Bolton Clarke Baycrest

Performance Report

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**Commission ID:** 5325

**Provider name:** RSL Care RDNS Limited

**Site Audit date:** 16 March 2021 to 18 March 2021

**Date of Performance Report:** 6 May 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Overall sampled consumers considered that they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services and lived the life they chose.

* Consumers/representatives interviewed provided examples of how the service supported the consumer to be independent, exercise choice and make decisions about care and services provided. Where a consumer’s choice involved risk, consumers said staff respected their wishes and confirmed discussions were held in relation to the potentials risks associated with their choice.
* Consumers/representatives sampled said they were provided with appropriate information to help them exercise choice in how care was to be provided to the consumer. Consumers’ relationships were acknowledged and supported, and consumers interviewed confirmed their personal privacy was respected.

The Assessment Team observed staff interacted with consumers in a dignified and respectful manner, and staff provided individualised care and services in-line with consumer preferences. Care staff were able to describe cultural, religious and personal preferences for consumers and what mattered most to them.

Assessments were conducted to assess levels of risk to consumers, that enabled them to live the best life they could, with strategies documented in care plans that maintained consumers’ independence, choice and function. The service had an Information Management Policy that was reflective of the privacy principles and legislation and set out how information was collected, used, disclosed and managed.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Overall sampled consumers considered that they felt like partners in the ongoing assessment and planning of their care and services.

* Consumers/representatives said they were involved in the initial and ongoing care planning of the consumer’s care.
* Consumers/representatives said they were informed about the outcomes of assessment and planning and had access to the consumer’s care and services plan if they wished.
* Consumers/representatives said the service sought input from other providers who were involved in the consumer’s care, including medical officers, allied health professionals and other specialist services as required.

For the consumers sampled, initial assessments were completed on entry to the service that identified and detailed consumers’ needs, goals and preferences; care planning documents included advance care planning and end of life planning.

Care planning documentation was developed or reviewed in consultation with consumers/representatives; care plans were reviewed three monthly, or more frequently when consumer needs changed or when incidents occurred.

The organisation had policies and procedures available to guide staff practice regarding assessment and care planning for consumers. Staff were able to describe consumers individual preferences and could describe the relevant risks to their health and well-being. Staff were aware of incident reporting processes and how these incidents might trigger a reassessment or review.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT/NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Overall sampled consumers considered that they received personal care and clinical care that was safe and right for them.

* Consumers/representatives said consumers received care that was safe and right for them, which met their needs and preferences, and had access to medical officers or other health professionals when they needed it.
* Consumers/representatives sampled were satisfied consumers’ needs and preferences were effectively communicated between staff and with others where responsibility for care was shared.

Care planning documents reflected clinical and personal care provided that was supported by contemporary practice; effective management strategies were identified and tailored to the specific needs and preferences of the consumer. Care planning documents reflected the identification of, and response to, changes in the consumer’s condition and/or health status; this included referrals to medical officers, allied health professionals and other specialists such as wound specialists.

The organisation had policies, procedures and guidelines for key areas of clinical care management and in line with best practice; this included information to guide them in recognising and responding to a deterioration or change in a consumer’s condition. Staff interviewed described how changes in consumers’ care and services were communicated; this included issues documented in progress notes and discussed at handover for each shift.

Registered staff provided information consistent with care documentation when asked how they managed specific risks for sampled consumers. Clinical indicators including falls, pressure injuries, medication incidents, restraint and infections were reported and trended monthly, reviewed by management and discussed at clinical governance meetings; the service monitors the use of psychotropic medications.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Overall sampled consumers considered they got the services and supports for daily living that were important for their health and well-being and that enabled them to do the things they want to do.

* Consumers/representatives interviewed said they were supported by the service to participate in activities they chose and were engaged by staff to do things of interest to them.
* Consumers said they were encouraged to keep in touch with people who were important to them. During COVID-19 visitor restrictions, consumers were supported to maintain relationships with family and friends using mobile electronic tablet technology for messaging and video calls. They advised with the recent change in restrictions, consumers had begun participating in the community again.
* Consumers mostly said they liked the food, had plenty to eat and the service catered for individual preferences.

Care documentation for sampled consumers reflected individual and specific interests of consumers had been identified and incorporated the support they required to participate in activities within the service and the broader community. Information about the personal relationships that were important to the individual consumer were maintained and recorded. Consumers spiritual and cultural beliefs and whether they wished to attend any pastoral services, including consumers who accessed church-based services external to the service, were identified.

The service used feedback forms, completion of activities participation forms, consumer meetings and verbal feedback to monitor consumers satisfaction with care and services. Staff interviewed were able to describe how they support consumers to socialise or maintain personal relationships. Consumers were observed participating in and enjoying solo and group activities.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Overall sampled consumers considered that they felt they belonged in the service and felt safe and comfortable in the service environment.

* Consumers interviewed confirmed they felt safe and secure within the service environment and felt as though they belong.
* Consumers said they could find their way around the service and staff were available if they needed assistance.
* Consumers advised the service was clean and well maintained.

The environment was observed to be welcoming and appropriately accessible for all consumers residing at the service. Exterior gardens were tidy, with clear walkways/pathways and suitable outdoor furniture was provided.

Equipment was observed to be clean, well maintained and appropriate to consumer needs. Staff throughout the service said there was sufficient equipment to meet the goals and needs of consumers.

The service maintained a regular preventative maintenance schedule with weekly, monthly and quarterly checks occurring. Staff were able to describe the process for reporting maintenance issues and said requests were responded to promptly.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Overall sampled consumers considered that they were encouraged and supported to give feedback and make complaints, and that appropriate action was taken.

* Consumers sampled understood how to provide feedback and make a complaint and felt comfortable and safe in doing so.
* Consumers had been made aware of external complaints handling options that were available.

The service demonstrated they encouraged and supported consumers to provide feedback or raise issues of concern about the care and services they received. Staff described the various avenues available should consumers wish to provide feedback or raise a complaint; by completing feedback forms, at consumer meetings where it was a standard agenda item, via surveys or through direct verbal feedback to staff.

Information regarding advocacy services and other supports available including external complaint resolution options was also provided to consumers. The service demonstrated they used an open disclosure approach when required.

The services plan for continuous improvement was reflective of the feedback received. Complaints were reviewed, tracked and trended via the services electronic complaints management system, which ensured trends were identified and reported monthly to organisational committees, including the Quality and Compliance Team, who had responsibility for any complaints received from external organisations or complaints deemed as high risk.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Most sampled consumers considered that they got quality care and services when they needed them and from people who are knowledgeable, capable and caring.

* Consumers/representatives were confident the consumers were receiving quality care and said staff were knowledgeable and well trained.
* Consumers/representatives consistently described staff as kind, caring and respectful and said staff were respectful of their identity, culture and diversity and lifestyle choices.

While the Assessment Team received feedback from some consumers, representatives and staff in relation to staffing levels, the negative impact to consumers was not evident across the consumer cohort. Staff confirmed the service actively tried to replace shifts; however, said this was not always possible. Most consumer and representative feedback was positive in relation to staffing and the quality of the care provided. Reviewed call bell response times over the previous month did not evidence excessive call bell response times.

The Assessment Team were provided with examples of how the organisation ensured there were enough staff to meet consumers’ needs; management demonstrated that for unplanned leave shift times were extended and adjusted to minimise the impact to care delivery, they advised they had been actively recruiting and aimed to recruit an additional five care staff and an additional hospitality staff member, from 1 March 2021 the morning shift in Level 2 would be increased by two hours due to increased acuity and another request for an increase of one hour during the morning shift in the hostel area was approved by management and would commence on the next roster. Management further undertook to meet with two named consumers to review their clinical and personal care needs, to ensure their care needs were consistently met and in a timely way.

The service conducted an orientation program for all staff which included mandatory training and staff completed several buddy shifts with a more experienced member of staff. Position descriptions were documented for each role that included responsibilities, competencies and desired skills and knowledge. Staff had access to a range of training programs through online and face to face applications and staff completed annual mandatory training modules.

Staff said they were well supported by the service in relation to training provided by senior staff and had access to additional education/resources via their on-line learning portal; staff confirmed attendance at training is monitored and they received reminders when training is due for completion. Staff reported they completed performance appraisals with management annually to support their development. Staff said they could request additional training and were offered further development opportunities.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall sampled consumers considered that the organisation is well run and that they could partner in improving the delivery of care and services.

* Consumers/representatives confirmed they had input into how care and services were delivered through providing feedback through the care plan review process, during the meal service and the lifestyle program. They stated they provided input through informal discussions with staff, case conferencing, surveys, feedback forms and consumer meetings.

The service was able to demonstrate that effective governance systems were in place to define the leadership, responsibility and accountability for maintaining compliance with the Quality Standards and to deliver quality care to its consumers. Currently the service was reviewing how they could utilise consumers with different skills and experiences in different aspects of the management of the service, including staff recruitment. Management advised they had previously engaged a consumer representative in staff interviews and wanted to resume this activity.

The organisation provided a documented risk management framework, including policies. The Assessment Team identified several continuous improvement strategies which had been implemented for the improvement of care and services for consumers, documented within the service’s continuous improvement system.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.