Baptistcare Gracewood

Performance Report

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**Commission ID:** 7166

**Provider name:** Baptistcare WA Limited

**Site Audit date:** 10 January 2022 to 12 January 2022

**Date of Performance Report:** 17 March 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

* the Assessment Team’s report for the Site Audit; 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
* the Approved Provider’s response to the Site Audit report received 4 February 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### 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:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s Site Audit report, correspondence did not specifically relate to this Standard.

The Assessment Team found overall, consumers are treated with dignity and respect; are supported to maintain their identity and are able to make informed choices about the care and services they receive which allows them to live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* A consumer said they felt supported by the service after changing their mind about receiving a vaccination.
* A consumer at elevated risk of falls said they are aware staff have concerns about them falling but continue to support them to do the things they want to do.
* Consumers were able to describe information they receive relating to meal and lifestyle activities which helps them make decisions, and representatives stated they were pleased with timeliness of information provided to them following an incident and upon identification of a change in health condition.
* Consumers and representatives described actions staff take which underpin a respectful environment and support their right to privacy, such as knocking and announcing themselves prior to entering rooms, adhering to consumer preferences in relation to care and using preferred titles when addressing consumers.

A sample of consumer care documentation demonstrated the service captures consumer background and life history in consultation with the consumer and others they wish to include. This helps to shape how care is delivered and inform staff as to individual needs, goals and preferences. Care planning documentation was observed to be personalised and relevant, with adequate detail to support staff to get to know consumers as individuals.

Staff could provide examples of how individual consumers are supported to undertake activities of importance to them and live a life of their choosing, including respecting and supporting consumers who choose to take risks. Some examples included use of specific equipment, maintaining independence through undertaking certain activities, and enjoying a normal diet where a modified diet may be recommended. The Assessment Team also observed information being made readily available to consumers (such as through use of noticeboards) and staff described strategies to support culturally and linguistically diverse consumers to help empower all consumers to make decisions.

The Assessment Team observed respectful and kind interactions between staff and consumers, and staff could identify consumers with specific preferences in how care is delivered, such as from staff of a specific gender. Similarly, staff could describe how they maintain confidentiality of information and respect consumer privacy, which was observed in practice by the Assessment Team.

There are organisational policies and procedures informing staff practice regarding dignity and respect, and the Assessment Team noted how staff support consumers from diverse backgrounds, including provision of culturally safe care to consumers who may be from vulnerable and/or minority groups.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT 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

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s Site Audit report, correspondence did not specifically relate to this Standard.

The Assessment Team found that most sampled consumers and representatives felt they were partners in the ongoing assessment and planning of care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* One consumer said staff ‘listen to what they want’, while a second consumer said they feel able to discuss both longer term care planning and day-to-day delivery of care needs with staff.
* Two representatives said they had been contacted by the service to discuss care planning where the consumer was unable to verbalise their preferences. Similarly, a representative said the service fully involved them and were very respectful of their relative’s wishes during provision of care at end of life.
* Three representatives said they were satisfied how the service informs them of assessment outcomes and changes in care delivery. Similarly, representatives sampled said they found management ‘very responsive’ and said the service contacts them following clinical incidents and any subsequent actions taken by the service.

Consumer files sampled demonstrated the service has a thorough assessment and planning process for consumers upon entry which enables development of individualised care plans. The Assessment Team also noted most care plans sampled appeared to have been updated following circumstances, such as a decline in health, an incident or discharge from hospital, a change in preferences or following an annual review. However, the Assessment Team presented some examples where care planning documentation was not contemporaneous and the information differed from actual consumer needs or current circumstances. In these examples, there was no evidence suggesting that the outdated documentation had a deleterious effect to consumers’ health or provision of care, and staff could provide accurate and current information relating to consumers.

Care plans viewed were comprehensive and included areas of health and well-being for consumers, such as nutrition and hydration, medication and pain management, mobility, skin care, personal hygiene and behaviour management. Assessment and care planning documents also identified known risks to consumers, including medical, cognitive, infection, and sensory risks, pressure area and falls risks, and other risks associated with equipment use and environment. Strategies to inform delivery of safe care are documented.

Care plans also included information regarding each consumer’s daily routine, activity and personal care preferences, and included evidence that other organisations and/or individuals had provided input where applicable, including ongoing assessment and review by Allied health professionals.

Staff interviewed were able to demonstrate knowledge of consumers’ needs and preferences, including strategies and supports aligned to their wishes regarding end of life care. Staff confirmed while they are guided by care plans, they never simply assume a consumer will want the exact daily routine and reconfirm their preferences regularly.

The service has policies and procedures to guide assessment and care planning, including an assessment planner checklist and care plan review schedule. Staff were able to describe monitoring processes which ensure assessment and planning tasks are completed, in addition to validated risk assessment tools used by the service to inform care planning.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.*

### Requirement 2(3)(b) Compliant

*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.*

### 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.*

### Requirement 2(3)(d) Compliant

*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.*

### 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.*

# STANDARD 3 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

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(b) in this Standard as Not met. The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers, specifically in relation to falls prevention and medication refusal. However, based on information and evidence presented within this Standard and others, and the response from the Approved Provider, I have come to a different view from the Assessment Team and find Requirement (3)(b) Compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to other Requirements in this Standard, the Assessment Team found overall, consumers and their representatives sampled considered consumers receive personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said staff know their preferences, including one who said staff know they like to be independent.
* A consumer said they were satisfied with the clinical care they were receiving as their pressure injury was healing.
* A representative said they were very satisfied with the end of life care their father received; noting staff were caring, attentive and involved the family in all decisions.
* A representative said they were satisfied with the service’s response and management as consumer needs change.

The service demonstrated systems and processes exist to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Deterioration or changes in consumers’ mental health, cognitive or physical function, are responded to appropriately by the service. Similarly, the service demonstrated an understanding of the needs, goals and preferences of consumers nearing end of life.

The service was able to demonstrate information about a consumer’s condition needs and preferences is documented and communicated with those who are in the service and others where care responsibilities are shared. There were some examples provided by the Assessment Team where documentation held by the service in relation to consumers was outdated, however, this did not appear to have any ill-effect on the care of individual consumers as staff could demonstrate they know them and their current individual needs well.

The service demonstrated they work with consumers and others to identify needs that can be best met by involving others in consumer care, such as utilising outside organisations. Staff were able to provide examples how they support consumers with specialist care needs.

The service demonstrated an effective infection and prevention and control program and implemented precautions to minimise and prevent risk of infection. The Assessment Team observed staff undertaking infection prevention and control measures throughout the duration of the Site Audit.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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.*

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

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

The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks associated with the care of consumers, specifically in relation to falls prevention for one consumer and medication refusal for two consumers.

* The service demonstrated it has a risk management system which includes an assessment process for each consumer to identify risks associated with their care, including in relation to falls. The evidence provided by the Assessment Team indicates the service’s risk management system aims to strike a balance which considers individual goals, preferences and independence of consumers against risk.
* To note, neither the Assessment Team’s report, nor the Approved Provider’s response referred to any general or specific policy regarding management of high impact or high prevalence risk, nor a policy relating to falls management. Accordingly, I am unable to consider such documents in coming to my finding.

Consumer A

* Consumer A had five falls in a 10 week period prior to passing away in August 2021. Following the first fall in mid-June 2021, the service implemented strategies to reduce risk of falling, including increased supervision at night, regular scheduled assistance to mobilise to the toilet and use of an alarm mat.
* Four additional unwitnessed falls occurred after mid-June 2021, with intervals between each fall ranging between two to three weeks. Two of these falls were self-reported by Consumer A. The service completed an incident report following each fall. Consumer A reported pain and a bruise following the third fall. No injuries were noted following assessment for the fourth and fifth fall.
* The service documented additional interventions to prevent falls following Consumer A’s fifth fall, including encouragement to use the call bell and hourly visual checks overnight. A sensor mat was in place and Consumer A advised they did not wish for family to be notified about the fall.
* An incident review following the fifth fall noted Consumer A was not actually found on the floor, rather; they were found in the bathroom in the early hours of the morning; denied assistance and was confused.
* Clinical staff and management noted Consumer A had good cognitive skills and was very independent, and often moved or disabled their sensor mat which alerts staff to their movements. Staff stated extra supervision and hourly checks by staff were understood to be done and a documented hourly checking record is generally only used for consumers at risk of absconding.

The Approved Provider submitted the following information in response to the Assessment Team’s finding:

* The clinical team meet weekly to review consumer care, including relating to new admissions, consumers returning from hospital, those receiving end of life care, consumers who frequently fall and consumers whose care needs are changing. Interventions are communicated to care staff through the team communications and during handover.
* Management provided examples of effective strategies implemented by the service in relation to high impact or high prevalence risk, including to prevent risk of falling.
* The service attributed two of Consumer A’s three confirmed falls to their choice to wear inappropriate footwear and notes Consumer A was ‘fiercely independent’ and prone to refusing staff assistance. Consumer A had some capacity and was able to change their footwear to their preference and would unplug or move their sensor mat to prevent staff being alerted to their movements.
* Management assert that at no time was it identified that Consumer A spent a long time awaiting assistance on the floor following a fall.
* Management advised a plan for continuous improvement has been developed to identify consumers who are active overnight to ensure their welfare is monitored.

Consumers B and C

* The Assessment Team found Consumer B refused medication on 17 occasions in a two week span. Consumer B is prescribed multiple medications, including three types of eye drops which alone have a combined requirement of six applications each day. The service noted refusal of medication as a behaviour but had not reviewed Consumer B’s care plan. Staff interviews, progress notes and discussion with the consumer all indicate that Consumer B is worried about their poor vision.
* The Assessment Team found Consumer C refused medication on four occasions within a one week span and were unable to see evidence that effective strategies had been identified and trialled by the service to reduce frequency of medication refusal.
* Management stated they want to support consumers with the decisions they make, however, acknowledged there may be a trend of medication refusals across the service which had not been considered as an issue requiring a service-level review.
* In addition to refusal of medication, the Assessment Team found the service is not adequately managing Consumer B’s behaviours of concern, including refusal of care and verbal disruption which disturbs other consumers. Consumer B has regular behaviour charting and 12 entries were charted in a seven week span. Of these, the service reported effective interventions on two occasions. On four occasions, the service did not document which interventions were used and only reported the behaviours of concern.

The Approved Provider submitted the following information in response to the Assessment Team’s findings:

* Consumer B’s care has been overseen by Dementia Support Australia and the Bentley Older Adult Health Service who both visited in August 2021 and October 2021, respectively. Their recommendations for Consumer B’s care are being followed with additional strategies being commenced from early January 2022.
* Consumer B’s refusal of medication is monitored and an attempt to transfer them to hospital for alternative treatment for a chest infection failed when the Ambulance service refused the transfer.
* The service have developed a plan for continuous improvement to re-educate staff on eye care (including medications) and care of visually impaired consumers.
* The service did not specifically respond to the Assessment Team’s finding relating to Consumer B’s behaviour charting.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of Not met and find the Approved Provider Compliant with this Requirement for reasons detailed below.

In relation to Consumer A, whilst it is unclear if the effectiveness of their fall prevention strategies were reviewed at weekly clinical meetings, I have considered and placed weight on the Assessment Team’s report noting the service reviewed Consumer A and implemented strategies following their initial fall during mid-June 2021. Additional strategies were documented following the fifth fall, demonstrating the service continued to monitor Consumer A’s situation. The Assessment Team’s report notes Consumer A did not sustain significant injuries from their documented falls and their death in August 2021 was unexpected, rather than attributed to a fall.

In addition, I have considered feedback obtained from staff during the Site Audit, the Approved Provider’s response, and documentation in Consumer A’s care plan. In particular, I note the service has a regular clinical review process following clinical incidents and Consumer A was cognitively able and demonstrated some independence; including in relation to their footwear choice which may have been inappropriate, their choice to unplug their sensor mat, and their independent overnight movements which may have contributed to their falls.

Although the risk-based questions asked of the service do not indicate how many falls occurred across the service in the three months prior to the Site Audit, the service identified there had been no fall-related fractures and consumers prescribed anticoagulant medication are reviewed in hospital as a precautionary measure. I have also considered the information contained under other Standards in the Assessment Team’s report, which discusses fall prevention strategies for a current consumer who is considered at greater risk off falls but wishes to retain their independence.

In relation to Consumer B, I have considered the frequency of medication refusals which have occurred across the reported two week period, however, it is unclear which medications are being refused, the potential severity of harm which may occur, and how refusal is being measured – in effect, if all medications have been refused on a small number of days or if a small number of medications have been refused each day. I note staff are able to administer some medication to Consumer B which they described as ‘the most important medication’. I have also considered and acknowledge the service’s commitment to ensuring consumer dignity and choice is upheld, including the right to refuse medication.

In relation to Consumer C, who refused a new medication four times within a week, I have considered their progress notes indicate they have a history of refusing care and medications. There is staff feedback contained within the Assessment Team’s report which demonstrates staff are familiar with Consumer C and are to respect their decision (when they decline assistance) and return at a later time.

I also note, described under other Requirements in the Assessment Team’s report, individualised strategies implemented by the service in relation to high impact or high prevalence risk for other consumers, including relating to both falls and refusal of assistance. Accordingly, on considering the above, I have formed the view that the service does not appear to be ineffective or inactive at managing high impact or high prevalence risk in relation to these areas. However, I encourage the service to review and revisit processes relating to high impact or high prevalence risk, particularly following incidents, such as falls, management of challenging behaviour, and to closely monitor medication refusal, including liaison with Medical officers to consider potential harm or issues relating to refusal.

For the reasons detailed above I find I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

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

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

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

*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.*

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

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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.*

# STANDARD 4 COMPLIANT Services and supports 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

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s Site Audit report, correspondence did not specifically relate to this Standard.

The Assessment Team found most sampled consumers felt they get the services and supports for daily living which are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers feeling supported with emotional, spiritual and psychological well-being needs through participating in activities, such as religious services, running an in-house ‘tuck shop’ and facilitating visits from friends and family.
* A representative stated staff respect and support their relative to undertake personal care tasks aligned to how they wish to express their gender identity.
* Being supported to participate in the community within and outside the service’s environment and maintaining important relationships.
* Having a choice in daily meals and having varied options to choose from.

Care planning documents demonstrated the service captures information about consumer needs, goals and preferences in relation to services and supports for daily living which are important to them and support their health and well-being. Staff provided examples of where referrals had been made to support consumers to undertake meaningful activities which enhance their quality of life. Similarly, care documentation identified consumers’ religious and spiritual needs, which the service supports through religious services and other one-on-one support from the service’s Chaplain. Care and clinical staff were able to discuss how they support consumers experiencing grief, loss or anxiety, including referral to specialist support services when appropriate.

The Assessment Team viewed the service’s monthly group activity schedule which is made available to consumers both on communal noticeboards and in hardcopy in their rooms, noting a range of physical, cognitive, sensory, and psychosocial activities. Examples provided showed the service also facilitates activities outside the planned schedule to support individual interests, and care plans sampled reflect involvement with external organisations.

Information about consumer needs, goals and preferences relating to this Standard is communicated to relevant personnel through electronic care plans, handover, and a communication book stored in the nurses station. Information regarding personal care preferences is also readily available to care and other staff in individual consumer rooms.

The service demonstrated it provides choice in meals which most sampled consumers enjoy; feedback identified that meals are varied and of suitable quality and quantity. The service ensures consumers can have snacks, such as sandwiches or salads at any time and there are alternate meal options if consumers change their mind about what they feel like eating. Care planning documents showed how the service supports one consumer to eat meals which are not on the service’s normal Winter or Summer menu, and how they support other consumers with specific dietary needs or preferences, such as gluten free, lactose free or vegetarian meals. Staff were observed to follow general food safety and hygiene strategies, and the kitchen appeared clean and tidy.

The Assessment Team observed a range of equipment available to support consumers, all appearing in a clean and maintained condition. An example was provided where the service had worked in a consultative manner with a consumer to identify the most appropriate equipment for them which supports their mobility goals and preferences. Staff confirmed they have access to sufficient appropriate equipment to support consumers and were trained and confident in using it safely.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

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

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

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s Site Audit report, correspondence did not specifically relate to this Standard.

The Assessment Team found that overall, sampled consumers felt they belong, are safe, and are comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* Feeling that the service environment was cheerful, supportive and welcoming to their families and guests when they visit.
* Being able to access outdoor areas, including leaving the service, when they want to.
* Being satisfied, in general, that the service environment, including furniture, fittings and equipment are safe, clean, maintained and suitable.

The service uses directional signage to support consumer and visitor navigation throughout the service. Consumers and visitors were observed using common or shared areas for interaction and activities during the Site Audit, which include an activity room, cinema and quiet room. Some shared areas also have balcony and kitchenette access. Consumers are supported to individualise their rooms (a single bedroom with an ensuite) with personal items and the service has an onsite hairdressing service.

The service environment, including equipment available to consumers, appeared well maintained and both consumers and representatives confirmed they felt it was comfortable and suitable for them. The Assessment Team observed staff cleaning furniture, fittings and equipment regularly throughout the Site Audit, and documentation showed equipment is maintained both internally and where appropriate, through external contractors. Staff could describe how they report and isolate equipment in the event a fault or issue occurs to ensure consumer safety.

The service demonstrated it monitors and assesses the service environment for ongoing suitability through surveys and Resident and relative meetings. Feedback forms evidenced that the service receives compliments about the quality of the environment and feedback from consumers demonstrated they are able to influence their living environment.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### 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:

1. 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.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s Site Audit report, correspondence did not specifically relate to this Standard.

The Assessment Team found that overall, sampled consumers felt safe, encouraged and supported to provide feedback and make complaints, and appropriate responsive action is taken by the service. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They are comfortable and happy to raise concerns with the service; either verbally or through the feedback form system.
* Consumers are aware of the various ways which feedback can be provided, including both internal and external mechanisms.
* Consumers and representatives are satisfied with the timeliness and appropriateness of the service’s actions in response to feedback, including the use of an open disclosure process if something doesn’t go according to plan.

Staff and management demonstrated awareness and understanding of the feedback and complaints mechanisms available and could describe how they support consumers to voice their concerns if required. There are multiple ways to provide feedback and complaints which are made known to consumers, representatives and others by the service through posters and brochures presented in multiple languages throughout the service. The service also holds Relative and residents meetings which consumers, representatives and advocates are invited to attend, with minutes subsequently made available.

The Assessment Team observed feedback forms and a suggestion box located in an accessible manner, in addition to documentation about advocacy and language support services available to assist consumers.

The service has policies and procedures relating to feedback, complaints and use of an open disclosure process. The Assessment Team noted examples of where the service had used an open disclosure process and where they had responded to feedback in a timely manner.

The service has a continuous improvement policy and the Assessment Team’s report included examples where the service had used feedback to inform improvements to care and service delivery, including relating to food, activities, and the broader service environment.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended all Requirements in this Standard as met. While the Approved Provider submitted a response to the Assessment Team’s Site Audit report, correspondence did not specifically relate to this Standard.

The Assessment Team found that overall, sampled consumers felt they receive quality care and services when they need them from knowledgeable, capable and caring staff. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Most consumers sampled said there are adequate staff numbers to meet their care and service needs.
* Representatives describing how staff are exceptionally kind and caring, highlighting in particular the care provided to both palliating and diverse consumers.
* Confidence that staff have received training, have the required knowledge and are competent to deliver care in a way that satisfies their needs.

Staff were observed interacting with consumers in a respectful and caring manner and the Assessment Team also viewed documented positive feedback received by the service in relation to staff demeanour.

Staff said shifts are filled and did not report staff shortages, which was supported by allocation documentation. The service does utilise some agency staff to fill vacant shifts, however, care staff stated only regular staff are used to support consumers residing in the dementia specific wing of the service. The service undertakes call bell audits where required to investigate call bell concerns.

The service provides role-specific training for staff, such as infection control, wound care and pressure injury training for registered staff, in addition to training on culture, diversity and incident reporting. The service maintains records of staff training completion and similarly has a system to ensure staff performance appraisals are completed annually.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(d) in this Standard as Not met. The Assessment Team were not satisfied the service demonstrated effective risk management systems and practices, including using an incident management system to manage and prevent incidents. However, based on information and evidence presented within this Standard, and others, and the response from the Approved Provider, I have come to a different view from the Assessment Team and find Requirement (3)(d) Compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to the other Requirements in this Standard, the Assessment Team found overall, consumers and their representatives sampled considered the organisation is well run and they feel like a partner in improving the delivery of care and services. For example, consumers and representatives said they are engaged in the development and evaluation of their care and services, including consulting with them directly at regular intervals.

Management were able to describe changes which had occurred within the service in consultation with consumers, including relating to menu review and the service’s gardening program. Similarly, the service was able to demonstrate measures to ensure the governing body is aware of what happens at the service and how they promote delivery of quality care, including by providing a range of reports and having monitoring systems in place.

The service demonstrated organisation-wide governance systems are in place, including relating to information management, continuous improvement, workforce governance and regulatory compliance. Staff confirmed they have access to organisational policies and procedures, including relating to the clinical governance framework in place. Staff and management were able to describe policies, such as relating to antimicrobial stewardship and open disclosure.

Based on the Assessment Team’s report, I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, to be Compliant with all Requirements in Standard 8 Organisational Governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*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.*

### 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 Assessment Team were not satisfied the service demonstrated effective risk management systems and practices, including using an incident management system to manage and prevent incidents.

* The service has a documented risk management framework; however, the Assessment Team were not satisfied that the service demonstrated how completed incident reports are used to inform strategies to reduce risk and provide safe and effective care.
* The Assessment Team noted the service conducts a weekly clinical care meeting and completes quality indicator reporting which is used for benchmarking purposes.

The Assessment Team elaborated on the risks relating to the care of Consumer A and Consumer B (as discussed under Standard 3 Requirement (3)(b)). They noted discussion of Consumer A’s falls were not documented in the clinical team meeting and while Consumer B’s behaviours of concern were discussed, they did not specifically relate to their refusal of medication.

The Approved Provider submitted a response to the Assessment Team’s report and included information relating to their incident management system. The Approved Provider did not comment on the specific risks relating to the consumers named in the Assessment Team’s report in the context of this Requirement, however, did provide a broad example of how they used their incident management system to identify and resolve a risk for a different, unnamed consumer.

In coming to my finding relating to the service’s use of an incident management system, I have reviewed and considered information presented by the Assessment Team under other Requirements, including Standard 3 Requirement (3)(b), and also acknowledge the Approved Provider’s response.

I place weight on the fact that the service does undertake regular clinical care meetings, and reports are completed following incidents. In the case of Consumer A, it is evident that additional strategies were implemented following investigation of their fall and external specialists are involved in the ongoing care of Consumer B. The Assessment Team also noted that staff were able to describe their roles and responsibilities in relation to incident management and I note the service is aware of and has reported incidents under the Serious Incident Response Scheme (SIRS).

Accordingly, I do not consider the two examples provided sufficiently or reasonably demonstrate that the service is ineffective at using insights from their incident management system to manage or prevent future incidents. However, I would encourage the service to consider how incident data (both clinical and incidents more broadly) can be monitored for improvement opportunities both at an individual consumer level and a broad consumer cohort level.

In relation to risk management systems relating to managing high impact or high prevalence risks, I have considered evidence presented in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care which identifies the organisation has processes to identify high prevalence risks, such as relating to falls, weight loss, restraint, skin integrity and procedures to support staff practice.

Similarly, in relation to supporting consumers to live the best life they can, I have considered evidence presented in Standard 1 Consumer dignity and choice which demonstrates the organisation has processes to identify consumer needs, goals and preferences, and systems to enable them to live the life they choose.

In relation to identifying and responding to abuse and neglect of consumers, I have considered that SIRS training has been provided to staff and the Assessment Team note they were comfortable with reporting requirements. The Assessment Team note the organisation has organisational policies and procedures relating to SIRS.

For the reasons detailed above I find I find Baptistcare WA Limited, in relation to Baptistcare Gracewood, Compliant with Requirement (3)(d) in Standard 8 Organisational governance.

### 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.*

# 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.