Performance

Report

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| Name: | Bolton Clarke Macquarie View - Bolton Point |
| Commission ID: | 0410 |
| Address: | 12 The Ridgeway, BOLTON POINT, New South Wales, 2283 |
| Activity type: | Site Audit |
| Activity date: | 1 May 2024 to 3 May 2024 |
| Performance report date: | 6 June 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 426 Bolton Clarke Macquarie View - Bolton Point |

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 Macquarie View - Bolton Point (**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 and representatives and others
* 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 and respect. Staff were familiar with consumers life histories and demonstrated knowledge of consumer’s preferences, identity, culture and what was important to consumers. Staff were observed treating consumers in a respectful manner and addressing them by their preferred names.

Consumers and representatives confirmed consumers’ cultural backgrounds were known by staff who adapted how they delivered care according to the consumer preferences and beliefs. Staff confirmed receiving training on diversity, equity and inclusion to raise awareness of cultural safety. Policies and procedures guided staff on the provision of person-centred care.

Consumers said they were supported to be their own decision maker, choose who and when they wished to involve others in their care decisions and to communicate how they would like their care and services delivered. Staff gave practical examples of how consumer choice and decision making was supported during daily living activities. Care documentation reflected consumers care decisions and the important relationships consumers wished to maintain.

Consumers and representatives said consumers were supported to take risks enabling them to live life the way they choose. Staff demonstrated knowledge of consumers who take risks, how to support their right to make choices and the strategies planned to promote consumer safety. Care documentation evidenced risk taking was supported, consumers were assisted to make informed choices and risk mitigation measures were agreed.

Consumers said they were kept informed of their choices through provision of the activities calendar, newsletters and menus. Staff described various ways information was adjusted through large fonts or pictures, to ensure it was easy to understand and accessible to consumers who had cognitive or sensory impairments. Posters and information displayed was observed to be current and accurate.

Consumers said their privacy was respected, including when they received visitors. Staff gave practical examples of strategies used to ensure confidentiality of consumer information and advised consumers can place do not disturb signs on their doors when they wished to not be interrupted. Consumer information was observed to be stored on password protected computers and staff awaited consent prior to entering consumers rooms.

# 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:

Staff advised a structured assessment process using validated risk assessment tools is undertaken when a consumer enters care, to identify risks with assessment outcomes used to inform the development of the consumer’s care plan. Care documentation evidenced consumers were assessed for risk of falls, malnutrition and choking, with responsive strategies planned when risk was identified. Consumers confirmed participating in the assessment process when they entered care.

Consumer representatives said the consumer’s preferences for personal care, advance care and end of life had been discussed. Staff were knowledgeable of consumer’s care preferences and assistance needs, which they confirmed were revisited during care evaluations to ensure they remained current. Care documentation reflected consumer’s preferences, assessed needs and contained advance care plans, where these directions had been given.

Consumers and representatives said they were actively involved in assessment and care planning processes, which is coordinated with their medical officer and allied health professionals. Staff advised regular case conferences were scheduled to ensure consumers and their nominated representatives were continuously involved in care planning discussions. Care documentation evidenced medical officers, allied health professionals and specialists contributed to the assessment and planning of consumer’s care.

Consumers and representatives said they knew the outcomes of consumer assessments as staff regularly communicated this to them and they confirmed they were offered a copy of the care plan. Staff were familiar with processes for documenting and communicating assessment outcomes including through formal and informal care discussions. Care documentation was observed to be readily accessible via the electronic care management system (ECMS).

Staff said consumer’s care plans were reviewed every 6 months, or when a change in condition or an incident occurred. Staff confirmed allied health professionals review consumers to update their care strategies when current strategies are identified to not be effective. Care documentation evidenced, regular reviews occurred as scheduled and care strategies were updated following reassessment.

# 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 and representatives said consumers received individualised personal and clinical care in line with the consumer’s needs. Staff said they provided person-centred care to meet the consumer’s needs and used clinical care policies and procedures to ensure the care provided was in line with best practice. Care documentation evidenced consumers received individualised care to manage pain, wounds, to support behaviours and when restrictive practices were applied.

Consumers and representatives said risks to consumers’ well-being, such as diabetes were effectively managed. Care documentation evidenced high-impact and high-prevalence risks were managed in accordance with medical officer directives and staff followed the planned care strategies. Policies and procedures guided staff practice on how to manage high impact or prevalent risks effectively.

Staff were knowledgeable on how to provide care to consumers who were nearing end of life. Care documentation for a consumer receiving end of life care evidenced, staff and palliative care specialists regularly assessed the consumer for pain and comfort cares were performed as scheduled. Policies and procedures guided staff on provision of end of life care.

Consumers and representatives said staff were quick to recognise and respond when consumers presented with signs or symptoms that may indicate they were unwell. Staff were familiar with consumers’ baseline condition, and confirmed any observed changes were escalated to ensure the consumer was reviewed. Care documentation evidenced when staff identified deterioration or changes in consumer’s condition they responded quickly.

Consumers and representatives said consumer information was effectively communicated as staff knew consumers care needs. Staff confirmed consumers care needs, conditions and preferences were documented and stored within the ECMS and any changes were communicated in writing or verbally. Staff were observed to handover information between shifts and update consumer care documentation as required.

Consumers and representatives said referrals to allied health professionals were initiated in a timely manner. Staff were knowledgeable of referral processes, confirming a range of specialists and allied health professionals were available, should a referral be necessary. Care documentation evidenced consumers were referred quickly and referrals were monitored to ensure timely review occurred.

Consumers and representatives said prior to a person entering the service, they were screened for infection and confirmed infectious outbreaks were managed well. Staff were knowledgeable of care strategies which reduced the likelihood of infection and when antibiotics were needed, these were used correctly and prescribed appropriately. Staff were observed to practice hand hygiene and wear personal protective equipment to prevent transmission of infection.

# 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 and representatives said services and supports for daily living met consumers’ needs, goals, and preferences. Care documentation captured the consumer’s preferences for leisure activities, food likes and dislikes, and the level of independence or supports required to undertake daily tasks, including doing laundry and ironing. Staff were familiar with the tasks consumers wished to undertake by themselves and which ones they needed support with.

Consumers said their emotional and spiritual health was supported by staff who spent one-on-one time with them and via regular visits from the priest. Staff confirmed they monitor for changes in consumer behaviour as an indicator of when consumers may need additional emotional or psychological support. Care documentation evidenced consumers spiritual beliefs, faith-based practices, and emotional support needs were captured.

Consumers and representatives said supports were provided to enable the consumer to maintain their personal relationships, undertake activities aligned with their individual interests and to participate in the broader community. Care documentation identified consumers preferred activities of interest, how they were supported to participate in these activities and to stay in touch with family or friends. The activities calendar contained a range of indoor and outdoor activities including those provided by external community groups.

Consumers and representatives felt information about consumers’ daily living needs, and preferences was effectively communicated. Staff confirmed consumers support or service needs were communicated via the ECMS which was accessible to visiting health professionals. Care and catering documentation were consistent with staff describing the process to transfer information between staff, when changes to consumers dietary profiles were made.

Consumers and representatives said referrals happened promptly when consumers’ support or service needs, or preferences changed. Care documentation evidenced consumers had been referred to external organisations when increased social interaction or emotional support was required. Staff were familiar with individuals, organisations, or providers available to ensure consumers could access a range of services and supports in a timely manner.

Consumers and representatives said the meals provided were of good quality, there is plenty of food available, at and in between meals and the options were varied. Consumers were observed to dine in a calm, unhurried environment, with staff available to assist, if required. Staff were knowledgeable of consumers’ nutrition and hydration needs and preferences including meal size, dietary or cultural needs and any support they needed.

Consumers and representatives said consumers mobility equipment was clean, safe and well maintained. Maintenance and cleaning documentation evidenced consumers equipment was routinely inspected, cleaned and serviced. Equipment to assist consumers with their independence and mobility, such as wheelchairs and 4-wheeled walkers, were clean, appeared safe and were suitable to meet consumer needs.

# 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 and the ability to furnish the consumer’s room with their own belongings made it feel like home. Representatives said they felt welcomed when they visited consumers and could utilise common and outdoor areas to have lunch, a coffee, or chat with their loved ones. Staff were observed to greet visitors and consumers warmly, directional signage was displayed to assist with navigation, and consumers had decorated their rooms with their personal possessions.

Consumers and representatives confirmed communal areas and consumers rooms were kept clean, any maintenance issues were attended to promptly and consumers could move around as they wished. Staff described processes for reporting maintenance issues, with maintenance documentation supporting these were quickly rectified. Indoor and outdoor communal areas and consumer rooms were observed to be clean, well-maintained and supported consumers to mobilise independently.

Consumers gave positive feedback regarding the maintenance of furniture, fittings, and equipment. Maintenance documentation evidenced fire safety systems, electrical items and equipment were routinely inspected to ensure they were safe and in good working condition. Furniture was observed to be clean, and a range of different furniture was available to ensure it was suitable for individualised consumer use.

# 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 found Compliant, as:

Consumers and representatives said they felt encouraged and supported to provide feedback and knew they could make complaints both verbally and in writing. Staff demonstrated knowledge of feedback and complaints processes, including the need to escalate feedback when received verbally. Posters and pamphlets encouraged consumers to give feedback and make complaints, with feedback forms and lodgement boxes supporting them to do so.

Consumers and representatives confirmed they were aware of advocacy and language services available to them and knew they could lodge a complaint with the Commission. Staff were aware of how to access advocates and interpreter services, including using translation tools available through mobile devices. Posters and brochures promoted consumer access to advocacy, language and external complaints services.

Consumers and representatives said their complaints were resolved in a timely manner and staff apologised if things went wrong. Staff were knowledgeable of complaints resolution processes and understood open disclosure principles. Complaints documentation evidenced apologies were given when complaints were lodged, investigations occurred, and timeframes to resolve complaints was prescribed within policies and procedures.

Consumers and representatives said their feedback had been used to improve the cleanliness of consumer rooms following the sighting of pests. Staff described how trending and analysing feedback and complaints was used to inform where improvements were needed. Continuous improvement documentation evidenced feedback from a range of sources, including meetings and surveys, had prompted improvement actions to be initiated and completed.

# 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 found Compliant, as:

Consumers felt there was enough staff, confirming their calls for assistance were answered promptly and when staff provided care they did not rush. Staff said they were able to deliver care in a timely manner, delayed responses to calls for assistance were investigated, and they confirmed the skill mix of staff was adequate to meet consumer needs. Rostering documentation evidenced nursing staff were allocated to each shift, strategies were used to fill unplanned leave and if agency staff were required, these were block booked to ensure familiarity with consumers and their care needs.

Consumers and representatives said staff were kind, caring and knew their individual preferences for care provision. Staff were knowledgeable about the consumers they supported and were observed to interact with them in a respectful manner. Policies and procedures guided staff in their expected behaviours including respecting consumer’s identity, culture and diversity.

Consumers and representatives said staff were capable and felt they had the knowledge to provide the care and support required by consumers. Management said onboarding processes ensured staff are appropriately qualified, their suitability to work in aged care was checked and their competency was confirmed through buddy shifts and practical assessments. Personnel records evidenced position descriptions outlined qualifications needed, orientation was completed on commencement, with currency of registration and vaccination status monitored.

Consumers and representatives felt staff had been well trained and gave examples of staff using appropriate manual handling techniques to support their feedback. Staff advised training was provided during orientation and confirmed they were required to complete an annual mandatory training program as part of their role. Education records evidenced staff had completed training on restrictive practices, incident management, open disclosure and infection control, when scheduled.

Management said the performance of the workforce was formally assessed through an annual appraisal process, with personnel records evidencing these were up to date. Staff confirmed participating in probationary and annual reviews, and advised informal processes were also used to monitor their performance.

# 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 and representatives said the service was well run and confirmed they attended consumer meetings to be involved in decisions about the care and services provided. Management advised consumers evaluated care and services during routine case conferences and contributed to design and development of service delivery through surveys, attending meetings and giving feedback. Management advised they have an open door policy to receive any suggestions directly from consumers and confirmed a consumer advisory body has been established.

Management described reporting processes and lines which ensures the Board actively monitors and evaluates the quality and safety of the care and services provided. Monthly reports containing clinical data, incidents, complaints and audit results are benchmarked to identify trends and inform Board decisions on improvements or changes needed. Management confirmed Board membership meets recent legislative changes and the Board is supported by a Quality advisory committee.

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 policies and processes were effective in providing care and services in accordance 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 Serious Incident Response Scheme (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, open disclosure and restrictive practices with staff describing how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place which was followed by management and staff.

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)