Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Baptcare - Northaven Community | 16 August 2022 |
| Commission ID: | Activity type: |
| 3301 | Site audit |
| Approved provider: | Activity date: |
| Baptcare Ltd | 28 June 2022 to 30 June 2022 |

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 considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and Complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers described to the Assessment Team the various ways in which they are made to feel valued and included. Staff were observed interacting with consumers in a dignified and respectful manner and described how they support consumers with their individual cultural and spiritual needs. Care plans included consumers’ religious, spiritual, and cultural needs and personal preferences.

Consumers stated they are supported to make decisions about their care, make decisions about who should be involved in their care, and maintain connections and relationships of choice and advised they are provided with information to assist them to make choices about their care and activities at the service. Staff explained the different ways they assist consumers to understand risks and make decisions, which was supported by care planning documents that contain risk assessments and include mitigation strategies.

Consumers confirmed their privacy and confidentiality is respected. Staff outlined the practical ways they respect the personal privacy of consumers, such as, knocking on consumers’ doors prior to entry and closing their doors during the provision of care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

## Findings

Consumer representatives expressed satisfaction with how the service manages the risks to consumers while actively applying strategies to minimise them, contributing to consumer health and wellbeing. Care plans include specific risk to each consumers health and wellbeing including risk prevention and minimising strategies. Staff reported assessment and planning commences on entry to the service, to identify consumer’s needs, goals and preferences including advance care planning and end of life care needs, which was reflected in care plan documentation.

Care planning documents reflected ongoing partnerships with input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explained information regarding care and confirmed they had access to care planning documents.

Staff described how changes to consumers’ care and services are communicated, including progress notes and care plan reviews for any changes in consumer’s care requirements and said they regularly provide updates to consumers and representatives. The Assessment Team inspected care planning documents that showed care plans are reviewed and updated regularly and outcomes discussed with consumers and representatives.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Compliant |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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

Care planning documents reflected consumers receive individualised care that is tailored, safe and effective, this was further supported by consumer feedback. Staff follow procedures to deliver safe skin integrity and pain management care, demonstrated awareness that restraint is a last resort intervention and could describe alternative non – pharmacological strategies used. Consumers subject to restrictive practices had appropriate consent and reviews in place.

Staff could describe high impact and high prevalence risks including prevention strategies in relation to consumers subjected to these risks. Care documentation evidenced procedures are consistently followed and regularly reviewed to minimise risks and monitor incidents.

Representatives reported consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity. This was supported by staff feedback and reflected in care plans.

Deterioration or changes in a consumer’s health is recognised and responded to in a timely manner, through a daily shift handover process. Staff provided examples how they identify and respond to changes, including escalating to senior clinical staff. Consumers indicated the staff and service are very responsive to change or decline in consumer health or condition.

Staff described how changes in consumers’ care and services are communicated through verbal handover processes, meetings, care plans, the daily task lists, handover sheets or messages through electronic notifications. This was supported by consumer feedback and observations on site.

Care planning documentation evidenced timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives confirmed that consumers have appropriate access to individuals, other organisations and providers of other care and services.

The service had processes in place to promote antimicrobial stewardship and to prevent and control infection. Staff demonstrated an understanding of antimicrobial stewardship and could provide practical examples how they minimise the unnecessary use of antibiotics.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Care plans reflect what is important to consumers as well as how their goals and preferences are utilised to optimise independence, health, well - being and quality of life. Consumer and staff feedback confirmed that consumers have a say in their daily activities and are encouraged to be as independent as possible.

Staff said the service facilitates religious and cultural activities and described how they identify changes in consumers’ mood and give emotional support for all consumers including the non-verbal consumers, which was consistent with consumer feedback and onsite observations.

Care plans reflect the support consumers require to participate in activities including those in the community and identifies people who are important to them. Staff were able to describe how they support consumers to socialise or maintain personal relationships.

Consumers confirmed that staff are well aware of their preferences and needs. Care plans are updated regularly and include adequate information to support effective and safe sharing of the consumer’s care. Staff described how they work with external organisations and use volunteers to help supplement the lifestyle activities offered within the service.

Care planning documents reflect individual consumers dietary needs and preferences, and this is aligned with what consumers like. Consumers expressed satisfaction regarding the quality and quantity of the meals provided and noted that there are alternatives meal options available if required.

Equipment used to provide support and lifestyle service was observed to be safe, suitable, clean, and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Most consumers said the service environment is welcoming and they felt at home, consumers’ rooms are personalised with furniture, photographs, and artwork. Consumers were observed navigating around the service and utilising the communal areas, outdoor garden areas included shaded spaces and outdoor settings for consumers to use.

Consumers said the service environment is generally well cleaned and maintained, expressed satisfaction with the equipment staff use when providing care, and felt that furniture and fittings are suitable. Staff described maintenance processes and procedures, and how potential hazards are addressed, the Assessment Team inspected logs that reflected that regular cleaning and maintenance occurs.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and Complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Most consumers said they are encouraged to provide feedback and feel comfortable to raise concerns directly with staff and management in the first instance. Staff described how they support consumers through assisting with completing feedback forms, or escalating issues to management, and how they communicate with consumers with varying communication abilities.

Management and staff were aware they can access language, interpreter, and advocacy services on behalf of the consumer however, they have not experienced a situation where they have had to access these services for the current cohort of consumers.

Consumers reported they discuss directly with staff or management if they have concerns regarding their care or services are informed and feel their concerns are heard and promptly resolved. Staff demonstrated an understanding of open disclosure in practice, including the complaints management process and described how they have applied open disclosure with consumers and representatives in the event something has occurred or gone wrong.

Management described, how, complaint and incidents are recorded, actioned, resolved, and used to inform continuous improvement. An inspection of these systems by the Assessment Team confirmed well established and effective processes to capture and track feedback and complaints.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers and representatives felt that the number of staff were adequate to meet their needs and that when they call for assistance staff are prompt to attend. This was further confirmed by call bell report and on-site observations. Consumers and representatives provided feedback that staff engage with them in a respectful, kind and caring manner.

Consumers and representatives interviewed expressed confidence in the abilities of staff in delivering care and services, and that staff are well trained and equipped to perform their roles.

A review of the training completion records evidenced that all staff have completed their monthly and annual mandatory training modules, including in relation to the Quality Standards and incident management. Staff described the service’s orientation process of providing several mentoring buddy shifts to support the onboarding of new staff.

The service has a probationary and ongoing performance management process in place that includes orientation on commencement of employment and annual performance appraisals. Feedback from incidents is also used to review and address identified deficiencies, (if any) in staff competency.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| 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 |
| Requirement 8(3)(d) | 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. | Compliant |
| 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

Staff and management described various forums and channels through which they engage with consumers to obtain feedback. Prior to the COVID-19 pandemic, consumers were involved in the group recruitment sessions for new staff, which is to set to resume.

The organisation has established systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive and quality care and services, for example, organisation’s Clinical Governance Framework and quarterly visits from the executive team to provide consumers opportunity to raise concerns or provide direct feedback.

The organisation has effective governance systems to support organisation wide information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best life they can and how to manage and prevent incidents. Staff advised these policies had been discussed with them and could provide examples of the relevance to their work.

The service demonstrated it had an effective clinical governance framework that outlined antimicrobial stewardship, restraint minimisation and open disclosure processes. Staff demonstrated a shared understanding of the open disclosure principles and provided examples of strategies to minimise the risk of infections.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)