Performance

Report

**1800 951 822**

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| Name of service: | Baptcare - Karana Community |
| Service address: | 55 Walpole Street KEW VIC 3101 |
| Commission ID: | 3624 |
| Approved provider: | Baptcare Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 April 2023 |
| Performance report date: | 02 May 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 Baptcare - Karana Community (**the service**) has been prepared by C Spiller, 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.

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others

# Assessment summary

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| 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 |

An Assessment Contact was conducted at Baptcare Karana Community service located in Kew on 4 April 2023. The service had been previously found non-compliant in five requirements following a Site Audit conducted 27 June 2022 to 29 June 2022.

As a result of this Assessment Contact, the Assessment Team found the service successfully demonstrated improvements in all five requirements assessed: 3(3)(g), 7(3)(a), 7(3)(e), 8(3)(b) and 8(3)(c).

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

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| Personal care and clinical care | |  |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

The service was found non-compliant in this requirement following a Site Audit from 27 June to 29 June 2022. At this time, the Assessment team observed staff not consistently performing hand hygiene and wearing personal protective equipment (PPE) incorrectly.

During this Assessment contact, the Assessment Team, through documentation review, interviews and observations found staff were compliant with wearing surgical masks correctly and using alcohol hand rub between tasks. The service enforces documented regulations to prevent the spread of acute respiratory infections and monitors consumers’ infections to ensure appropriate antimicrobial prescribing and effective wound management. The service’s plan for continuous improvement (PCI) dated 31 October 2022 included actions to improve infection control to ensure the safety of consumers through the delivery of care that is best practice. The service has implemented actions to address these deficits which have been effective, including ensuring all staff have received infection control training and undertaking infection control audits.

As a result, and with consideration to the implemented actions and available information I am satisfied this Requirement is now compliant.

# Standard 7

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| Human resources | |  |
| 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 |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

In relation to Requirement 7(3)(a) the service was found non-compliant, following a Site Audit from 27 June 2022 to 29 June 2022. The Assessment team found that staffing levels occasionally impacted care and service delivery. The service developed a PCI dated 31 October 2022 which included actions to improve staff shortages.

During the Assessment contact, on 4 April 2023, the Assessment Team found the service has implemented actions to address these deficits which have been effective. These actions included recruitment of a new general manager in November 2022, ongoing recruitment of other staff, and creating an advance roster to plan the workforce requirements. The Assessment Team viewed documentation, conducted interviews, and made observations that evidenced a planned workforce. Call bell report data dated 1 February to 28 February 2023 showed 89.22% were answered within the 10-minute benchmark with 74% answered under 5 minutes.

In relation to 7(3)(e) the service was found non-compliant in this requirement following a Site Audit from 27 June 2022 to 29 June 2022. The Assessment team found the staff appraisal register demonstrated most staff members appraisals were overdue. The service developed a plan for continuous improvement dated 31 October 2022 which included actions to recommence staff appraisals.

During the Assessment contact, on 4 April 2023, the service has implemented actions to address these deficits which have been effective. Actions have included recommencing staff appraisal and streamlining the process. The Assessment Team viewed documentation and conducted interviews with staff, evidencing ongoing staff monitoring and performance review is now occurring.

As a result, and with consideration to the implemented actions and available information, I am satisfied these two Requirements are now compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |

Findings

The service was found non-compliant with Requirements 8(3)(b) and 8(3)(c) following a Site Audit conducted from 27 June 2022 to 29 June 2022. The Assessment Team considered the service was not able to consistently demonstrate it always delivered safe and quality care and services to consumers and did not demonstrate the governance systems were consistently effective, updated and implemented effectively when change occurred.

During the Assessment contact, on 4 April 2023, the Assessment Team reviewed the continuous improvement plan, which was found to have been effective in addressing the previous gaps identified for these requirements.

In relation to Requirement 8(3)(b) the Assessment Team reviewed the organisation’s hierarchical structure of governance framework and confirmed effective oversight and accountability of care and service provision. A robust reporting structure informs the governing board monthly of all incidents, including any requiring a serious incident report (SIRS) to be submitted, feedback, clinical indicators, and audit results. Senior management regularly meet with managers and staff to discuss care and service provision outcomes and seek feedback. The plan for continuous improvement is reviewed monthly to monitor progress.

In relation to Requirement 8(3)(c) the Assessment Team confirmed staff performance assessments are completed according to a developed schedule and additional staff have been recruited to address roster deficiencies. The service has effective organisation-wide governance systems to ensure the delivery of care meets best practice. The organisation uses an auditing system across all 16 services to enable each service to benchmark its performance against the other services. Monthly quality reports are reviewed by the sub-committee of the Board with quality outcomes reported at monthly Board meetings. Through feedback mechanisms, audits and incident reporting, and investigation, the service can identify, monitor, and where required, improve the quality of care and workforce interactions.

As a result, and with consideration to the implemented actions and available information, I am satisfied these two Requirements are now compliant.

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