Performance

Report

**1800 951 822**

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| Name: | Baptcare - Northaven Community |
| Commission ID: | 3301 |
| Address: | 84-86 Shadforth Street, KERANG, Victoria, 3579 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 20 September 2023 |
| Performance report date: | 25 October 2023 |
| Service included in this assessment: | Provider: 23 Baptcare Ltd  Service: 2059 Baptcare - Northaven Community |

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 - Northaven Community (**the service**) has been prepared by S Byers, 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 (performance assessment) – 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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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

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

Findings

Consumers and representatives expressed satisfaction with the personal and clinical care the consumer receives including the management of pain, skin integrity and restrictive practices. Staff demonstrated knowledge of the consumers’ individual needs and care requirements including the consumer’s personal care preferences in line with their care plans. Consumers care files detailed assessment, monitoring and personalised interventions to manage skin integrity, wounds, pain and restrictive practices including regular repositioning, pressure relieving strategies and evaluation of ‘as required’ medications. Consumers recognised as subject to restrictive practices had behaviour support plans in place, with evidence of informed consent and regular medical review. Management outlined the clinical governance system which includes 3 monthly review of consumer care, clinical audits and monitoring by senior clinical staff.

Based on the evidence, as summarised above, I find requirement 3(3)(a) is compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |

Findings

All consumers and representatives were satisfied the consumer gets supports for daily living that optimise their independence, health, well-being, and quality of life. Lifestyle staff described how the monthly calendar of group activities is informed by consumer preferences. Lifestyle care plans were individualised and regularly reviewed to ensure the consumer’s current needs, goals and preferences inform planned activities and individual support programs. Lifestyle staff monitor attendance records to determine consumer engagement levels and the effectiveness of activities. For those consumers who choose not to participate in group activities, individual support and pastoral care, are available. Ongoing evaluation of the lifestyle program occurs through meetings, surveys, and verbal feedback, with consumer participation and input. The Assessment Team observed monthly activity calendars on display throughout the service and a weekly schedule in all consumers’ rooms. Consumers were engaged in both individual and group activities in accordance with the activities calendar.

Based on the evidence, as summarised above, I find requirement 4(3)(a) is 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 |

Findings

Most consumers and representatives said there is sufficient staff to deliver the consumer’s care and services in line with their preferences. All staff said they can complete their assigned tasks within their rostered shifts and described how they work as a team to support each other when they are busy. Management described ongoing recruitment is underway to engage more permanent staff. Management explained the strategies in place to manage planned or unplanned leave including rostering casual and agency staff. Roster documentation demonstrated all shifts were filled and a registered nurse rostered on each shift. Call bell reports demonstrated most call bells are responded to within the services benchmark. Management and clinical staff described how they monitor call bell response times.

Based on the evidence, as summarised above, I find requirement 7(3)(a) is 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)