Baptcare Abbey Gardens Community

Performance Report

15 Tarwin Street   
WARRAGUL VIC 3820  
Phone number: 03 5608 0200

**Commission ID:** 3989

**Provider name:** Baptcare Ltd

**Assessment Contact - Site date:** 25 June 2021

**Date of Performance Report:** 29 July 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received 20 July 2021.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

While consumers and representatives interviewed are generally satisfied with the clinical and personal care provided to consumers, the Assessment Team identified the service does not ensure effective:

* management of pain for all consumers
* identification and recordkeeping of consumers living with dementia who may be subject to chemical restraint
* management of high impact or high prevalence risks associated with the care of each consumer, in terms of management of challenging behaviours and diabetes.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found:

* The service did not demonstrate effective management of pain and supported this with examples of three consumers. Evidence included:
  + preferred non-pharmacological strategies are not always applied prior to the use of medications;
  + effectiveness of pain relief medication is not consistently documented or reviewed;
  + individual pain management needs and interventions are not effectively identified.
* Care planning documentation and reporting systems do not identify that consumers prescribed regular antipsychotic medications with a diagnosis of dementia are subject to chemical restraint.

The provider’s response included additional information and a plan for continuous improvement to address deficits identified by the Assessment Team.

The provider’s plan of action relating to pain management includes review of pain assessments and non-pharmacological strategies; conducting a pain audit; education for staff; and, advising clinical staff of the organisation’s expectations and accountability.

The provider’s plan of action in relation to psychotropic medications includes an audit of medication charts, care plans and consents and adjustments to reporting mechanisms.

While I acknowledge the plan of action commenced by the provider, the actions taken since the audit are still in progress and not yet evaluated.

I find the service non-compliant with this requirement.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team found:

* The service did not demonstrate effective management of consumers with challenging behaviours and supported this with examples of three consumers. Evidence included:
  + behaviour management plans with generic triggers and strategies of support;
  + recommendations from specialist support services not included in plans of care;
  + infrequent evaluation of the effectiveness of interventions with most of those interventions evaluated indicating strategies implemented were ineffective;
  + multiple and ongoing incidents of physical and other aggression toward consumers and/or staff;
  + feedback from staff that management strategies for two of the three consumers sampled were ineffective and impacting on other consumers and/or staff.
* The service did not demonstrate effective management of diabetes for a consumer specifically in relation to outside of parameters referral to general practitioner and post sliding scale insulin administration blood glucose level checks.

The provider’s response included additional information in relation to the contents of the report and a plan for continuous improvement to address deficits identified by the Assessment Team.

The provider’s plan of action relating to behaviour management includes a review of behaviour assessments and plans of care; continued implementation of behaviour support procedure; education for staff on personalised interventions and evaluating effectiveness; and, trialling of case conferencing with relevant staff.

The provider’s plan of action for diabetes management includes updates to procedures and flowcharts that guide staff practice, education for staff, and, an audit of all diabetic plans in consultation with the general practitioner.

While I acknowledge the plan of action commenced by the provider, these interventions are still in progress and not yet evaluated.

I find the service non-compliant with this requirement.

# STANDARD 4 Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

Consumers and representatives sampled stated consumers’ emotional, spiritual and psychological well-being needs, goals and preferences are supported. Care planning documentation included information about emotional, spiritual or psychological well-being, including any social disadvantage. Staff interviewed described examples of how they know when a consumer is feeling low and what action they take. Staff were observed engaging in one to one contact with consumers and providing emotional support that aligned with care plans.

The Requirement 4(3)(b) is assessed as compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 3(3)(a)

* Ensure effective pain management of consumers.
* Ensure processes enable staff to recognise and record potential restraint.

Requirement 3(3)(b)

* Ensure care documentation to guide staff and staff practices support the effective management of consumers with challenging behaviours.
* Ensure staff practice supports the effective management of diabetes.