

**Performance Report**

**1800 951 822**

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| Name: | Bolton Clarke Darlington |
| Commission ID: | 0709 |
| Address: | 126 Leisure Drive, BANORA POINT, New South Wales, 2486 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 15 January 2025 |
| Performance report date: | 14 February 2025 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited Service: 6198 Bolton Clarke Darlington |

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 Darlington (**the service**) has been prepared by Dee Kemsley, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements has been assessed and found compliant.

At the Assessment Contact conducted 15 January 2025, the service demonstrated high-impact and high-prevalence risks were effectively managed through regular clinical data monitoring, trending and reporting; this included risks to consumers being discussed at clinical meetings and reported to the clinical governance team. The Assessment Team evidenced implementation of appropriate risk management or mitigation strategies for individual consumers, and consumers and their representatives said the service was adequately managing risks to consumers' health. In relation to management of consumers’ falls, staff followed the service’s post fall protocol each fall incident; overall fall prevention strategies included regular consumer mobility assessment, medication review, an exercise program, ensuring appropriate footwear and mobility aids maintained and serviced. Consumers with restrictive practices had current consent and their behaviour support plans reflected the reason for the practice, risks identified, and alternative strategies first trialled; restrictive practices were regularly reviewed. Consumers’ pain was effectively managed via pharmacological and non-pharmacological methods; as required pain medication usage was monitored and evaluated for effectiveness. Strategies were implemented to prevent pressure injury for consumers identified at risk; these included use of pressure relief equipment, regular repositioning, early detection and timely action of pressure injuries.

The service demonstrated changes in consumers’ capacity or condition were recognised and responded to in a timely way. Care documentation reflected the identification of and response to, deterioration or changes in the consumer’s condition. Consumers and their representatives said staff were able to recognise signs of the consumer’s changing conditions, the service was responsive to consumers’ care needs, and would inform them of any deterioration to the consumer’s health along with planned management strategies. Clinical staff explained how consumers’ deterioration was discussed during handovers; assessment, monitoring and charting were commenced as needed, referrals to the medical officer or specialist occurred, and the consumers’ care planning documentation was reviewed. The clinical team had regular discussions regarding consumers who experienced clinical deterioration and addressed each case on an individual consumer basis.

I find Requirements 3(3)(b) and 3(3)(d) are compliant.

# Standard 7

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| Human resources |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

Consumers and their representatives advised the Assessment Team staff were appropriately qualified and capable to provide the care consumers’ need, which aligned with the roles of staff, and was in accordance with the preferences of consumers. Staff felt they were well supported to maintain the competencies required by their role and as identified in their position descriptions. The service demonstrated all workforce roles had appropriate guidance and competency arrangements, which are clearly identified through position descriptions and qualification requirements. Care staff were knowledgeable on ways to escalate and ensure oversight of care tasks to appropriately skilled staff, and registered staff had the opportunity in participating in a graduate nursing program that enabled them to embed their knowledge and skills. The service maintained a matrix of competencies for each workforce member and mapped to each role’s position description; this was monitored by management and staff receive alerts on upcoming competency and qualification renewals.

I find Requirement 7(3)(c) is compliant.

# Standard 8

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| Organisational governance |  |
| 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 |

**Findings**

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The service demonstrated risk management systems were enabled though documented policies and procedures and staff had a shared understanding of the service’s systems for risk management. Consumers and their representatives advised the Assessment Team the service identified and discussed high impact risks associated with the care of consumers; completed risk assessment, care planning and case conferencing assisted in identify and implementing management strategies. Monitoring included clinical data analyses, internal auditing, incident review and feedback. Consumers and their representatives felt confident the service identified and responded appropriately to incidents of abuse and neglect. The service reported incidents in line with obligations under SIRS (serious incidence response scheme) and had established processes to address and mitigate any ongoing risk identified for consumers.

Policies and procedures supported consumers to live their best lives within a person-centred approach with respect to their choice of engaging with risks; this included dignity of risk considerations, behaviour support, management or minimisation of restrictive practices, and restraint authorisations. Consumers and their representatives said the service discussed and ensured consumers were supported to engage in risk taking activities. The service had systems and procedures to manage and prevent risks, with forums being conducted to proactively identify and respond to risks. Implemented quality improvement activities in response to increased fall incident reporting in July 2024, saw an ongoing reduction in falls incidents in subsequent months from September to December 2024. A further quality improvement in respect falls trends commenced within the memory support unit (MSU). This included review and monitoring of consumers at risk, increase of staff presence within the MSU, and increased monitoring of falls prevention strategies; expected completion date is end February 2025.

I find Requirement 8(3)(d) 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)