Performance

Report

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| Name of service: | Bayside Residential Aged Care Facility |
| Service address: | 136 Marconi Road BONNELLS BAY NSW 2264 |
| Commission ID: | 0528 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 1 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bayside Residential Aged Care Facility (**the service**) has been prepared by M. Nassif, 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 as 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers are treated with dignity and respect, consumers’ identity, culture and diversity were valued and religious faiths supported to be practiced and respected by the service. Staff demonstrated awareness with consumers’ backgrounds and how to make them feel valued and supported. Care planning documents outlined consumer’s personal preferences for care to be delivered in line with their values.

Consumers and representatives said the service recognised and respected their cultural background. Staff described consumers’ religious and cultural requirements and how they are supported. Care planning documents included information on consumers’ background and culture.

Consumers described how their preferences, particularly cultural and religious preferences, was respected. Consumers provided example of choices they have made, for example activities they like to do, and staff were aware of these. One consumer example demonstrated the service assessed risks and provided support to the consumer to maintain relationships.

Consumers and representatives said consumers are supported to take risks which enable them to live their best lives. Staff described situations and activities where consumers chose to take risks and were supported. Care planning documents reflected risk activities consumers chose to engage in as assessed and mitigation strategies are in place.

Consumers and representatives said they receive timely information which enabled them to make informed choices. Information, such as menus and activity schedule, to assist consumers in exercising choice was observed displayed around the service. Observations revealed consumers and representatives were informed of updates regarding the service and organisation.

Consumers and representatives said consumers’ privacy and personal space is respected and felt their confidential information is secured. Staff described how they maintain consumer privacy when providing care and passwords are required to access consumers’ electronically stored personal information. Staff were observed knocking on doors, asking for consent prior to entry and closing doors when providing care.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documents demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers, including the identification of risks. Staff and management said the service considers consumers’ risk in assessment and care planning. Consumers and representatives said the service attends to assessments and care planning to deliver safe and effective care to consumers.

Consumers and representatives said advance care plans are discussed on admission and regularly during case conferences. Staff said end of life needs for consumers were discussed with consumers’ representatives and care planning was done through assessments and interviews to provide consumer centred care. Care planning documents captured consumers’ needs, goals and preferences together with advance care planning.

Care planning documents reflected the involvement of consumers, representatives, health professionals and external services preferred by consumers. Staff described processes for partnering with consumers and their representatives in care planning, such as knowing who the consumer wishes to be involved. This was reflected in consumer and representative feedback.

Consumers and representatives said the service effectively communicated with them the outcome of assessment and planning and provided them with a copy of care plans. Care planning documents evidenced regular communication by staff of the outcome of assessments and care plan with consumers and representatives.

Consumer and representatives said the service reviews consumer care every 6 months or when there is a change in their health following an incident, or change in their needs, goals and preferences. This was reflected in care planning documents and in line with the service’s policies and procedures. Management said reviews occurred every 6 months or within 24 hours of a change in consumer health.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said they are receiving care that is safe and right for them. The service had processes in place to manage restrictive practices and pain management which are in line with best practices. Care planning documents reflected individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For consumers subject to restrictive practices, care planning documents included restraint authorisation, informed consent and behaviour support plan.

Staff and management explained how they effectively managed consumers with high impact and high prevalence risks and staff were observed using relevant strategies to minimise risks. Consumers and representatives said they were happy with the service’s management of high impact and high prevalence risks. Care planning documents demonstrated high impact and high prevalent risks are identified, assessed and effectively managed.

Care planning documents contained advance care directives providing end of life care preferences. Staff described how they delivered end of life care to consumers in line with their needs, goals and preferences. Management explained how end of life care for consumers maximised comfort and preserved dignity through regular nursing interventions by staff.

Staff and management described how they identified and responded to deterioration or change in consumers’ condition promptly which was reflected in care planning documents. Consumers and representatives said the service identified changes in health and function of deteriorating consumers through regular assessment.

Staff and management described how information about consumers’ needs, conditions and preferences are documented and communicated within the organisation and with others where clinical care is shared. Care planning documents contained adequate information, including changes in health conditions and updates of consumers’ needs, goals and preferences.

Consumers and representatives said the service enabled appropriate referrals when needed. Staff and management described the process to refer clinical matters to other providers of care and services. Care planning documents evidenced timely, appropriate referrals and contributions of care providers and external services to consumers’ care.

Consumers and representatives said they observed staff performing infection control procedures. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Documentation demonstrated the service monitors the use of antibiotics.

# 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 compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said they were satisfied the services and support provided meets consumer’s needs, goals and preferences and optimised their independence, health, well-being and quality of life. Staff identified consumers’ needs goals and preferences and strategies in place to support consumers achieve those goals and maintain their preferences.

Consumers said their emotional, spiritual, and psychological needs are supported and they received one-on-one support from staff and allied health workers. Care planning documents included information about consumers’ emotional, spiritual and psychological well-being needs, goals and preferences and how staff can support them.

Consumers and representatives said the service supported consumers to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to do things of interest to them, to participate within and outside the service environment and have social relationships. Care planning documents identified the people important to consumers and their activities of interest.

Consumers and representatives felt consumers’ needs and preferences is communicated to staff and others who provide care and support to them. Staff described how communication of consumers’ needs and preferences occurs via shift handover, care plans, dietary folders and regular updates of changes to care needs. Care planning documents identified consumers’ conditions, needs, preferences and changes for the consumer.

Care planning documents evidenced the service collaborated with external services to support the diverse needs of the consumers. Management advised of partner organisations that work with the service to ensure appropriate care and services. The service had policies and procedures to support the referral process to health professionals and other organisations.

Consumers and representatives said they were satisfied with the variety, quality, and quantity of meals, and had the option to ask for alternative meals. Staff were aware of consumers’ preferences and dietary requirements which were included in care planning documents.

Equipment used for activities of daily living was observed to be safe, suitable, clean and well-maintained which consumers and representatives also confirmed. Consumers were comfortable reporting equipment needing repair and knew the process. Staff described the process for maintenance requests.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

The service environment was welcoming and optimised consumer’s sense of belonging. Consumers and representatives said they felt comfortable and at home at the service. Staff described how consumers moved freely through the service and communal garden areas. Consumer rooms were observed to be personalised.

Consumers and representatives said the service environment is clean and well maintained and consumers are able to move around freely both indoors and outdoors which was observed. Staff described the process for cleaning and how COVID-19 had impacted ensuring high touch points were cleaned regularly. Staff explained the process for documenting, reporting and attending to maintenance issues.

Furniture, fittings and equipment were observed as safe, clean, well-maintained and suitable for consumers’ use. Consumers and representatives said equipment within the service is well-maintained, safe and clean. Staff ensured consumers’ call bells are working and placed within reach of the consumer. Maintenance documentation and electronic records demonstrated timely completion of repairs.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they understood how to provide feedback or raise concerns with staff and felt comfortable in doing so. Staff described the process to follow when an issue is raised with them which aligned with the service’s policies and procedures. Various methods for consumers and representatives to provide feedback and make complaints, such as feedback forms, direct communication, emails and phone calls, were observed.

Consumers and representatives said they were aware of other ways of raising complaints and advocacy and language services if needed. Staff and management were aware of the process to engage advocacy and language services should a consumer require them. Information on advocacy services was observed displayed around the service.

Consumers, representatives and staff provided examples of open disclosure when things go wrong and implementation of timely and appropriate action. This was consistent with documentation including the service’s complaints register. The service had open disclosure policies and procedures to guide staff practice.

Consumers and representatives reported their feedback is used to improve the service. Staff and management described processes in place to escalate complaints, and how they are used to improve care and services. Staff described improvements that had been made at the service as a result of consumer feedback and complaints.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives felt there is enough staff to meet consumers’ needs and answer call bells promptly. Management and staff described how they ensure adequate staff numbers to provide safe and quality care by having a roster recording staff member classification designed to cover care needs of consumers. Documentation demonstrated staff shifts are filled, and call bells are answered promptly within acceptable timeframes.

Consumers and representatives said staff are kind, caring and respectful. Staff were observed being kind and respectful to consumers, and demonstrated familiarity with consumers’ identity which aligned with care planning documents. The service had cultural diversity and safety policies and procedures to guide staff practice.

Consumers and representatives said staff are capable and knowledgeable to provide care and support. Management described how they determined whether staff are competent and capable in their role. The service had position descriptions for each role outlining the minimum qualifications and credential requirements.

Staff said they received ongoing training, completed annual mandatory training and felt supported to request additional training required to perform their roles to meet Quality Standards. Management described the mandatory training and online training resources for staff to complete and how completion of mandatory training is monitored. The service’s electronic records system confirmed staff’s mandatory training was up to date.

Management said staff performance is monitored informally on the floor of the services and more formally if a complaint is received or an incident occurs. Staff said they had completed their annual performance appraisal and this was consistent with documentation.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service consistently engaged with them in the development, delivery and evaluation of care and services. Staff and management described how consumers and representatives were engaged and demonstrated effective systems in place to engage and support consumers in decision-making.

Management described the organisational structure which provided support through the designated quality teams to ensure the governing body and senior managers are aware and accountable for the service delivery. The service gathers monthly quality indicator data to ensure the service is meeting the Quality Standards.

The service had policies and procedures to support effective organisation wide governance in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. For example, in relation to workforce governance, management advised it included staff position descriptions outlining the assignment of clear responsibilities and accountabilities, a performance framework and clinical governance guidance for staff.

The service demonstrated effective risk management systems and practices are in place to identify and manage high impact or high prevalence risks to consumers. Staff were aware of these policies, had undergone training regarding what it meant for them in a practical way and demonstrated a sound understanding of these policies.

The service had a clinical governance framework that included policies and procedures on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff said they had been educated in these areas and provided examples of how it applied to their day-to-day work.

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)