Performance

Report

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| Name of service: | Bolton Clarke Winders Lodge |
| Service address: | 26 Winders Place BANORA POINT NSW 2486 |
| Commission ID: | 0224 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 12 September 2022 to 14 September 2022 |
| Performance report date: | 21 October 2022 |

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 Winders Lodge (**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.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said staff treat them with dignity and respect and are supported to maintain their personal beliefs and cultural identities. Staff understood sampled consumers’ needs and preferences. The service has an embedded process to identity consumer needs, preferences and life stories on admission to the service.

Consumers said staff deliver care and services with understanding of their needs and preferences, ensuring they feel respected and safe. Staff knew sampled consumers’ needs, preferences, cultural values and support strategies. Care plans accurately documented sampled consumers’ histories, cultural identities and requirements.

Consumers and representatives said consumers are supported to make and express care decisions, to see loved ones and to enjoy friendships within the service. Staff described how they support consumers to make choices and said care planning on admission to the service, as well as three-monthly care plan reviews, support consumer decision-making.

Consumers confirmed they are supported to take risks they want to take, to enhance their quality of life. Staff outlined the service’s ‘dignity of risk’ process and how the service works with consumers and representatives to problem-solve and develop strategies to reduce risk. Dignity for risk discussion records and risk assessments contained evidence of regular review and risk mitigation strategies.

The service provides timely and accurate information to inform consumer choices about daily life and care. Consumers and representatives said they receive the information they need to make daily decisions, delivered in various ways. Staff described how they provide information to consumers, including those with sensory and cognitive impairments. Observations confirmed information is conveyed using noticeboards, flyers, menus, activities calendars and newsletters.

Consumers were confident the service keeps their personal information private. Staff described how they maintain privacy while providing care and when accessing sensitive consumer information. Observations confirmed staff practices that promote and protect consumer privacy during care and the protection of sensitive personal information.

# 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

Most consumers and representatives were satisfied with assessment and care planning at the service, and the service’s identification of and planning to manage consumer risks. Staff are guided by evidence-based policies setting out the assessment and planning process, with consumer needs and preferences identified on admission to the service and recorded on interim care plans, initially. Care planning documentation reflected involvement of medical officers (MOs) and other professionals. Registered staff demonstrated sound understanding of the assessment and care planning process.

Fourteen sampled consumers and representatives confirmed the service had discussed End of Life (EOL) planning and Advanced Care Planning (ACP) with them. Sampled care plans documented current needs, goals and preferences, including EOL plans and ACPs. Staff demonstrated understanding of sampled consumers’ care needs and preferences and confirmed relying on care planning and handover documentation for information as needed.

Consumers and representatives generally confirmed they are involved and consulted with in assessment and planning processes and kept informed of changes in care. Sampled care planning documents evidenced this involvement, and input from MOs, allied health professionals and others who share care.

Consumers and representatives said they have been offered copies of care plans and are kept informed about assessment and planning outcomes. Staff confirmed care planning documents are easily accessed using the Electronic Care Management System (ECMS) and said handovers also convey the results of assessment and planning. Reviewed care plans showed the service regularly communicates with consumers and representatives about assessment and planning outcomes, including in care conferences and over the phone.

Sampled care plans showed the service mostly reviews care plans as scheduled and in response to incidents and changes in consumer condition. While consumers and representatives interviewed were not able to specify the frequency of care plans reviews, all considered staff regularly review consumer health, wellbeing and needs and update them accordingly.

# 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 gave positive feedback about personal and clinical care provided to consumers and said care needs were met. Care planning documentation reflected collaborative, safe, effective and tailored care and restrictive practices were used in accordance with regulatory requirements. Staff demonstrated understanding of sampled consumers’ needs, preferences and significant personal and clinical care issues.

Care plans of sampled consumers identified relevant high impact high prevalence risks and how the service manages those. Consumers and representatives interviewed were happy with how the service manages consumer risks. Staff and management described the key risks for sampled consumers, and how these were assessed, reviewed and managed.

Care documents showed consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity. Staff described how care is provided to palliating consumers, in line with preferences and with a focus on comfort and preservation of dignity.

Consumers and representatives said the service is responsive to deterioration and changes in condition. Staff described how they identify and respond to changes, including escalating concerns and communicating changes through handover, in progress notes, incident reports and charting.

Information relating to consumers’ condition, needs and preferences is documented in care planning documentation. Staff confirmed ready access to the ECMS and said information about care needs and preferences are communicated at handover. Care plans showed communication between staff and others with responsibility for care when consumers transitioned to or from hospital, or experienced changes in condition or clinical incidents.

Consumers and representatives confirmed timely referrals are made to a range of health supports. Care planning documents evidenced referrals to medical officers and other health professionals. Staff described the referral process and resulting recommendations are incorporated into care and services. There is an onsite physiotherapist 5 days per week.

Staff described how they minimise infection-related risks through standard and transmission-based infection control measures and through antimicrobial stewardship. There is an Infection Prevention and Control Lead and the service evidenced 100 % compliance with staff vaccination requirements. Antibiotic usage is monitored through pharmacy reports and infection control forms are reviewed monthly as part of clinical indicator monitoring.

# 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 their representatives said the lifestyle program generally supports consumers’ needs and they feel encouraged to participate in activities of their choosing, though some consumers sought more variety or information about available activities. Care plans include information about consumers’ goals and preferences. Staff described what was important to consumers and how they use health and leisure assessments to adapt the lifestyle program in accordance with needs and levels of ability. Consumers were observed engaging in various individual and group activities.

Consumers and representatives said the service’s lifestyle program meets their needs, goals and preferences and supports their independence, wellbeing and quality of life. Sampled care plans accurately documented consumer interests, hobbies and preferences. Staff demonstrated understanding of consumer needs, preferences and goals. The activity calendar reflected a variety of activities, including on weekends. Lifestyle activities observed during the site audit were well-attended.

Consumers and representatives said the service provides satisfying and meaningful activities for consumers to engage in, which supports their spiritual and emotional well-being. Staff described how they support consumers’ emotional and psychological well-being, including one-to-one visits. Sampled care plans documented support strategies and favoured activities for those consumers.

Consumers reported feeling supported to participate in the community inside and outside the service. Care plans reflected important relationships and activities of interest to consumers. Staff described how the service supports connections with the local community, including through volunteer visits.

Consumers said staff know their needs and preferences, and they do not have to repeat themselves. Staff demonstrated how information is shared, through handovers, use of the ECMS and case conferencing notes. Sampled care plans contained contact information for people sharing responsibility for care.

Care plans evidenced timely and appropriate referrals to other providers of services for daily living support, including allied health professionals and dementia services.

Most interviewed consumers and representatives said the service provides meals which are of suitable quality, quantity and variety, though three consumers considered variety was lacking. A four-week seasonal menu is provided, developed in accordance with consumer feedback and dietary preferences and requirements. Sampled care plans documented dietary requirements and preferences.

# 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 and representatives said they felt at home and supported to interact at the service. Observations showed a small, well-lit service, consisting of two wings with single room ensuites. The Assessment Team found the handrailed hallways easy to navigate, and wayfinding aides in place to support independence and function.

Consumers and representatives said the service is clean, well-maintained, and enables their freedom of movement both indoors and outdoors. Observations showed all areas of the service to be clean, maintained, at a comfortable temperature and well-ventilated. Doors to the outdoor areas were open. Laundry and cleaning systems were in place and documentation logs were updated daily. Staff are guided by policies and procedures, and could outline the processes in place for laundry, cleaning and maintenance services.

Consumers said the service environment is welcoming, outdoors areas and equipment well-maintained, and cleaning of the service was generally to a high standard. Maintenance and care staff confirmed the call bell system is in working order and outlined the processes in place for preventative maintenance and cleaning. Observations showed mobility equipment and wheelchairs in use by consumers and working appropriately. Furniture and equipment were observed to be appropriate, clean, well maintained, and suitable for use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives mostly said they felt supported by the service to provide feedback and make complaints. Staff understood the avenues available for consumers and representatives to make a complaint or provide feedback and described how they support consumers to raise issues. Feedback forms and a collection box were observed in the reception area. The service also has systems in place for consumers to raise concerns about care and services, for example at ‘resident and representative’ meetings held monthly.

Observations confirmed the service provides consumers and representatives with information and contact details for advocacy and language services, as well as external complaints mechanisms. Staff understood the role of advocacy services and how to facilitate consumers’ access to them if needed.

Consumers and representatives said when feedback is provided the service responds promptly and when things go wrong apologies are provided. Review of the complaints register confirmed the service takes appropriate and timely action in response to complaints and applies open disclosure.

Consumers and representatives said feedback and complaints are used to improve care and services. Staff gave examples feedback and complaints which resulted in care and service improvements. Documentation review showed the service uses feedback from ‘resident and relative’ meetings, surveys and direct conversations to inform service-level changes.

# 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

Overall, consumers said they do not wait long for staff to attend to their needs. Call bell reports showed most calls were answered within target times and review of rosters showed in the fortnight prior to site audit, all shifts were filled. Most staff confirmed they can complete their tasks in designated times. Staff were observed to complete tasks without rushing.

Overall, consumers and representatives said staff engage with consumers in a respectful, kind, caring and gentle manner, when providing care. Staff had accurate knowledge of sampled consumers’ needs and preferences and said that getting to know consumers is a priority and helps optimise care. Observations showed staff engaged with consumers in a respectful and personable manner

Most consumers felt staff were skilled in their roles and competent to meet their needs. Staff said they are well supported to complete commencement and ongoing training and are encouraged to ‘grow’ in their roles. The service provides mandatory training and monitors training completion. The organisation has a scholarship program in place for staff and accesses external educators.

Consumers reported they are confident with staff abilities and practices. Staff said they were well supported by management and an educator. Management outlined the recruitment process used to ensure staff meet the minimum qualification and registration requirements and have probity checks completed. Training topics are aligned with these Quality Standards.

A performance review system is in place to assess, monitor and review workforce performance. Staff confirmed their performance is monitored through appraisals and other means. Most staff appraisals were complete, and the review schedule showed the service is on track to have outstanding appraisals complete by year end.

# 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

Most sampled consumers considered the organisation is well run and partners with them in evaluation and design of care and services. Staff confirmed the service keeps consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers are meaningfully engaged in evaluation of services through ‘resident and relative’ meetings and surveys.

Consumers and representatives interviewed considered the service well-run. Staff confirmed clinical indicators, quality initiatives and incidents are discussed at meetings. Management outlined systems and reporting processes in place through which the governing body monitors service-level performance and identified several board-driven initiatives that demonstrate the governing-body promotes safe, inclusive and quality care.

The service has processes in place to ensure effective information management, including policies on storage of consumer information, and an effective electronic care management system. Continuous improvement processes are embedded, and the service’s continuous improvement plan shows regular use. Financial governance arrangements are in place, with an annual budget set, routine monitoring by the governing body and processes in place to seek additional expenditure in response to changing consumer needs. Workforce governance processes ensure the workforce is recruited, trained, monitored and supported to deliver the outcomes required by these Standards. Feedback and complaints are trended and reviewed at the service level and at meetings. Organisation-wide systems are in place to track changes to aged care legislation and communicate these to the service and staff.

Staff understood reporting processes and confirmed they had received training to identify and respond to elder abuse. Documentation confirmed training on elder abuse is provided, key risk areas are identified and risk-management guided by relevant policies and procedures. Document review showed incidents are managed and reported in line with requirements. Risks are monitored, reported, escalated, and reviewed by management at the service level and by the organisation’s executive management, including the governing body.

The service has a clinical governance framework in place, with policies concerning antimicrobial stewardship, restrictive practices and open disclosure in place. Most consumers confirmed the service apologises when thing go wrong and review of the complaints register confirmed open disclosure is used. Staff outlined how they minimise infection risks and implement antimicrobial stewardship practices. Use of restrictive practices at the service was found to be compliant with legal requirements.

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)