**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Baldwin Care Group Services |
| Service address: | 1 Seabeach Avenue, Baldwin Retirement Village MONA VALE NSW 2103 |
| Commission ID: | 201323 |
| Home Service Provider: | Baldwin Care Group Services Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 29 June 2023 |
| Performance report date: | 21 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Baldwin Care Group Services (**the service**) has been prepared by M Franco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Baldwin Living HomeServe, 26854, 1 Seabeach Avenue, Baldwin Retirement Village, MONA VALE NSW 2103

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | HCP |
| Requirement 3(3)(e) | 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. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Requirement 3(3)(e).

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and representatives expressed their satisfaction regrading communication they receive from the service relating to their care incorporating their needs and preferences.

During interviews with the Assessment Team staff described how changes in consumer’s care and services are communicated within the service as well as externally. Documentation sighted by the Assessment Team such as assessments, care plans and dated notes demonstrated detailed information is included to support the effective and safe sharing of consumer’s care.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that 3(3)(e) is compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | HCP |
| Requirement 7(3)(a) | 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. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Requirement 7(3)(a).

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. When interviewed by the Assessment Team, Consumers and representatives said consumer care and services were being met by staff and that the service considered their specific needs when providing their care and services. The service was able to demonstrate that the workforce is planned to ensure safe and quality care and services.

During interviews with the Assessment Team, management advised they recognised the need to recruit a case manager and administration staff to support case managers’ workload. As a result, the service has appointed two case manager and a senior clinical care partner. Caseloads for case manager now have been capped to a maximum 50 consumers.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Requirement 7(3)(a).

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | HCP |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Requirement 8(3)(e).

Evidence analysed by the Assessment Team showed the service was able to demonstrate where clinical care is provided, a clinical governance framework is in place. The service evidenced sufficient Antimicrobial Stewardship policies and procedures, consumer infection related information is collected and reported at the clinical governance meeting. The service advised they do not have consumers who are subject to restraint. During interviews with the Assessment Team staff demonstrated a strong understanding of restrictive practices and action to be undertaken if identified. The service has developed and implemented effective feedback and complaints processes and procedure including open disclosure.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Requirement 8(3)(e).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)