Performance

Report

**1800 951 822**

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| Name: | Bolton Clarke Willowdale |
| Commission ID: | 8246 |
| Address: | 247 Jamboree Avenue, DENHAM COURT, New South Wales, 2565 |
| Activity type: | Site Audit |
| Activity date: | 30 April 2024 to 2 May 2024 |
| Performance report date: | 30 May 2024 |
| Service included in this assessment: | Provider: 1599 RSL Care RDNS Limited  Service: 27514 Bolton Clarke Willowdale |

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 Willowdale (**the service**) has been prepared by P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information held by the Commission.

# 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 assessed as Compliant.

Consumers and representatives said staff were kind, treated consumers with dignity and respect, and made them feel valued. Staff knew the background, identity and preferences of each consumer, which aligned with their care documentation. Staff were observed consistently treating consumers with dignity and respect, and interacting with them in a kind, patient, and friendly manner. The service had written policies, procedures, and training to guide staff in treating consumers with dignity and respect.

Consumers and representatives confirmed their cultural needs and preferences were recognised and respected by staff delivering their care and services. Care planning documents reflected consumers’ life stories and cultural needs and preferences, which were regularly reviewed and updated. Staff understood consumers’ diverse cultural backgrounds and explained how this influenced care delivery. Staff received training on providing culturally safe care and were guided by a policies and procedures.

Consumers and representatives said consumers were supported to make independent decisions about their care and services, choose who else was involved, and maintain their chosen relationships. Staff described how they supported consumers to make independent choices about their care and services and maintain relationships inside or outside the service. Care planning documents detailed consumers’ choices about their care and services, and the relationships they wished to maintain. The service had policies, procedures and staff training to support consumers’ right to make their own choices to live the life they chose.

Consumers and representatives described how consumers were supported to take informed risks to live their best lives. Staff were aware of the risks taken by consumers and explained how they helped them to understand and minimise the risks they took. Care planning documents showed risks were identified and assessed with health professionals and with consent from consumers to risk mitigation strategies.

Consumers and representatives confirmed the service provided up to date, easy to understand information about care and lifestyle activities to help them make informed choices. Staff described various ways they communicated current information to consumers to inform their choices. The service had information boards, meeting minutes, activity calendars, newsletters, and daily menus posted on a television screen in the dining areas.

Consumers and representatives confirmed staff respected consumers’ privacy and kept their personal information confidential. Staff described how they maintained consumers’ privacy such as by knocking, and waiting for a response before entering, and keeping their personal information confidential on password protecting computers. The service had privacy training to guide staff practice and staff were observed being respectful of 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the assessment and care planning process which considered risks to consumers’ health and informed the delivery of safe and effective care and services. Staff detailed how the assessment and care planning process informed the delivery of safe and effective care and services risks were identified, and mitigation measures put in place. Care planning documents showed comprehensive assessments being completed during the admission process. The service used best practice assessment and care planning policies to guide staff.

Consumers and representatives confirmed the assessment and care planning recognised consumers’ current needs and preferences including their advance care and end of life plans. Management and staff explained how initial care assessment captured consumers’ needs, goals and preferences and advance care and end of life plans, if they wished. Consumers’ care plans captured their current needs, goals and preferences and their advance care directives.

Consumers and representatives said they were actively involved in the assessment, planning, and review of consumers’ care along with other providers of care they chose. Management and staff confirmed the assessment and care planning involved partnering with consumers, representatives, and other medical and allied health specialists they chose. Care planning documents showed integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers who are involved in the care of the consumer.

Consumers and representatives said they were regularly informed about consumers’ condition and care needs and were aware they could access a copy of the care plan. Management and staff described the processes for communicating the outcomes of assessments for documenting them on the electronic care management system.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Staff and management confirmed care plans were reviewed regularly and when consumers’ circumstances or care needs changed. Care planning documents confirmed they had been reviewed regularly for effectiveness and when circumstances changed.

# 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 assessed as Compliant.

Consumers and representatives said the personal and clinical care was safe, effective, tailored to consumers’ needs, and optimised their health and well-being. Staff described how they delivered safe and effective personal and clinical care, tailored to consumer’s needs, in line with their care plans. Care planning documents reflected safe and effective personal and clinical care, tailored to the needs and preferences of each consumer, and consistent with best practice. The service had policies, procedures, and systems to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives confirmed high impact and high prevalence risks to consumers were effectively managed. Management and staff explained how they monitored and managed high impact and high prevalence risks and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks to consumers’ health had been identified and effective mitigation measures were in place.

Consumers and representatives confirmed the service had discussed consumers’ needs, goals, and preferences, including their end of life wishes. Staff and management described the way care delivery changed for consumers nearing the end of life to maximise the dignity and comfort of consumers. Care planning documents evidenced advance care directives and the needs, goals, and preferences of consumers. The service had policies, procedures and guidelines to inform staff practice in relation to palliative and end of life care.

Consumers and representatives said the service responded promptly and appropriately to a deterioration or change in consumers’ condition. Representatives confirmed the service communicated incidents or changes in consumers’ condition in a timely manner. Clinical staff and management explained effective processes in place for identifying and responding to changes or deterioration in consumers’ condition. Care planning documents showed any deterioration or change in condition was responded to appropriately, including by informing representatives, medical officers, and external providers.

Consumers and representatives said care was consistent and the communication between staff, and others involved in providing care and services, was effective. Staff described how information about consumers’ current needs and condition was documented in the electronic care management system and shared effectively with representatives, and others involved in their care. Care planning documents showed regular communication between consumers/representatives, staff, and others involved in providing care. Staff were observed communicating information about consumers’ condition and care needs at shift handovers and daily huddles.

Consumers and representatives said the service arranged timely referrals to appropriate other health professionals when needed. Management and staff described the processes and importance of referring consumers to external health providers to support their care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals. The service had a network of approved individuals, organisations, and other external providers of care they referred consumers to.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures. Staff confirmed they had been trained and demonstrated an understanding of infection prevention and control practices and antimicrobial stewardship. The service had an infection prevention and control lead and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences, and promoted their independence and quality of life. Management and staff described how they assessed and documented each consumer’s needs, goals and preferences for daily living and the supports needed. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing.

Consumers said the service supported their emotional, spiritual, and psychological well-being. Staff described ways they promoted consumers’ emotional, psychological, and spiritual well-being such as providing religious services or talking to them when they were feeling low. Care planning documents reflected consumers’ specific beliefs and emotional needs and staff were observed supporting consumers according to their needs and preferences.

Consumers and representatives said consumers were supported to participate in the community inside and outside the service and maintain important social and personal relationships. Management and staff described how they supported consumers’ lifestyle interests and helped them participate in the wider community and maintain their relationships. Care planning documents detailed consumers interests, preferred activities and important relationships. Consumers were observed participating in various activities, resting in their rooms, returning from outings, and interacting with other consumers and visitors.

Consumers and representatives said information about consumers’ needs and preferences for daily living was effectively communicated between staff who provided support. Staff described how they communicated current information about consumers’ condition, needs and preferences for daily living. Care planning documents detailed current information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other individuals and organisations providing care and services. Staff and management described how they partnered with other individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services.

Consumers and representatives said the food was of good quality, quantity and variety, and there were alternative meal options and snacks available. Food was prepared fresh on-site, and consumers and a dietician had input into the menu. Staff were aware of consumers’ dietary needs and preferences which were reflected in care planning documents. The kitchen was clean and well-maintained, documentation was up to date, and the current food safety audit certificate was displayed. The service had initiated a continuous improvement action in relation to the tray service in consumers' rooms being properly set up with condiments and cutlery.

Consumers and representatives said the equipment provided by the service was safe, suitable and clean, and they knew how to report any concerns they had. Staff advised they cleaned equipment regularly and the daily cleaning logs were up to date. The equipment appeared to be 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to navigate, and they belonged, could maintain their independence, and interact with others when they chose. Staff explained how they supported consumers to personalise their rooms and feel at home. Management explained the service environment was regularly audited and consumers were observed moving around freely and enjoying different areas.

Consumers and representatives said the service was safe, clean, and well-maintained, and consumers could move around freely both indoors and outdoors. The service environment was a comfortable temperature, and appeared safe, clean, and well-maintained. All doors were unlocked, or a code was displayed, allowing consumers to move freely indoors and outdoors to use the external courtyards. Consumers that were subject to environmental restraint were appropriately assessed and documented. Schedules confirmed the service was regularly cleaned and maintained.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well-maintained by the service. Management and staff explained how the furniture, fittings and equipment were kept clean and well maintained. The furniture, fittings and equipment were observed to be safe, clean, and well-maintained.

# 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.

Consumers and representatives said they were encouraged and supported to provide feedback and make complaints through avenues such as feedback forms or speaking directly to staff or management. Staff and management described how they encouraged feedback and complaints and the processes in place for managing complaints. Information about complaints processes, feedback forms and locked feedback boxes were observed around the service.

Consumers and representatives were aware of alternative avenues to make complaints such as the Commission, and external advocacy services such as the Older Persons Advocacy Network, but said they felt comfortable raising any issues with staff or management. Management and staff described how they supported consumers to access external complaint, interpreter, and advocacy services. Information regarding alternative complaint avenues, the Commission, advocacy, and other services was displayed around the service.

Consumers and representatives said the service responded promptly to resolve any complaints and practiced open disclosure. Management and staff explained the procedures for responding to complaints, and the use of open disclosure when things went wrong. Staff confirmed they had attended mandatory training in open disclosure. The complaint register confirmed complaints were acted upon promptly using open disclosure. The service had a current policy and procedure related to managing feedback and complaints, and use of open disclosure.

Consumers and representatives said the service listens to their feedback and complaints which were used to enhance the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify continuous improvement opportunities. The feedback and complaints register, and the continuous improvement plan showed feedback and complaints were used to improve the quality of care and services.

# 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.

Consumers and representatives said there were enough staff at the service, and they do not have to wait long when they call for assistance. Staff said there was enough staff and while they were a new team, they worked together well to support consumers. Management explained how the number and mix of the workforce was planned through an electronic rostering tool which calculated the care minutes needed, and generated alerts if staffing was inadequate. Management said the service used feedback from staff and consumers, clinical indicators, and regular audits to ensure staffing levels were sufficient. Staff were observed completing tasks and assisting consumers in a calm and efficient manner.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff showed they knew consumers individually and understood their identity, culture, and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and staff received training in respecting consumers’ identity, culture and diversity.

Consumers and representatives said staff were suitably skilled and competent to meet consumers’ care needs. Management described the processes for ensuring all staff had the required competencies, qualifications, registrations, and security checks for their roles. Staff confirmed they were trained and completed the competencies required for their role. Position descriptions specified the duties, requirements, and qualifications for each role.

Consumers and representatives said staff were trained and supported to deliver quality care and services and meet their needs and preferences. Management described how staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Staff felt well supported and confirmed having ongoing access to training and mandatory competencies. Workforce records, policies, procedures, and training records confirmed staff were recruited, trained, equipped, and supported to deliver outcomes as required by the Quality Standards.

Consumers and representatives felt encouraged to provide feedback on staff performance. Staff confirmed they had received ongoing supervision and support in their roles. Management explained the service is commencing and described the processes in place to assess, monitor, and review the performance of every member of the workforce during probation and then annually. Workforce policies and procedures were in place to support the management and performance of the workforce.

# 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 assessed as Compliant.

Consumers and representatives said the service was well run, and they were involved in the development, delivery, and evaluation of care and services. Management and staff described various ways consumers and representatives were encouraged to have input into the development, delivery and evaluation of the care and services they received. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said they felt safe in the service which was an inclusive environment. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board set clear expectations and issued policies to deliver safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards.

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 systems and processes were effective in providing care and services in accordance with the Quality Standards.

The organisation had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management confirmed they analysed performance data such as incident trends which were reported to various subcommittees and the Board, leading to improved care and services.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. The clinical governance committee reviews all clinical indicators including antimicrobial stewardship, restrictive practices, and open disclosure. The service also has a medication advisory committee. Management and staff were aware of the clinical governance framework and the related policies, procedures, and training.

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)