Performance

Report

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| Name: | Bolton Clarke Ross Robertson |
| Commission ID: | 6898 |
| Address: | 19 Cornhill Road, VICTOR HARBOR, South Australia, 5211 |
| Activity type: | Site Audit |
| Activity date: | 21 May 2024 to 24 May 2024 |
| Performance report date: | 28 June 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 4312 Ross Robertson Memorial Care Centre |

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 Ross Robertson (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# 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.

Consumers and representatives reported consumers were valued, and staff respected their identity, culture and diversity. Staff demonstrated an understanding of the life history, identity and culture of consumers, and described how they provided respectful care. Care planning documentation captured information regarding consumers’ background, culture and identity.

Consumers and representatives advised the consumer’s cultural background was respected, and staff provided care in accordance with their cultural preferences. Staff described how the cultural needs and interests of consumers were identified through the assessment and planning process, and confirmed they delivered care and respected celebrations in alignment with consumers’ cultural backgrounds. Care planning documentation evidenced consumers’ cultural needs and preferences were identified.

Consumers and representatives advised consumers received supports to exercise choice and independence, and they had the ability to make their own decisions and maintain personal relationships. Staff advised they supported consumers to exercise choice by asking for consent when providing care and providing relevant information and explanations about care and services to empower consumers to make informed decisions and maintain their independence. Care planning documentation captured consumers’ decisions regarding their care delivery preferences, goals and the involvement of family members in decision making.

Staff demonstrated an understanding of consumer’s risks of choice, and described how they supported consumers to safely engage in these activities through the assessment and identification of risks and developing risk minimisation strategies. Consumers reported they were supported to engage in their chosen activities which contained risk and confirmed they had discussed strategies to promote their safety. Policies and procedures guided staff practice to support consumers to safely take risks.

Consumers confirmed they received current information which was communicated in an easy-to-understand manner. Staff described how they adapted their communication style to ensure information was effectively communicated to consumers living with cognitive or sensory impairments. The activities schedule, menu and newsletters were observed to be displayed within the rooms of consumers and communal areas.

Consumers reported their personal privacy was respected, and staff knocked on their doors prior to entering. Staff described actions to ensure consumers’ privacy was maintained by closing doors when providing personal care and securely storing confidential information. Staff were observed to conduct handover meetings in private areas and maintaining the confidentiality of personal information in secured systems.

# 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.

Staff demonstrated an understanding of the initial and ongoing assessment process and how it informed the development of the consumer’s care and services plan. Management advised a range of validated tools were utilised to ensure the assessment and care planning process accurately identified the risks to consumers’ well-being. Care planning documentation evidenced individual risks to consumers were identified through the care planning process with corresponding mitigative strategies developed.

Consumers and representatives advised consumers’ needs, goals and preferences were identified and addressed, and confirmed they were involved in advance care planning discussions. Care planning documentation reflected consumers’ current needs, goals and preferences, inclusive of their end of life goals. Staff described how they assessed and gathered information relating to the consumer’s end of life needs and preferences upon their entry into the service and during care and service plan reviews.

Consumers and representatives confirmed their involvement in the assessment, planning and review of their care and service plans, in collaboration with allied health professionals. Staff described how consumers and representatives were partnered in the assessment and planning process alongside allied health professionals and specialist providers. Care planning documentation evidenced consumers and representatives were involved and kept informed during the care planning process.

Consumers and representatives confirmed they were offered a copy of the consumer’s care and service plan. Staff advised consumers and representatives were informed of assessment and planning outcomes during in person meetings, via telephone or electronic messaging. Assessment outcomes were observed to be captured within care planning documentation, and this information was accessible to staff and external health professionals.

Consumers and representatives confirmed incidents led to a reassessment of the consumer’s care directives and the implementation of risk mitigation strategies. Staff advised of the processes to evaluate the effectiveness of care and services through regular reviews and in response to changes or incidents. Care planning documentation evidenced the use of monitoring processes and incident reports to prompt the review of assessments and the consumer’s care and services.

# 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.

Consumers and representatives advised the delivery of consumers’ personal and clinical care was tailored to their needs and preferences. Staff demonstrated and understanding of consumers’ care needs, and the monitoring and evaluation processes to ensure the delivery of safe and effective care which optimised the consumer’s well-being. Management advised staff were supported to provide best practice care, and were guided by policies, procedures, training and oversight, including through specialist engagement and advice.

Representatives provided positive feedback about the interventions in place to manage the high impact risks associated with the care of consumers. Staff identified the high impact or high prevalence risks for consumers and described the implemented strategies to monitor and reduce these risks. Policies and procedures guided staff practice to ensure risks were effectively managed and monitored.

Staff demonstrated an understanding of the care delivery changes for a consumer receiving end of life care, including providing supports to ensure their comfort was maximised. Care planning documentation for a late consumer included an end of life pathway chart, with directives for comfort including management of palliative symptoms. Palliative and end of life policies and procedures ensured the goals, needs and preferences of consumers were recognised, and their dignity was preserved.

Consumers advised staff were responsive to identifying and managing deterioration in their condition. Staff described their responsibilities to ensure consumers’ deterioration was identified, reported and addressed. Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated in a timely manner.

Consumers and representatives confirmed staff were consistently aware of consumers’ needs and preferences, and pertinent information was shared with medical officers and allied health professionals. Staff reported information regarding the consumer’s condition was documented within the electronic care management system and communicated during handovers. Care planning documentation evidenced progress notes were added on a regular basis which provided staff with updates on the condition of consumers.

Staff demonstrated an understanding of referral processes and outlined the various external providers of care and services to support consumers’ care needs. Care planning documentation evidenced referrals to relevant specialist providers were made in response to changes in the consumer’s condition. Consumers and representatives confirmed referrals were timely and appropriate.

Consumers confirmed staff practiced infection prevention actions, such as wearing personal protective equipment and undertaking hand hygiene. Staff described infection control practices and how they ensure antibiotics were used appropriately, explaining they would await pathology results prior to the commencement of antibiotics. An Outbreak Management Plan was in place to provide guidance to staff in response to confirmed infections outbreaks within the service.

# 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.

Consumers confirmed they received the appropriate services and supports to meet their needs, goals and preferences to enhance their well-being and quality of life. Staff described how they supported consumers to optimise their health and well-being, and advised the delivery of consumers’ daily living supports was guided by their needs and preferences.

Consumers advised they were provided with supports to meet their emotional, spiritual and psychological well-being, and were able to attend regular religious activities if desired. Staff demonstrated an understanding of consumers’ emotional and spiritual needs, and said they would recognise changes in their emotional state through their verbal and non-verbal prompts. Care planning documentation captured the strategies in place to support consumers’ emotional, spiritual and psychological needs and preferences.

Consumers confirmed they received supports to maintain social relationships and engage in activities of interest to them, both within and outside of the service. The activities calendar reflected a range of activities which catered to consumers’ various needs, interests and abilities, and consumers were observed to be engaged in activities. Staff described how they supported consumers to engage in activities of interest to them, and independently engage in the wider community.

Staff in various roles described how they were informed of consumers’ condition, needs and preferences through written and verbal handovers, discussions, and the electronic care management system. Consumers advised information regarding their condition, needs and preferences were effectively communicated between staff. Care planning documentation evidenced consumers’ current needs and preferences were documented and communicated through care and service plans and handover sheets.

Staff advised of referrals to external services to meet consumer needs, including volunteers, counselling services, or specialised needs. Care planning documentation reflected timely and appropriate referrals were made to external organisations.

Consumers expressed satisfaction with the quality, quantity and variety of their provided meals, and confirmed their dietary allergies were met. Staff advised a seasonal menu was in place which was rotated on a monthly basis and developed through consultation with a dietician and consumer feedback. Care planning documentation evidenced the dietary requirements and preferences of consumers was captured and accessible to staff. Staff were observed to offer consumers assistance with meals when required, and the kitchen was observed to be clean with relevant food safety practices being adhered to.

Consumers confirmed their mobility aids and activity equipment were kept clean and well maintained. Staff reported they had a sufficient supply of equipment to meet consumers’ needs, and explained how they cleaned and checked equipment to ensure it was safe and suitable for consumers. Maintenance scheduled evidenced equipment was regularly serviced by maintenance staff and external organisations.

# 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.

Consumers described the service environment as welcoming and easy to understand, and confirmed they were supported to personalise their rooms. Staff advised consumers and their family were provided with a tour of the service upon their initial entry to the service to familiarise themselves with the environment, and consumers were supported to personalise their bedroom doors to optimise their sense of belonging. The service environment was observed to be simple to navigate, with directional signage and fitted handrails to assist consumer thoroughfare.

Consumers confirmed they were able to move around freely through indoor and outdoor areas, and advised the service was clean and well maintained. The service environment was observed to be clean, and walkways were free from hazards and obstructions. Staff outlined the daily cleaning schedule which ensured the cleanliness of communal areas, high-touch points and consumers’ rooms. Cleaning logs evidenced all cleaning tasks were up to date.

Staff described their roles and responsibilities to ensure equipment was safe and suitable for consumers, and outlined how they lodge a maintenance request for both urgent and non-urgent issues. Maintenance scheduled evidenced the regular servicing of furniture, fittings and equipment, and requests for maintenance were completed in timely manner. Consumers confirmed their equipment, furniture and fittings were safe, clean and well maintained.

# 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.

Consumers advised they were encouraged to provide their feedback, complaints and suggestions. Management described the various complaint mechanisms available to consumers, including through feedback forms, speaking directly with staff and consumer meetings, and visitors, such as representatives or extended family, could lodge their feedback electronically. Feedback forms and collection boxes were observed to be accessible within each wing of the service and reception.

Consumers were aware of external advocacy services to support them to raise and resolve their complaints. Staff demonstrated an understanding of the advocacy and language services available to consumers, and described how they would access these services on behalf of consumers when required. Information regarding support services for language assistance, advocacy and complaints, including the Commission, was observed to be displayed throughout the service.

Consumers confirmed their complaints were responded to in an appropriate manner and were provided with an apology when they raised a complaint. Management demonstrated an understanding of open disclosure principles, including acknowledging complaints, providing an apology and explaining the details of the investigation with consumers and representatives. The complaints register evidenced open disclosure practices were applied when dealing with complaints and feedback, and complaints were resolved in a timely manner.

Consumers advised their feedback and complaints were reviewed, and provided examples of care and service improvements which arose from their feedback. Management advised they analysed feedback and complaints for trends, from which improvement opportunities were documented on the Plan for Continuous Improvement. The Plan for Continuous Improvement evidenced consumer feedback was sought to evaluate improvement initiatives.

# 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.

Consumers reported there were enough staff to meet their care needs, and staff promptly responded to their call bells. Management advised the staff roster is developed in consideration with the care needs of consumers and regulatory care minute requirements. Staff confirmed there was a sufficient number of staff which enabled them to provide quality care and services to consumers.

Consumers advised their interactions with staff were kind, caring and respectful, and staff were knowledgeable of their culture and diversity. Staff were observed to respectfully interact with consumers by respecting their privacy, using their preferred names, discussing upcoming activities, and demonstrated a familiarity with their needs and preferences. Management advised staff were aware of the importance of treating consumers with dignity and respect and were provided with training during the orientation process to ensure consumers were provided with choices regarding the delivery of their care.

Consumers confirmed staff were competent and knowledgeable to perform their roles. Management advised the competency of staff was assessed through the review of qualifications and registrations, the orientation program, buddy shifts and regular mandatory trainings. Personnel records evidenced staff had the appropriate registrations, qualifications, checks, experience and vaccinations required for their respective roles.

Staff advised they received adequate training to perform their roles, and outlined the education they received, including on topics such as hand hygiene, manual handing, incident management, restrictive practices and infection control. Training records evidenced most staff had completed they mandatory training, with management advising reminders would be sent to anyone with overdue training. Management reported training was provided through an online education system and face-to-face training sessions and evidenced their annual education calendar.

Management advised they monitored staff performance through performance appraisals which occurred after 6 months of employment for probationary staff and on an annual basis thereafter. Staff reported they completed a recent performance appraisal, and confirmed they were provided with an opportunity to discuss their performance with their manager. Management maintained oversight of the completion of performance appraisals and would notify staff and their supervisor of overdue appraisals.

# 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.

Consumers and representatives confirmed their engagement in the evaluation of care and services. Management advised consumers were involved in the development and delivery of care and services through consumer meetings, focus groups and feedback processes, and demonstrated actions to form a Consumer Advisory Body. Consumer meeting minutes evidenced consumers were in attendance and were encouraged to provide their feedback.

Management advised the organisational structure provided clear lines of reporting between management, the governing body and various committees. A review of committee meeting minutes and Board reports evidenced the reciprocal communication between management and the governing body. Management confirmed the governing body maintained oversight through their consultations and monitoring of complaints, high-risk incidents and clinical indicators.

Governance systems for key areas were reflected through staff knowledge. Information was accessible to staff and communicated through emails, handovers, meetings and the electronic care management system. Management outlined the governing body’s oversight of the budget approval process, and advised they were able to seek funding to purchase additional equipment. Management advised regulatory and legislative compliance changes were monitored by the Regulatory Compliance Committee, and changes were communicated throughout the organisation. Feedback and complaints were electronically documented, and policies and procedures were in place to ensure complaints were appropriately managed. The governing body implemented continuous improvement initiatives to enhance the quality of care and services in response to identified trends.

Management outlined the risk management systems in place to ensure high impact risks were identified through the review and monitoring of clinical indicators, and appropriate risk mitigation measures were in place. Staff described their roles and responsibilities to ensure incidents, including abuse and neglect, were reported and escalated appropriately and documented within the incident management system. Management advised policies and procedures were in place to support consumers to live their best life, and ensure risks were identified and discussed with consumers and representatives. A review of the Serious Incident Response Scheme evidenced incidents were reported and investigated within required timeframes, and open disclosure was practised.

A clinical governance framework with supporting policies and procedures was in place to guide staff clinical practice. Staff advised how they minimised infection-related risks by wearing personal protective equipment and practicing hand hygiene and outlined strategies to ensure the appropriate use of antibiotics, and oversight was maintained through the Medication Advisory Committee. Management demonstrated an understanding of restrictive practices and described how they would minimise the use of restraints by ensuring the appropriate review and evaluation of restraints. Management advised they provided oversight of the application of open disclosure in response to complaints and confirmed the importance of open and transparent communication when resolving complaints.

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)