Performance

Report

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| Name of service: | Bolton Clarke Westhaven |
| Service address: | 55 Arabian Street TOOWOOMBA QLD 4350 |
| Commission ID: | 5324 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 August 2023 |
| Performance report date: | 5 September 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 Westhaven (**the service**) has been prepared by B Bassett, 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 Assessment Contact - Site; the Assessment Contact - Site 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 | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

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 |

Findings

Consumers and representatives said consumers were treated with dignity and respect. Staff were observed treating consumers with kindness and were able to describe methods they use to acknowledge consumers’ identity, culture, and diversity. Consumer care planning documentation included what is important to consumers to maintain their identity.

Consumers described ways in which staff demonstrated respect to them and recognised their individuality. These included using their preferred names, respecting their care preferences and privacy and knowing and acknowledging significant people who were important to the consumer.

Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and were able to describe how they provide individual care by asking for consent before providing care, knocking before entering the consumer’s room, and respecting consumers’ preferences for certain staff to assist them.

The organisation had a suite of policies outlining the expectations and responsibilities of staff in relation to the kind, respectful and dignified treatment of consumers and staff advised they were aware of, and utilised, these policies.

Following consideration of the information above, I have decided that Requirement 1(3)(a) is Compliant.

# 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 |

Findings

Review of care planning documentation demonstrated effective care delivery including in relation to the management of pain, wound management, falls and restrictive practices. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery. Consumers and representatives provided positive feedback about the care provided at the service.

Where restrictive practices were used, the service demonstrated appropriate assessments, authorisation, behaviour support plans (BSPs) and monitoring practices were in place.

Care documentation for consumers noted those with chronic pain had regular pain assessments to identify the site, severity and type of pain experienced. Staff also used modified assessment tools as required depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies were included in care plans and when pain relief medication was used, it was reviewed for effectiveness.

Pressure injuries and chronic wounds were managed as per the service’s wound management policy. Identified wounds or pressure injuries were documented as soon as identified and wound charting commenced with photographs, measurements, dressing type and frequency of change recorded.

The Assessment Team reviewed time sensitive medications such as insulin and Parkinson’s medication which identified that medication competent and registered staff were either not always administering medications at prescribed times or not signing for them at the time administered. However, in response to this feedback, management were able to identify reasons for some of these discrepancies and updated the service’s Plan for Continuous Improvement (PCI) with actions to prevent further occurrences.

Following consideration of the information above, I have decided that Requirement 3(3)(a) is Compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers rooms and common areas were observed to be clean and well maintained. Staff were able to describe processes to ensure the environment is safe, well maintained and comfortable.

The internal and external living environment enabled consumers to move around freely throughout the service. Courtyards were clean and welcoming, with garden areas well maintained.

Consumers interviewed said they felt the safe and comfortable at the service and provided positive feedback regarding the cleaning and maintenance of the service.

Following consideration of the information above, I have decided that Requirement 5(3)(b) is Compliant.

# 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 |

Findings

Consumers and representatives said staffing was adequate to meet consumers’ needs. Review of rosters and allocation sheets demonstrated vacant shifts were filled and staff said they had enough time to meet the demands of their roles and the needs of consumers.

Management demonstrated a planned workforce and rostering system designed to enable an appropriate skill mix of staff, as well as an unplanned leave staff replacement process and processes to review and evaluate feedback and data to ensure safe and quality care.

Staff said they felt supported by management and believed there were enough staff to provide quality care and services to consumers.

Following consideration of the information above, I have decided that Requirement 7(3)(a) is Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)