Performance

Report

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| Name of service: | Bolton Clarke Darlington |
| Service address: | 126 Leisure Drive BANORA POINT NSW 2486 |
| Commission ID: | 0709 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 29 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 Bolton Clarke Darlington (**the service**) has been prepared by A. Douglas, 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, dated 2 May 2023 to 4 May 2023; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to 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

Consumers and representatives said consumers were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of consumers’ identities, diversity, and culture. Care documents reflected consumers’ cultural diversity, including information about their life events, relationships and what was important to them.

Consumers and representatives confirmed staff knew how to make consumers feel respected, valued, and welcomed. Staff described how they adapted the way care and services were offered to ensure they are culturally safe for each consumer. Care documents included information about consumers’ cultural needs and preferences.

Overall, consumers and representatives confirmed consumers were supported to make decisions about their care. Staff could describe how they supported consumers to make decisions about their care and maintain personal relationships. Care documents identified important relationships, care preferences and individual choices.

Consumers said they were supported by staff to take risks and live the best life they can. Staff demonstrated they were aware of the risks taken by consumers and described how they supported consumers to undertake these risks. Care documents identified dignity of risk forms were completed for sampled consumers and reviewed 3-monthly.

Consumers and representatives said they were provided with information which enabled them to make informed choices. Staff could describe the ways in which information was provided to consumers in an easy and accessible way. The Assessment Team observed the service communicated through printed information, verbal reminders, consumer meetings, and email correspondence.

Consumers and representatives said they were confident their information was kept confidential. Staff described the practical ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff conducting their roles in a way that protected consumers’ privacy.

# 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

Consumers and representatives confirmed assessment and planning was based upon consumers’ preferences, goals and needs. Staff were able to describe the assessment and care planning processes, and how it informed the safe delivery of care and services. Care documents included comprehensive assessments and were tailored to individual needs.

Consumers and representatives confirmed their involvement in conversations regarding advance care planning and end of life (EOL) care. Staff said advance care planning and EOL care was discussed with consumers and representatives on admission, or as care needs changed. Care documents identified whether there was an Advance Health Directive (AHD) or Statement of Choices (SOC) in place.

Consumers and representatives confirmed they could provide input into the assessment and care planning process. Relevant staff could explain their roles in relation to care planning and assessments. Care documents showed evidence of involvement from a range of services, including medical officers (MO) and allied health professionals.

Consumers said they were aware of the care and services they received and confirmed they could request a copy of their care plan. Staff detailed processes whereby they inform consumers and representatives of the outcomes of care planning and assessments. The Assessment Team observed the service used an electronic care management system (ECMS) to record all care planning and progress notes and care plans were readily available if requested.

Consumers and representatives confirmed care and services were reviewed regularly for effectiveness and when circumstances change. Staff could describe how and when care plans were reviewed for effectiveness. Care documents confirmed the service conducted regular reviews of consumers’ care and services.

# 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

Consumers and representatives expressed satisfaction with the personal care and clinical care provided by the service. Staff demonstrated they were aware of the personal and clinical needs of consumers. Care documents reflected individual care that was safe, effective, and tailored to the specific needs of consumers.

Consumers and representatives expressed satisfaction with how the service managed high impact or high prevalence risks associated with care and services. Overall, staff recognised high prevalence and high impact risks, and were able to specify individual consumer risks and mitigation strategies which were in place. Care documents included strategies for managing key risks to consumers.

Consumers and representatives confirmed advance care planning, including consumers’ EOL wishes, were discussed with them. Staff described the practical ways in which consumers’ comfort was maximised and dignity preserved during palliative care. Advanced Health Directives (AHD), or other EOL directives, were reflected on the consumer’s care plan.

Consumers and representatives expressed no concerns regarding the service’s ability to respond in a timely manner to address any deterioration in the consumers’ health. Staff described the ways in which they responded to a change in a consumer’s condition. Care documents included information about deterioration and changes in consumers’ conditions.

Consumers and representatives said they were satisfied with the service’s communication of consumers’ care needs and preferences. Staff described how information is shared and communicated throughout the service. Care documents included input from MO and allied health professionals.

Consumers and representatives confirmed timely and appropriate referrals occurred when required. Staff were able to describe referral processes in consultation with consumers and representatives. Care documents included timely referrals to various health professionals when required.

Consumers and representatives stated they were satisfied with infection control practices at the service during the COVID-19 outbreaks. The service had policies and procedures which underpinned their infection, prevention and control processes related to antimicrobial stewardship (AMS) and infection control management. The Assessment Team observed the service was following appropriate infection minimisation practices.

# 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

Consumers and representatives confirmed they were provided with appropriate services and supports for daily living that met consumers’ needs and preferences. Staff demonstrated knowledge of consumers’ needs and preferred activities. The Assessment Team reviewed the activity calendars from March 2023 to May 2023 which included a variety of activities on offer to consumers.

Consumers provided practical examples of how staff supported their emotional and psychological well-being. Care staff and lifestyle staff provided examples of supporting consumers in their emotional and psychological well-being. Care documents identified emotional and spiritual well-being needs.

Consumers confirmed they participated in activities within and outside of the service. Staff described the supports in place for each consumer to enable them to follow their interests, participate in community activities and maintain personal relationships. Care documents included information about consumers’ lifestyle and leisure choices, including relationships and community ties.

Consumers and representatives felt information about consumers’ preferences, needs and conditions were effectively communicated between staff responsible for delivering care. Staff described how they effectively communicated consumer care information. The service evidenced an effective system to manage consumers’ information.

Consumers confirmed they were supported by other organisations, support services and providers of other care and services. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services. Care documents identified engagement with other organisations and services.

Most consumers and representatives expressed satisfaction with the quality, quantity, and variety of meals. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service had feedback mechanisms which allowed consumers to provide feedback on the performance of the kitchen.

Consumers and representatives said they had access to safe, clean, and suitable equipment. Staff confirmed they had a good quantity of clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment was safe, suitable, clean, and well maintained.

# 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

Consumers said the service was welcoming, safe and easy to navigate. Staff said they encouraged consumers to personalise their rooms. The Assessment Team observed consumers’ rooms were personalised and there was appropriate signage throughout the service to aid navigation.

Consumers and representatives said the service was safe, clean and well maintained. Staff provided the Assessment Team with an overview of the service’s cleaning systems and processes. The Assessment Team reviewed cleaning logs which demonstrated effective processes were in place to ensure the service was regularly cleaned.

Consumers said the furniture and equipment at the service was safe and suitable for their needs. Staff described the process for maintenance requests and confirmed they had access to the online system to lodge requests. The Assessment Team sighted preventative and reactive maintenance documents which were up to date.

# 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

Consumers and representatives said they were encouraged to provide feedback and raise any concerns. Staff demonstrated an awareness of feedback and complaints processes. The service had various avenues for making a complaint and providing feedback, including speaking directly to the management team, submitting a feedback form, consumer meetings, surveys, or emailing the care manager.

Consumers demonstrated an awareness of advocacy services. Staff said they could access language, interpreter, and advocacy services on behalf of the consumer. The Assessment Team observed information displayed throughout the service relating to advocacy services, language services, and external complaints avenues.

Consumers and representatives expressed satisfaction with the complaints handling processes at the service. Staff demonstrated an understanding of open disclosure and complaint management processes. Review of the complaints data from the past 6 months demonstrated the service takes appropriate and timely action in response to complaints.

Consumers and representatives said their feedback was used to improve the quality of care and services. Consumer meeting minutes and the plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# 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

Consumers and representatives said there was a sufficient number of staff to meet their needs. Staff said there were enough staff to meet the care needs of consumers and confirmed they had sufficient time to complete their tasks. Management advised, and a review of rostering documentation confirmed, a roster is developed in advance, and unfilled shifts across all wings of the service within the 14 days prior to the Site Audit comprised of 5 care staff shifts, and one Registered Nurse (RN) shift.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff demonstrated they were familiar with each consumer's individual needs and preferences. The Assessment Team observed kind and respectful interactions between staff and consumers.

Consumers and representatives felt staff performed their roles effectively. Staff at all levels expressed confidence in their knowledge and skills to perform their roles. All staff had the relevant qualifications to perform the duties outlined in their position descriptions.

Consumers could not identify any areas of staff practice where staff required more training. Staff confirmed they received training and support to provide the care and services consumers required. The Assessment Team reviewed the service’s education register which identified staff had completed mandatory training modules, including COVID-19, manual handling, fire safety, and elder abuse.

The service had a staff performance framework which identified appraisals were conducted annually to monitor performance. Staff demonstrated an awareness of the service’s performance development processes. Management showed documented evidence of a schedule of completed performance appraisals.

# 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

Consumers said they felt involved in the design, delivery, and evaluation of services. Management advised that all feedback or suggestions made by consumers and representatives were included in the service’s PCI. Documentation review showed consumers were meaningfully engaged in the evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. A review of the clinical governance framework identified a leadership structure that outlines the roles and responsibilities of various management personnel and the Board of Directors. This framework included a shared responsibility and accountability for maintaining the Quality Standards, with the Board of Directors having overall accountability for consumer safety, care delivery, and system-wide governance.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective communication management system, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints

Staff confirmed they analysed incidents to identify issues and trends, and these were reported at governance committee meetings. The service had a wide range of frameworks, policies, and procedures to support the management of risks and incidents. In addition to reporting incidents falling under the Serious Incident Response Scheme (SIRS), the service maintained an incident register.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, 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)