Performance

Report

**1800 951 822**

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| Name: | Bolton Clarke Baycrest |
| Commission ID: | 5325 |
| Address: | 99 Doolong Road, PIALBA, Queensland, 4655 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 18 April 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3679 Bolton Clarke Baycrest |

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 Baycrest (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others.
* other information held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives confirmed consumers’ identity, culture, and diversity was respected and staff were kind, treated them with dignity and made them feel valued. Management and staff described ways they respected each consumer’s identity, culture and dignity when providing care and services. Care planning documents detailed what was important to consumers to maintain their identity, culture, religion and diversity. Staff were observed treating consumers in a dignified and respectful way.

Consumers and representatives confirmed the service recognised and respected their cultural needs and preferences and provided care and services accordingly. Management and staff showed a profound understanding of each consumer’s identity, background, and individual values which was reflected in their care documentation. The service had written policies, procedures, and training programs to enhance staff’s comprehension of cultural safety.

Consumers and representatives said consumers were supported to make decisions about their care and services, choose who else was involved, and maintain their chosen relationships, including intimate relationships. Staff and management described how they helped consumers to make independent choices and maintain relationships inside or outside the service.

Consumers and representatives said consumers were supported to make independent choices and take risks to live the best life they can. Management and staff explained various ways they supported consumers to understand risks and agree on suitable risk mitigation strategies. Care planning documents confirmed consumers’ choices and their consent to mitigation measures.

Consumers and representatives confirmed the service provided current, clear, easy to understand information about activities, meals, meetings and other events to help them make informed choices. Staff described how they supported consumers to access and understand information including the menu and activities program. Consumers’ care documents recorded their preferred methods of communication to assist staff provide consumer centred care.

Consumers and representatives described how staff always respected consumers’ privacy such as by knocking before entering their rooms and closing doors to provide care. Staff described ways they respected consumers’ privacy and kept their personal information confidential. Staff described keeping computers locked in the nurses’ stations and using passwords to access consumers’ personal information. The service had a written privacy and confidentiality policy to guide staff practice.

# 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 assessed as Compliant.

Consumers and representatives confirmed they were involved in assessment and care planning processes and were satisfied with their care and the management of risks to their health. Staff and management described the initial and ongoing assessment and care planning processes and how risks were identified, and mitigation measures put in place. Care planning documents showed a range of validated risk assessments being completed during admission, and on an ongoing basis.

Consumers and representatives confirmed the assessment and care planning recognised consumers’ current needs and preferences, and their advance care and end of life plans. Management and staff explained how initial care assessment captured consumers’ current needs, goals and preferences, and advance care and end of life plans, if they wished. The service maintained an up-to-date advance care planning and end of life care policy and procedures.

Consumers and representatives said the service regularly communicated with them and they were encouraged to be actively involved in the assessment, planning, and review of their care plan. Staff confirmed the assessment and care planning involved partnering with consumers and representatives and a diverse range of medical and allied health specialists. Documented policies and procedures guided staff practice in the involvement of consumers, representatives and other services in assessment and care planning.

Consumers and representatives said staff regularly discuss the outcomes of assessments and planning during care reviews and when care needs changed. Consumers and representatives confirmed being offered a copy of the care plan following evaluations. Staff and management advised the outcomes of assessments were documented in care plans on the electronic care management system and consumers and representatives were regularly updated.

Consumers and representatives said consumers’ care was reviewed regularly and reviewed when circumstances changed, or incidents occurred. Staff and management confirmed care plans were reviewed 6 monthly, and when health status or care needs changed. Care planning documents confirmed they had been reviewed within the last 6 months, and when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers.

# 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 assessed as Compliant.

Consumers and representatives said the personal and clinical care was safe, effective, tailored to consumers’ needs, and optimised their health and wellbeing. Staff described how they delivered safe and effective personal and clinical care, tailored to consumers’ needs, in line with their care plans. Care planning documents reflected consistent delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer and consistent with best practice. Staff had access to documented policies and procedures to guide them in the delivery of best practice personal and clinical care.

Consumers and representatives said consumers received care in line with the complexity of their needs and the service effectively managed risks to’ their health. Management and staff explained how they monitored and managed high impact and high prevalence risks to consumers and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks had been identified and effective mitigation measures were in place.

Consumers and representatives were confident in the end of life care provided by the service and said consumers’ end of life needs, goals, and preferences had been discussed with them. Staff and management described the way they maximised the comfort and preserved the dignity of consumers nearing the end of life. Care planning documents confirmed discussions around advance care and end of life care had identified the needs, goals, and preferences of consumers.

Consumers and representatives said the service monitored consumers’ condition and responded promptly and appropriately to a deterioration or change in consumers’ condition. Staff and management explained effective processes in place for identifying and responding to changes or deterioration in consumers’ condition. The service had a documented policy and procedures to guide staff in identifying and responding to deterioration in condition.

Consumers and representatives confirmed different staff knew their needs and they were satisfied with the communication between staff and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was comprehensively documented in the electronic care management system and shared effectively within the organisation, and with others involved in their care. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed at shift handover sharing information about consumers’ current condition, needs and preferences.

Consumers and representatives said consumers had access to other relevant health professionals and referrals to these services were timely and appropriate. Staff described having access to a network of health specialists and the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives confirmed the service was kept clean and staff took appropriate infection prevention and control measures to prevent outbreaks. Staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service had a trained infection prevention and control and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences, and promoted their independence and quality of life. Staff knew what was important to specific consumers, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing. The activities calendar displayed an extensive range of activities and consumers were observed participating in various activities during the Site Audit.

Consumers and representatives said the service supported their emotional, spiritual, and psychological well-being. Management and staff described the services and supports in place to promote consumers’ emotional, psychological and spiritual well-being such as providing religious services, pastoral visits and one on one support. Consumers’ care planning documents contained information about their emotional, spiritual or psychological well-being and how staff were to support them.

Consumers and representatives said consumers were supported to participate in activities and events inside and outside the service and maintain important social and personal relationships. Staff identified consumers’ lifestyle interests and described how they supported them to participate in the wider community and maintain their relationships. Care planning documents detailed how consumers could be supported to maintain their established interests, participate in their community, and enjoy important relationships.

Consumers and representatives described how current information about consumers’ needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Staff explained how they stayed informed about consumers’ changing condition and needs by accessing information on the electronic care management system and through the handover process. and care plans kept them informed about consumers’ daily living needs and preferences. Care planning documents provided adequate and up to date information to support the delivery of effective and safe care.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations providing care and services. Staff and management described how they collaborated with external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services including local churches, pet therapy and the community visitor scheme. with their consent, and the service had documented policies and procedures to guide the referral process.

Consumers and representatives confirmed timely and appropriate referrals to individuals and others were facilitated by the service. Staff said each consumer is assessed on admission to the service, and they identified individual community ties with Consumers and representatives and facilitated ways to enable consumers to maintain those connections. Noticeboards throughout the service displayed information about the availability of other lifestyle supports and services.

Consumers and representatives said meals were of good quality, varied and there was plenty of food provided at mealtimes and in between meals. Staff were aware of consumers’ nutrition and hydration needs and preferences, including meal size, dietary or cultural needs and any support they needed. Staff said could provide consumers with food or beverages at any time outside of the standard mealtimes. Care planning documents reflected consumers stated dietary needs and preferences and any recommendations made by allied health professionals. The meal service was observed to be calm with consumers receiving appropriate assistance from staff.

Consumers and representatives said the equipment provided by the service was safe and clean, and they knew how to report any concerns they had. Staff confirmed they had access to sufficient suitable equipment, which was monitored and maintained by maintenance staff. Staff were observed using the equipment correctly which appeared safe, clean, well maintained and fit for purpose.

# 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 assessed as Compliant.

Consumers and representatives said the service environment was open, welcoming and felt like their home. The service environment was a comfortable temperature, decorated to consumers’ personal tastes and featured open and well-lit areas which were easy to navigate. The indoor area featured a chapel and various areas for activities, and there were many outdoor garden areas consumers could use. Consumers were frequently observed moving freely between different areas to participate in activities or socialise.

Consumers and representatives stated the service was safe, clean and well-maintained, and consumers could move around easily both indoors and outdoors. Records showed regular audits of the service environment were conducted, and schedules confirmed the service was regularly cleaned and maintained. The service appeared safe, clean and well-maintained, and consumers were observed moving freely between loungerooms, communal areas, and gardens.

Consumers and representatives said the furniture, fittings and equipment were safe, clean and well-maintained by the service. Management and staff explained how the furniture, fittings and equipment were assessed for suitability before purchase, and kept clean and well maintained. Staff confirmed they knew how to log maintenance requests and the reactive maintenance log was up to date. The furniture, fittings and equipment were observed to be 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 assessed as Compliant.

Consumers and representatives said they were comfortable providing feedback and raising concerns by completing feedback forms or speaking directly to staff or management. Staff and management described how they encouraged feedback and complaints and the processes in place for managing complaints. Suggestion boxes and feedback forms were observed throughout the service. The consumer handbook and complaints policy detailed the internal and external feedback and complaints processes for consumers and staff.

Consumers and representatives were aware of alternative ways to escalate complaints and external advocacy services. Management and staff were aware how to access interpreter and advocacy services, and described how they supported consumers to access these services, including those with communication barriers. Information regarding advocacy and other services was displayed around the service and in the Resident Handbook.

Consumers and representatives said the service took appropriate action in response to complaints and practiced open disclosure. Management and staff explained the procedures for responding to complaints, and the use of open disclosure when things went wrong. The feedback register confirmed complaints were acted upon promptly using open disclosure, and in accordance with the services’ complaint and open disclosure policies.

Consumers and representatives said feedback and complaints were used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities on the plan for continuous improvement. The plan for continuous improvement and other records confirmed feedback and complaints were used to improve the quality of care and services.

# 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 assessed as Compliant.

Consumers and representatives said there was now enough staff and consumers do not have to wait long for assistance. Management detailed the information used in their rostering system to ensure the number and mix of staff enabled the delivery of safe and quality care and services. Staff said there was enough staff, and they were resourced to provide the level of care consumers required. Rosters confirmed sufficient staff and registered nurses each shift. Records showed the average call bell response time was just over 2 minutes and times above 10 minutes were investigated.

Consumers and representatives said staff were kind, caring and respectful of them and their identity. Staff showed they knew consumers individually and understood their identity, culture and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and staff received training in supporting consumers’ identity, culture and diversity.

Consumers and representatives said staff were capable and had the knowledge to provide the care and support they required. Management described the processes for ensuring all staff had the required competencies, qualifications, registrations and security checks for their roles. Staff confirmed they were required to attend annual mandatory training and complete various competencies required for their role. Position descriptions specified the duties, requirements and qualifications for each role.

Consumers and representatives considered staff had the appropriate training and support to meet their care needs and preferences in line with the Quality Standards. Management described how staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Training records shows high levels of compliance and a highly responsive learning and development program. Staff felt well supported and confirmed receiving ongoing training.

Consumers and representative said they were encouraged to provide feedback on staff performance. Management described how the performance of the workforce was regularly monitored, assessed and reviewed. Management said they had identified performance reviews had slipped behind schedule and were currently working towards completing performance reviews of all staff. Management explained how they respond when staff performance is not in line with the service’s policies. Staff said they update their performance plans regularly.

# 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 assessed as Compliant.

Consumers and representatives said the service was well-run and they had opportunities to inform the design, delivery, and evaluation of care and services through various meetings, surveys and feedback forms. Consumers confirmed their engagement and feedback resulted in changes being made. Staff and management stated consumers and representatives were encouraged to have input into the service which led to changes being made. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said the organisation promoted a culture of safe, inclusive and quality care and services. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board ensured the systems and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks and incidents were identified, managed and reported on regularly.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Consumers and representatives were satisfied with the clinical care and the handling of complaints. Management and staff were aware of the clinical governance framework and the range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices and open disclosure.

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)