular training which reflected the Quality Standards, buddy shifts during the orientation process and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required qualifications, professional registrations, knowledge, skills and abilities relevant to their roles.

Consumers confirmed staff were well trained and gave positive feedback about their skills when providing care. Management explained, and documentation confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection control, manual handling and open disclosure, with additional training arranged at the request of staff to ensure they had skills and knowledge to meet consumer’s needs. Training records evidenced high rates of completion for mandatory training topics.

Management advised staff performance was assessed and monitored through probationary and annual performance reviews, with informal appraisals through team meetings, regular feedback processes, regular one-on-one catchups, observations and discussions with consumers and representatives. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal. Staff confirmed they participated in performance reviews and described the process as an opportunity to receive constructive feedback, training needs were discussed, and they were supported by management.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers confirmed they were supported to evaluate their care and services through meetings and said their input was sought in assisting to choose furnishings and colour schemes for newly renovated cottages. Management explained consumers and representatives further contributed to service evaluation through a range of meetings, feedback and complaints processes and surveys, which were reviewed and included in the CIP. Meeting minutes, survey results and complaints documentation evidenced consumers and representatives were engaged in evaluating consumers’ care and services.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through clinical governance and medication advisory committees, and it received regular reports on identified risks, incidents, SIRS reports, financial matters, operational updates and clinical indicators. Documentation evidenced board members had clinical, financial and business experience, which supported regular reviews of the organisation’s strategic plan and consistent oversight of the service’s performance.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Staff practice was guided by clinical governance policies and procedures.

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)