Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Percy Baxter Lodges |
| **RACS ID:** | 3392 |
| **Name of approved provider:** | Barwon Health |
| **Address details:** | 45-95 Ballarat Road NORTH GEELONG VIC 3215 |
| **Date of site audit:** | 24 September 2019 to 26 September 2019 |

**Summary of decision**

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| **Decision made on:** | 29 October 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:** | 06 December 2019 to 06 June 2022 | |
| **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 | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | 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 | | Not 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) | | Not 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 03 February 2020 | |
| **Revised plan for continuous improvement due:** | By 13 November 2019 | |

**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 Percy Baxter Lodges (the Service) conducted from 24 September 2019 to 26 September 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 | 20 |
| Consumer representatives | 2 |
| Management | 11 |
| Clinical staff | 3 |
| Care staff | 4 |
| Hospitality and environmental services staff | 3 |
| Lifestyle staff | 2 |

## 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:

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.

#### Summary of Assessment of Standard 1:

The Assessment Team found that the organisation has met all six requirements under Standard 1.

Consumer experience interviews show that 100% of consumers agree that staff treat them with respect all or most of the time. The organisation’s values include respect and valuing diversity. Management and senior staff model appropriate behaviour and take action when they become aware of any staff conduct that does not meet the organisation’s requirements.

The service demonstrated consumers are treated with dignity and respect and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumers’ individual preferences and interests. The service promotes and values individual consumers’ culture and diversity with assessment processes that identify how consumers wish to live these aspects of their lives. The service offers a wellbeing program to reflect the diverse backgrounds and preferences of consumers. Staff described how the delivery of care is tailored to the consumer.

Consumers and representatives interviewed confirmed that they feel safe, respected and have a choice in their daily activities. Staff provided meaningful examples of how they help consumers to make choices and assist them in doing what they want to do, even if this involves an element of risk. Consumers described the ways their social connections are supported and how friendships have developed within the service.

Consumers are satisfied that the service promotes and protects their privacy and confidentiality of information. The service demonstrated how information stored both electronically and in hard copy is kept secure and confidential and how confidential discussions are held privately.

#### 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:

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.

##### **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 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:

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.

#### Summary of Assessment of Standard 2:

The Assessment Team found that the organisation has met all five requirements under Standard 2.

Consumers and representatives are satisfied they receive care they need based on their input into care planning and assessments. Representatives provided examples of where they were consulted following an incident and/or in response to a change in a consumer’s care needs. Staff described how care and services are reviewed regularly, when there is a change to consumers’ health or wellbeing, needs or preferences. Management provided examples of how monitoring processes, including incidents, effect change to care delivery to minimise recurrence of adverse events.

Consumers and representatives are consulted to ensure care reflects individual needs. This was demonstrated in consumers’ care plan documentation which included planning for end of life and regular care consultations. However, feedback from consumers and a representative indicated they are not always invited to be involved in assessment and care planning. Management demonstrated how this would be improved through their partnership and sharing of information process.

Staff could describe how consumers and others who contribute to the consumer’s care (including medical officers, allied health professionals and family) work collaboratively to ensure assessment and planning has a focus on optimising health and wellbeing in accordance with the consumers’ needs, goals and preferences.

#### 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) 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:

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.

##### **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:

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.

#### Summary of Assessment of Standard 3:

The Assessment Team found that the organisation has met all seven requirements under Standard 3.

Consumers and representatives interviewed are satisfied that consumers receive the care they need. Consumers and representatives are satisfied consumers feel safe and confident that they are receiving quality care. File review demonstrated examples of action taken in response to a change in clinical needs; this included consultation with health care professionals as required.

Staff could describe how they ensure consumers receive the care they need in accordance with personal preferences and health professional directives. Staff provided different examples of how collaborative and multidisciplinary care enhance consumers’ health and wellbeing in accordance with their preferences; this was further evidenced in care and plan documentation.

Management demonstrated that staff are provided with continued opportunities for ongoing education and training; both internally and externally. Opportunity for feedback regarding clinical care provision occurs through care consultation, complaints mechanisms, incident reporting and audit processes.

Staff demonstrated how consumers receiving end stage palliative care are provided end of life are according to their wishes. File review demonstrated how care planning processes incorporate collecting and recording of information regarding terminal care wishes. Management and staff described how comfort and dignity is maintained, during the palliative phase, in accordance with specific needs and preferences.

Policies and procedures are readily available to guide staff in the delivery of personal and clinical care with education provided to further enhance clinical care provision. Care plan review by the Assessment Team demonstrated they are evaluated regularly.

#### 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:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

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

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

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

The organisation demonstrates 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: Services and supports for daily living Not 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:

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.

#### Summary of Assessment of Standard 4:

The Assessment Team found that the organisation has met six of the seven requirements under Standard 4.

Consumers interviewed confirmed they are satisfied with the services they receive especially in relation to their physical care, however 43% of consumers interviewed strongly disagreed or disagreed when asked if they liked the food they receive. For example, it is not always hot enough, it lacks variety, it does not always meet their dietary needs and preferences, including cultural preferences, and they do not always get what they order.

The organisation adequately demonstrated that it makes timely referrals to other organisations, and provides safe, suitable and generally a clean and well-maintained living environment.

The organisation demonstrated that it supports consumers to connect with other external services and people outside the facility and seeks feedback from consumers about activities of interest to them within the service. The organisation demonstrated that it supports consumers emotional, spiritual and psychological well-being.

The service did not provide adequate evidence that it regularly monitors and reviews the meals to ensure they are providing a variety of quality meals that meet consumer needs and preferences and an engaging meal time experience, that encourages consumers to eat and drink.

#### 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:

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.

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

##### **Standard 4 Requirement 3(f) Not Met**

The organisation was unable to demonstrate 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:

1. 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 organisation has met all three requirements under Standard 5.

The service was observed to be welcoming (with individual rooms decorated with memorabilia, photographs and other personal items), and generally clean and well maintained. While the service has cleaning and reactive and preventative maintenance processes and procedures the Assessment Team observed some anomalies with the living environment. Management attended to and or commenced arrangements to rectify these matters. The layout of the service enabled consumers to move around freely, with suitable furniture, fixtures and signage to help consumers navigate the service. Consumers had ready access to tidy outdoor areas with gardens, furniture and pathways that enable free movement around the areas.

Policies and procedures described systems for the service and maintenance of furnishings and equipment and how environmental risks to consumers were identified and managed. Staff interviewed confirmed their understanding of the systems, and record arrangements. Consumers and representatives confirmed cleaning was delivered as arranged. Management confirmed the service environment is routinely monitored for any emerging risk or maintenance.

#### 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:

1. is safe, clean, well maintained and comfortable; and
2. 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:

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.

#### Summary of Assessment of Standard 6:

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

The service demonstrated consumers know how to give feedback and make complaints. Consumers and representatives interviewed expressed satisfaction that staff follow up when they raise things with them most of the time or always.

Consumers and representatives are encouraged to provide feedback at regular meetings and there are feedback forms on display throughout the service. Information regarding the complaints process is also explained to consumers and/or their representatives on entry to the service. A representative who raised concerns said feedback was not always received. However, management provided examples of how they would improve their communication processes.

The service demonstrated that there are established processes to facilitate the submission of complaints, that formal complaints are documented as received and have been registered, actioned and resolved. Results of complaints are discussed with the complainant and continuous improvement processes to remedy issues are implemented.

Staff explained how they support consumers to provide feedback as required. Management demonstrated that appropriate action is taken in response to complaints and when things go wrong. The organisation has complaints management and open disclosure policies and procedures which includes a system to record, track and manage feedback and this in turn is generally used to improve the quality of care and services.

#### 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 generally 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:

1. 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 has met all five requirements in relation to Standard 7.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this meant to them including in relation to events of cultural significance, specific care and relationship needs. Interactions between consumers, representatives and staff were observed to be kind, caring and respectful.

The organisation demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. Staff are satisfied with the orientation and support provided to new employees. Performance reviews occur as part of probation monitoring and recruitment is ongoing.

Although consumers and representatives are satisfied with the knowledge of staff, some consumers expressed concerns regarding staffing levels that impacted on their care. Management demonstrated it was aware of these matters and is working towards establishing staffing levels that routinely meet consumers’ needs and preferences.

The service adequately demonstrated how they plan the number and mix of staff to enable safe care and services. Staff have appropriate qualifications to assist them to effectively perform their roles.

Organisational policies and procedures regarding human resource management provide the workforce with guidance and the expectations related to performance and scheduled training programs.

#### 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 is undertaken.

### 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:

1. 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 organisation has met all five requirements under Standard 8.

The service demonstrated they involve consumers and engage them on a regular basis in the planning, delivery and evaluation of care, lifestyle and services. Consumers provided practical examples of how they are included in care planning and hospitality service provision.

The governing body meets regularly, sets clear expectations for the service and regularly reviews risks from an organisational and consumer perspective. There are organisation wide governance systems to support effective information management, the workforce, compliance with regulation and clinical care. The clinical governance framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff interviewed understood these concepts and could explain how they were applied in practice. The service minimises the use of restraint and considers alternative measures and options.

#### 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 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.

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

The organisation demonstrates 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.

##### **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:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.