Performance

Report

**1800 951 822**

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| Name: | Bolton Clarke Cazna Gardens |
| Commission ID: | 5280 |
| Address: | 465 Hellawell Road, SUNNYBANK HILLS, Queensland, 4109 |
| Activity type: | Site Audit |
| Activity date: | 8 July 2024 to 10 July 2024 |
| Performance report date: | 8 August 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 3637 Bolton Clarke Cazna Gardens |

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 Cazna Gardens (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit received 24 July 2024
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity, knew what was important to them and respected their choices. Staff were observed interacting with, and spoke about consumers, in a respectful manner and had knowledge of their personal circumstances and values. Care documentation evidenced consumers’ backgrounds, history, diversity, religious affiliations and cultural needs and preferences.

Consumers gave practical examples of being supported to enjoy activities integral to their identities, as one way they received culturally safe care and services. Staff completed code of conduct training which required them to treat consumers, consumers’ relatives, other staff and external agencies with courtesy, dignity, respect and in a way which valued their diversity. Consumers’ care documentation included information about consumers’ life stories and their cultural preferences.

Consumers said they had choice in how consumers’ care was delivered, who was involved in their care, who was authorised to make decisions on their behalf, and how consumers wanted to make new connections and maintain relationships with people of importance to them. Staff explained how consumers were encouraged to maintain personal relationships and said they facilitated phone calls to family members, if requested. Care documentation evidenced consumers’ care preferences and who shared in making decisions about their care.

Consumers gave practical examples of leaving the service independently to spend time in the community as one way they were supported to take risks and live life as they chose. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers confirmed they received timely information which enabled them to make informed choices about their care and daily living needs, particularly via phone calls, emails, the menu and the activities program. Staff explained information was provided to consumers in person, in writing and in ways which met their differing sensory and communication needs. Care documentation, meeting minutes and observations evidenced consumers received timely information in ways which enabled them to make choices about their care and services.

Consumers confirmed their information was kept confidential and gave practical examples of how their privacy was respected, such as staff knocked on their doors and sought consent before entering their rooms. Staff demonstrated knowledge of how to protect consumer privacy and said their confidentiality was maintained by keeping consumers personal information secure in the electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed respecting consumers’ privacy by ensuring room doors and curtains were closed during the delivery of 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 assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave practical examples of risks identified during the assessment and planning of their care, such as unexplained weight loss. Staff used clinical assessment tools to assess risks to consumers, such as mobility and pressure injuries, which informed care plan development. Care documentation evidenced strategies had been planned in response to identified risks, to ensure consumers received safe and effective care.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning, where they wished. Staff confirmed discussing end of life wishes with consumers during entry, during scheduled care reviews and when their needs changed. Care documentation included consumers’ daily care needs, goals and preferences, as well as advance care directives for those who chose to have one in place.

Consumers confirmed they, representatives and health professionals participated in the assessment, planning and review of consumers’ care and services. Staff confirmed consumers, representatives and input from medical officers was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other providers of care, whose recommendations were included in their care plans.

Consumers and representatives confirmed they had access to a copy of the consumers’ care plan and whilst not all consumers recalled sighting their plan, they were comfortable requesting a copy. Staff confirmed the outcomes of assessment and planning were documented in the EMCS and explained to consumers and representatives in person and shared by email and telephone. Care documentation evidenced the outcomes of assessment and planning were shared with consumers and their representatives, which included being offered a copy of the care plan.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as changed behaviours, following which their changed needs were reassessed. Staff explained consumers’ needs were reviewed regularly and in response to incidents and changed circumstances, which may prompt a reassessment of their needs and preferences. Care documentation evidenced consumers’ needs were reviewed biannually and reassessment occurred when their health status or circumstances changed, such as following a fall.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the personal and clinical care consumers received, particularly complex care, which they said addressed their needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood pain management, medication management, restrictive practices and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained these were managed through individualised strategies, specialist reviews, staff training and the use of correct support equipment. Care documentation evidenced risks to consumers, such as falls, were identified and responsive management strategies were in place.

Care documentation, for a consumer who recently passed away, evidenced the involvement of their medical officer and a priest, family members were regularly updated and consulted about the consumers’ changed condition, with emotional support provide by staff, as per the consumers’ wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Staff were trained in palliative care and had access to support from registered nurses and senior clinicians when caring for consumers nearing end of life.

Consumers confirmed staff promptly responded to deterioration or changes in their conditions. Staff explained when consumers’ conditions deteriorated, a RN reassessed their needs, increased observations, consulted with medical officers, notified representatives and updated care documentation. Care documentation evidenced deterioration in consumers’ conditions were recognised and responses were timely.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff provided care consistent with their needs and personal preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and as needed throughout the day. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers confirmed they had access to other health care providers, such as allied health professionals, and referrals were timely. Staff explained how referrals were made and followed up to ensure a timely response and consumers’ needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as medical officers, dieticians and speech pathologists.

Consumers gave positive feedback about how infection-related risks were prevented and managed, and said staff washed their hands, wore masks and gloves when needed, whilst unwell consumers minimised contact with others to prevent the spread of infection. Staff described how they minimised the use of antibiotics for consumers and explained infection control measures they used in their work practices. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, such as going to ten pin bowling and on bus trips, which optimised their wellbeing. Staff explained consumers’ independence was promoted by tailoring activities to their needs, with a mix of activities to choose from so they received supports which met their differing needs. The activities calendar evidenced consumers were offered a range of options tailored to their abilities, such as table games, chair yoga, and armchair travel.

Consumers gave practical examples of how staff supported their emotional, psychological and spiritual needs, such as ensuring they were ready to attend a bible sharing group and planned religious services. Staff explained some of them were dedicated ‘care champions’, whose role was to spend one-on-one time with consumers when their mood was low, and with those who preferred time on their own. Care documentation evidenced consumers’ spiritual, emotional and psychological needs were known and strategies were in place to meet those needs.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to do their own shopping. Staff explained they supported consumers to maintain significant relationships by facilitating in-person visits, telephone and video calls. Care documentation evidenced consumers’ activities of interest and how they were supported to participate in the service and wider communities.

Consumers said information about their daily living needs were effectively communicated and staff understood their preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for care delivery.

Consumers gave examples of other organisations or individuals who provided them with support. Staff explained how they worked with external organisations to enhance consumers’ lifestyle experience, such as arranging volunteers who helped with lifestyle activities, spent one-on-one time with consumers and provided musical entertainment. Consumers’ care documentation showed they had been appropriately referred to external services so their diverse needs were met.

Consumers gave positive feedback about meals provided at the service. Staff said consumers provided feedback about meal quality via surveys, food focus meetings or speaking directly with hospitality staff. Staff explained how consumers’ individual dietary needs and preferences were met, and they worked with consumers to create a varied menu which suited their choices. Meal services were observed, and consumers appeared to enjoy the dining experience, and staff provided kind and gentle assistance, if required.

Consumers confirmed they had access to clean equipment which was suitable for their needs. Staff explained equipment was cleaned between each use and documentation evidenced it was regularly checked for safety. Lifestyle equipment was observed to be clean, well maintained and suitable for consumers’ use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming to them and their families. Staff described how consumers and visitors were made welcome at the service. Staff explained the service was designed to support consumers with functional and cognitive impairments, such as providing interesting settings for those living in the memory support unit. Corridors were observed to be wide, well-lit and had handrails to assist consumers to mobilise around the service.

Consumers said the service was clean, well maintained, everything in their rooms was in working order and they understood how to report maintenance issues. Staff explained the maintenance process which included an online reporting system. Maintenance documentation showed tasks were completed in a timely way.

Consumers said they felt safe when staff used equipment during the delivery of care. Staff said shared equipment is regularly cleaned and equipment like lifting hoists was checked for safety before use with consumers. Maintenance documentation showed equipment was regularly checked, which aligned with the equipment observed.

# 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, as:

Consumers understood how to give feedback or make a complaint, were encouraged to do so and described ways in which a complaint could be made, such as during resident and relative meetings. Staff described additional ways feedback and complaints could be made, such as paper forms which they could assist consumers to complete. Meeting minutes evidenced consumers and representatives were encouraged to provide feedback, make complaints, offer suggestions and discuss concerns.

Consumers were aware of how to access external complaints and advocacy supports. Staff understood the advocacy and language services available to consumers and assisted them to access these, if required. The consumer handbook and posters promoted access to complaints mechanisms, advocacy organisations and language services.

Consumers said the service acknowledged their concerns and suggestions and actions were taken in response. Staff described the complaints management process which included making an apology when things went wrong. Staff were guided by the service’s open disclosure standard and feedback management guidelines which set out communication and documentation requirements.

Consumers said the service made changes in response to their feedback and complaints, such as installation of an awning at the front door for wet weather protection. Staff said the service was responsive to feedback and had seen improvements in training to ensure safe and quality care was provided to consumers. Documentation showed complaints and feedback were addressed, resolved and linked to the service’s continuous improvement plan.

# 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, as:

Consumers had awareness of minor staffing challenges at the service but said their care had not been adversely affected and staff were prompt to meet their care needs. Management said staffing levels were determined according to consumers’ needs and feedback, with a mix of skilled staff and a RN was available 24 hours a day. Rostering documentation evidenced shifts were consistently filled and consumers’ call bells were responded to in a timely way.

Consumers and representatives spoke fondly about staff whom they said treated consumers with kindness, care and showed respect for their cultural backgrounds. Management explained there was a positive staff culture which was supported by training in providing culturally safe care. Staff were observed addressing consumers by their preferred name, knocking on doors and seeking consent prior to entry and used respectful language when assistance was provided.

Consumers said staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was initially determined through the recruitment process and ongoing via mandatory competency assessments, surveys, consumer feedback, discussion at team meetings and performance reviews. Personnel records evidenced staff had position descriptions and held qualifications and clinical registrations relevant to their roles.

Consumers gave positive feedback about staff and said they were trained and equipped to perform their roles. Management explained new staff participated in orientation and buddy programs, whilst clinical trends were analysed and used to determine staff training needs. Staff training records showed high completion rates for mandatory training in manual handling, infection prevention and control, elder abuse prevention, restrictive practices, open disclosure, medication safety and the Serious Incident Response Scheme (the SIRS).

Management explained, and staff confirmed, performance was continually assessed and monitored through supervision, identifying and addressing issues when they occurred, consumer feedback, annual performance appraisals and during mandatory training. Staff confirmed their participation in performance reviews, which were both formal and informal, where training needs were discussed with managers. Personnel records evidenced most staff performance reviews had been completed, with those outstanding scheduled for finalisation.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services during meetings, where they had input to the menu, activities and their overall care and services. Management said consumers could contribute to service evaluation via consumer meetings, a quality care advisory body, feedback process, surveys and during daily interactions. Meeting minutes evidenced consumers provided feedback about the menu, activities, staffing and their care.

The board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through governance committees, and it received regular reports on clinical indicators, complaints trends, SIRS notifications, incidents and risks to consumers. The board was supported by policies in risk management, clinical and care governance, and consumer safety and wellbeing. Meeting minutes evidenced operational management reports were submitted to the board and used to monitor compliance with the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)