Baptistcare Graceford

Performance Report

18 Turner Road   
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**Commission ID:** 7176

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Site date:** 14 April 2021

**Date of Performance Report:** 9 June 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** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 did not provide a response to the Assessment Team’s report.

# 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

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care which was found Non-compliant following an Assessment Contact visit conducted on 27 August 2020. The finding of non-compliance was in relation to high impact risks associated with the clinical care of three consumers not being effectively managed.

The Assessment Team found the service has implemented improvements to address the deficits identified including staff training, review of assessment and communication processes. The improvements implemented have been effective at ensuring consumers’ high impact and high prevalence risks including in relation to pain, wound care, falls and behaviours are now managed effectively.

The Assessment Team recommended the service now meets Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. Based on the Assessment Team’s report I find the service Compliant with this Requirement. I have provided reasons for my decision below.

All other Requirements in relation to Standard 3 Personal care and clinical care were not assessed and an overall rating of the Standard not provided.

### Assessment of Standard 3 Requirements

### 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 the service effectively manages high impact and high prevalence risks associated with the care of consumers and particularly in relation to pain, wound care, medication, falls and behaviours. Evidence included:

* Consumers interviewed were satisfied with the management and support of their pain, falls and the behaviours of consumers living with dementia.
* Staff demonstrated their understanding of the requirement to monitor the use of ‘as required’ analgesia and escalate for medical review for consideration of introducing or increasing a regular analgesia dose to minimise breakthrough pain.

#### The service manages falls risks relating to the care of each consumer in line with the consumer’s care plan, supporting them to safely maintain their best possible level of independence and function.

#### Relevant general practitioners and allied health professionals have input to prevent and manage high impact or high prevalence risks for consumers. New or changed practices to assess and manage high impact or high prevalence risks to consumers’ safety, health and well-being are communicated and documented.

#### The service also delivers personal or clinical care and manages risk in a way that balances the consumer’s rights and preferences with their safety and the safety of others. This includes managing challenging behaviours in ways that involve the consumer and respects their rights, dignity and independence.

Based on the summarised evidence above I find the service Compliant with this Requirement.

# 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

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8 Organisational governance which was found Non-compliant following an Assessment Contact visit conducted on 27 August 2020. The finding of non-compliance was in relation to staff practice not being consistent with the organisation’s risk management policy and procedures in relation to the management of risks associated with consumer care.

The Assessment Team found the service has implemented improvements to address the deficits identified including staff training, monitoring of staff practice and improved communication processes. The improvements implemented have been effective at ensuring staff practice is consistent with the organisation’s risk management policy and procedure.

The Assessment Team recommended the service now meets Requirement (3)(d) in relation to Standard 8 Organisational governance. Based on the Assessment Team’s report I find the service Compliant with this Requirement. I have provided reasons for my decision below.

All other Requirements in relation to Standard 8 Organisational governance were not assessed and an overall rating of the Standard 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The organisation has a risk management framework to direct staff in the management of risks including risks associated with consumers’ care, identifying and responding to abuse, managing incidents and supporting consumers to live their best life. Evidence included:

* The service has an effective system to ensure staff recognise incidents of assault, abuse or neglect and incidents are reported, responded to and managed effectively in line with procedures. Staff interviewed confirmed incident management processes including those requiring reporting.
* The service has a system to assess, identify and manage risks associated with the care of consumers and consumer and staff interviews and consumer files viewed confirmed staff practice is in line with the risk management procedures.
* The service has not currently assessed or recorded environmental restraint in place for ten consumers. However, the service has implemented actions to review and assess all environmental restraint.

Based on the summarised evidence above I find the service Compliant with this Requirement.

# 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.