Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Baptcare Coasthaven Community |
| **RACS ID:** | 4590 |
| **Name of approved provider:** | Baptcare Ltd |
| **Address details:** | 45 Robin Avenue NORLANE VIC 3214 |
| **Date of site audit:** | 11 November 2019 to 13 November 2019 |

**Summary of decision**

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| **Decision made on:** | 10 December 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 01 February 2020 to 01 February 2023 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Not Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Not Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |
| **Timetable for making improvements:** | By 24 January 2020 | |
| **Revised plan for continuous improvement due:** | By 6 January 2020 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Baptcare Coasthaven Community (the Service) conducted from 11 November 2019 to 13 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 21 |
| Representatives | 3 |
| Care staff | 9 |
| Chaplain | 1 |
| Divisional manager residential services | 1 |
| Hospitality staff | 4 |
| Lifestyle staff | 2 |
| Maintenance officer | 1 |
| Nurse unit manager | 2 |
| Occupational therapist | 1 |
| Office manager | 1 |
| Physiotherapist | 1 |
| Quality manager | 1 |
| Registered and enrolled nurses | 3 |
| Residential care and services manager | 1 |
| Speech pathologist | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service met all six requirements under Standard 1.

Of consumers randomly interviewed, 100% said they are treated with respect most of the time or always and said they felt safe, respected and able to make choices with their daily activities.

Staff were observed treating with respect and supporting consumers to take choices during their daily activities. Staff could describe individual details of consumers and how people of importance to the consumers.

Documentation viewed supported consumers to be supported to take risks and make choices about their care. Information is collected around consumers individual identity and is generally shared via care planning documentation.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service met four of the five requirements under Standard 2.

Consumer experience interviews show 100% of consumers agreed they have a say in their daily activities most of the time or always saying staff asked about their preferences and provided assistance when and how they wanted. Consumers and representatives said they are confident staff would respond to consumers’ requests in a timely and appropriate manner. Consumers and representatives indicated they were satisfied the service communicates with them if there is a change in the consumer’s health status.

The organisation demonstrated assessments and care plans are completed for all consumers however, they did not adequately demonstrate care plans are reviewed and adjusted to reflect changes in consumers’ care. Care plans have not been consistently updated to reflect the current needs of consumers as documented in progress notes. The service has initiated actions to address incomplete assessments.

Appropriately skilled and qualified staff complete assessments and generate individual care plans. Care reviews includes the completion of an evaluation of all assessments and care plans during a two monthly ‘resident of the day’ review. Staff described ways they identify care and lifestyle preferences with consumers and complete assessments and care plans.

Staff said they engage with other providers to assist in the delivery of care. They described how they use care plan information to deliver safe and effective care and services, including end of life care planning if this is something consumers wish to discuss.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found the service met all seven requirements in relation to Standard 3.

Of consumers randomly interviewed 100% said they feel safe and receive the care they need most of the time or always. They outlined in various ways how their needs and preferences are met and are receiving care that is safe and right for them. Consumers and representatives reported they are regularly consulted about consumers’ care and the service communicates with them promptly if there is a change in the consumer’s condition.

Management and staff described how they apply their knowledge and practices to ensure personal and clinical care and services meet consumers’ needs and preferences and optimises their health and well-being. High impact or high prevalence risks associated with individual consumers are identified, assessed and managed in consultation with the consumer or their nominated representative.

Staff could describe how they ensure best practice and how they respond to the changing needs of each consumer, including the need for referrals to other health professionals and sharing of information both within and outside the organisation. Staff were observed to be kind, caring and respectful to the consumers and sensitive to their individual needs and preferences.

Staff demonstrated an understanding of infection prevention and control practices appropriate to their positions and the service is working with other health professionals to ensure antibiotic use is monitored and appropriate. The organisation monitors and reviews its performance in relation to these requirements completing audits, reviewing incidents and monitoring clinical indicators.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service met all seven requirements in relation to Standard 4.

Of consumers randomly interviewed 100% said they were encouraged to do as much as possible for themselves most of the time or always. Consumers interviewed expressed satisfaction with the services that are provided to promote their emotional, spiritual and psychological well-being and the majority were satisfied with their participation with their community within and outside the service. A small number of consumers said they wished they could go out into the community more but thought they were not allowed. Management outlined and demonstrated how they support consumers to independently access the community following an assessment process.

Of consumers randomly interviewed 53% said they like the food most or all of the time with the remainder saying they only like the food some of the time. Management is aware of the concerns regarding the food and have put in place a range of measures to address concerns including a bimonthly food forum, additional training for hospitality staff, consumer involvement in menu review and regularly seeking feedback on food to monitor satisfaction.

A range of lifestyle activities are available to support consumers to engage in areas of interest. Consumers are supported by an onsite chaplain and have a chapel onsite. Other supports are sourced including counselling and psychology services. Staff could describe individual areas of interest for consumers sampled and demonstrated how they engage these consumers in areas of interest.

Consumer feedback regarding services and supports for daily living is gained through surveys, consumer meetings and the feedback and complaints system to ensure that the service is supporting consumers in each of these domains.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found that the service met all three requirements under Standard 5.

Of consumers randomly sampled, 93% said they feel at home at the service and 100% said they feel safe always or most all of the time. One consumer who provided a negative response said they were here for respite care and therefore they do not feel as this was their home. Consumers and representatives expressed satisfaction with the new building environment and the degree of living space they have in their rooms. Feedback included the environment was welcoming and conductive to social interactions and they have access to a range of equipment and furnishings and felt safe using them.

The service is on two levels and consumers were observed using the lifts independently or with staff assistance. Access doors to the front area remain closed and require keypad access. Consumers capable of exiting the service independently were observed using the foyer entrance. Consumers who are unable to use the doors independently are assisted by staff. Where changes are planned such as the establishment of the smoking area, there is consultation with consumers.

Policies and procedures described systems for the purchase, service and maintenance of furnishings and equipment and how environmental related risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems and maintenance arrangements. Management advised that equipment and environmental audits are completed regularly and that the service environment is a standing agenda item for all relevant meetings.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the service met all four requirements under Standard 6.

Of consumers randomly sampled during the consumer experience interviews, 93% said that staff follow up most of the time or always. One consumer answered this question some of the time saying they have had to raise things more than once on occasions. Consumers and representatives interviewed said in various ways they know how to raise a complaint and they are encouraged and supported to provide feedback.

Staff interviewed were asked how they would respond if a consumer wanted to make a complaint or provide feedback. Staff provided answers including trying to fix the issue immediately, documenting it on a feedback form with the consumer and informing management. Feedback forms and suggestion boxes were observed within the service.

Management spoke of the introduction of new formats for consumers to provide feedback with the introduction of ‘Cuppa and chats’ where the Residential care and services manager will go and sit with consumers and talk about their care, services and any concerns or feedback they wish to provide. Management described how they have received some really good suggestions from this process that consumers said they would not have raised in a group format.

While care staff did not refer to open disclosure when interviewed they described open disclosure practices such as acknowledging the complaint and raising to management. An open disclosure practice was demonstrated in relation to managing incidents and a new training program has been developed and includes a checklist incorporating an open disclosure process and prompts for staff when managing a complaint.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the service met all five requirements under Standard 7.

Of consumers randomly interviewed for the consumer experience report 100% said they get the care and services they need most of the time or always and 100% said they staff are kind and caring most of the time or always. A small number of consumers and representatives involved in targeted interviews said in various ways there was not always enough staff and this resulted in consumers having to wait for care. One consumer said staff sometimes come into the room and turn off the bell but do not address the issue and one representative said they felt there is not enough staff.

The organisation has a standard operating model that is used across all their services which is referred to as a ‘household model’. Management explained this means that care staff also do some meal and spot cleaning tasks and there is additional care hours to cover for this. A staffing plan is in place to align staffing levels with the increases in consumer numbers, however there is flexibility in this plan and there is ongoing review in relation to the current needs of the consumers within the service.

Staff interviewed and observed demonstrated knowledge and skills relating to consumers’ care needs and requirements and outlined where they could access information if they were unsure. Staff could describe different individual care needs of consumers and how they manage these.

Education is provided across a range of areas to ensure staff are provided with knowledge on various topics, including a number of mandatory topics. The service arranges and provides education in various formats including face to face, via online learning and offsite at training sessions. Monitoring of staff performance happens through review of incidents, complaints, feedback and visual monitoring.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found that the service met all five requirements under Standard 8.

Of consumers and representatives randomly interviewed 100% said they think the place is well run most of the time or always.

Management outlined they engage with consumers in various ways including consumer meetings, introduction of a ‘cuppa and chat, holding leadership meetings on site to enable discussions with consumers and a program where senior staff work on the floor with care staff to understand care delivery.

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. The governing body promotes a culture of safe and inclusive care.

The service demonstrated effective organisation wide governance systems including a clinical governance system and effective risk management system. Management provided current examples of continuous improvement activities and how feedback and complaints is being used to drive improvements.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure