Performance

Report

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| Name of service: | Bolton Clarke Baycrest |
| Service address: | 99 Doolong Road KAWUNGAN QLD 4655 |
| Commission ID: | 5325 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 July 2023 |
| Performance report date: | 16 August 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 Bolton Clarke Baycrest (**the service**) has been prepared by E Blance, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* Other information known by the Commission.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

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 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)(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 |

Findings

Consumers and representatives considered consumers received personal care and clinical care that was safe and right for them and optimised their ability to live their best life.

Consumers and representatives said consumers’ needs and preferences were effectively communicated between staff, and changes in consumers health and/or wellbeing was responded to in a timely manner, including referral to relevant health professionals as appropriate.

The service demonstrated systems and processes were effective for wound management, pressure area care, use of restrictive practices, pain management and nutrition and hydration. Care planning documentation confirmed completed assessments and regular care plan review. Restrictive practices demonstrated appropriate assessments, authorisations, consent and behaviour support plans were in place. Restrictive practices are monitored by the service’s clinical management and consumers are reviewed regularly.

Staff have access to policies, procedures and care pathways to guide best practice consumer care and service delivery. It is my decision Requirement 3(3)(a) is compliant.

The service demonstrated effective care delivery for consumers at end of life. Care needs including pain management and oral cares are attended to and consumer dignity is maintained. Consumers’ end of life wishes and preferences are documented in either advance care planning documentation or statement of choices documentation. Staff have knowledge of maintaining comfort and dignity of consumers at end of life, including adjusting cares. Palliative care services can be accessed and staff are supported by medical practitioners. It is my decision Requirement 3(3)(c) is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Consumers say they can move freely within the service environment and access parts of the service independently including patio areas, outdoor gardens and they enjoy sitting in and areas of the service with natural light. Consumers say the service is kept clean and they know how to let the staff know if they have any concerns in relation to the living environment. Scheduled and reactive maintenance is in place for the service, including kitchen and laundry. Cleaning and laundry staff have systems and processes to ensure the service is maintained accordingly. Consumers were observed by the Assessment Team moving freely within the service in common areas, and easily accessing outdoor areas of the service. The service was clean and well maintained. It is my decision Requirement 5(3)(b) is compliant.

# 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 |

Findings

Consumers and representatives say there are sufficient staff to provide consumers with the care and services they need, cares are delivered in a timely manner, and consumers do not feel rushed. Recruitment is ongoing at the service, and processes are in place to fill shifts and replace unplanned leave. The service’s existing staffing pool is used to fill shifts and there is access to agency staff when required. Staff have time to deliver cares in accordance with consumer’s needs and complete their allocated tasks. The Assessment Team observed staff providing cares in a kind and calm manner and completing documentation. It is my decision Requirement 7(3)(a) is compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)