Baptcare Wyndham Lodge Community

Performance Report

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**Commission ID:** 4435

**Provider name:** Baptcare Ltd

**Assessment Contact - Site date:** 10 November 2020

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# Publication of report

This Performance Report **may 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### 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:

1. 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.

## Assessment of Standard 2

Three of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The Assessment Team found that comprehensive assessments are completed which consider risks to consumers’ health and wellbeing. Care plans record interventions to mitigate identified risks. Staff demonstrated an understanding of the assessment and care planning process and described individual consumers’ risk associated with COVID-19 and how this is currently being managed. The Assessment Team provided specific examples of how consumers’ risks are assessed, and interventions recorded to manage these risks.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate assessment processes consider risks to consumers and that identified risks are addressed in consumers’ care plans.

### Requirement 2(3)(c) Compliant

*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.*

The Assessment Team found that representatives interviewed confirmed consultation regarding consumers’ assessments and care plan interventions. Care files reviewed demonstrated ongoing partnership with consumers and representatives in relation to care. Care plan reviews are conducted at least monthly with consumers and/ or their representatives or when there has been an incident or change in their condition. Management discussed that during the period of a COVID-19 outbreak consumers have been able to continue to access a physiotherapist, speech pathologist, a dietitian and a geriatrician as well as the local in reach service following their repatriation to the service.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate assessment and care planning is based on ongoing partnership with consumers and/or their representatives and also includes other service providers as required.

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team found care planning documentation for consumers sampled, evidenced regular reviews being completed. Following incidents consumers are reassessed and care plans reviewed as required. Recommendations from allied health or the medical practitioner are included. Staff demonstrated an understanding of the review and monitoring requirements following incidents such as falls. Representatives said they are contacted by staff when there has been a change in condition and/or incident, and regarding care planning review and new assessments at least monthly.

Although one representative was dissatisfied with communication during the recent COVID -29 outbreak, they reported communication has now improved. Overall representatives reported satisfaction with communication from staff regarding changes in care needs and incidents.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate care and services are reviewed regularly and when circumstances change for consumers.

# STANDARD 3 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

Three of the seven specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 that care planning documents demonstrated consumers’ skin integrity and wound care and pain is managed to meet their individual needs and aligned with best practice principles. Consumers who require the use of chemical restraint are effectively assessed and monitored and reviewed according to regulatory requirements. Consultation with representatives occurs. Consumers and representatives interviewed said staff understand consumers’ needs and preferences to provide care that is safe and effective. The service has policies to guide staff regarding restraint, skin and pain management.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate that consumers receive safe and effective personal and clinical care.

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

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

The Assessment Team found that representatives interviewed reported consumers feel safe and risks related to consumers care are generally effectively managed. Staff interviews, and documentation demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. A review of consumer files indicated assessment and care planning identifies consumers with high prevalence and high impact care needs which include, nutrition and weight loss management, wound management, behaviour management and falls management. Appropriate interventions are in place and monitored regularly. The Assessment Team provided examples of individual consumers and demonstrated how their potential risk is effectively managed. Clinical care policies and procedures reviewed by the Assessment Team contain strategies based around managing risk.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate effective management of high impact and high prevalence risks associated with the care of each consumer.

### Requirement 3(3)(g) Compliant

*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.*

The Assessment Team found that the service has systems and practices in place to identify infection related risks for consumers and promote appropriate antibiotic prescribing. These include a current outbreak management plan, screening processes for all staff and visitors, and other infection prevention strategies such as additional cleaning, social distancing and staff use of personal protective equipment (PPE). While the Assessment Team observed some gaps in relation to PPE access and practice, the service was able to demonstrate that all staff have completed PPE training and competency assessment and monitoring systems are in place in relation to staff PPE practice. Processes involving the medication management committee and pharmacy reports are in place to promote appropriate antibiotic prescribing. Staff have attended training in antibiotic resistance.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate strategies and practices to minimise infection related risks, particularly in relation to COVID-19. Practices to promote appropriate antibiotic prescribing are also in place.

# STANDARD 8 Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

Two of the five specific requirements have been assessed as Compliant.

The Assessment Team did not assess all requirements and therefore an overall rating for this Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found that the organisation has an overarching risk management framework. Risks are reported, escalated and reviewed by management at service level and executive management including the Board. The service demonstrated components of the risk management system which includes ‘incident and clinical governance reporting’ incident reports, use of risk authorisation forms, monthly audits, meetings with consumers, representatives and staff. Feedback is communicated through service and corporate meeting cycles and leads to improvements to care and services for consumers. Management conducted a post outbreak analysis following the recent COVID-19 outbreak. A range of improvements have been identified and implemented. The organisation responds to adverse incidents and near misses through either comprehensive file review or root cause analysis. Findings are escalated to division quality meetings, clinical committee and the Board.

Processes are in place to identify and respond to allegations of abuse of consumers. Review of the compulsory reporting register evidenced that incidents are reported as required and managed effectively.

Management have regular meetings with consumers and representatives. Management discussed situations where a consumer’s decision may differ from the views of their representative and how they used the principles of the organisation’s framework to support consumers and representatives through the decision-making process.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate effective risk management systems and practices, including learnings that have changed practice since the recent COVID-19 outbreak.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team found that the organisation has a documented clinical governance framework, systems and practices based on best practice guidelines. There are clear roles and responsibilities for clinical staff, management, upper management and the Board.

The service evidenced an antimicrobial stewardship practice standard. Antimicrobial stewardship is an agenda item for meetings such as the medication advisory and nurse meetings. Antibiotics are discussed with medical practitioners. Pharmacy reports are used to monitor antibiotic use.

The service evidenced a minimising restraint procedure. The service demonstrated ‘as required’ psychotropic medication incident reporting is used to monitor ‘as required’ medication use. Reports are analysed to identify trends in non-pharmacological and as required medication usage, and referral to medical and specialist services for review.

The service evidenced an open disclosure framework and gave examples demonstrating its implementation.

I have considered the information provided and find the requirement is Compliant as the approved provider was able to demonstrate effective clinical governance processes and practices.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.