**Performance**

**Report**

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| Name of service: | Baptcare - Northern Metropolitan Community Packages |
| Service address: | Level 1/1193 Toorak Road CAMBERWELL VIC 3124 |
| Commission ID: | 300179 |
| Home Service Provider: | Baptcare Ltd |
| Activity type: | Quality Audit |
| Activity date: | 21 November 2022 to 24 November 2022 |
| Performance report date: | 19 December 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 - Northern Metropolitan Community Packages (**the service**) has been prepared by M Murray, 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:**

* Baptcare - Northern HCP 2, 18659, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124
* Baptcare - Northern HCP 1, 18660, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124
* Baptcare - Northern HCP 4, 18668, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124
* Baptcare - Northern HCP 3, 19329, Level 1/1193 Toorak Road, CAMBERWELL VIC 3124

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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| 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 | **Not applicable as not all requirements have been assessed** |
| **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

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| Consumer dignity and choice | | HCP |
| 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

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above.

The Assessment Team spoke to consumers who said in different ways they feel respected and valued as individuals.

Management demonstrated how it welcomes consumers of all cultures, backgrounds and beliefs. Care documentation reflects consumers’ backgrounds and family and community connections. Staff spoke with confidence about the cultural needs of individual consumers and training on diversity and inclusion is available to all staff.

File reviews evidenced consumer choices and decisions about care and services and any substitute decision makers are accurately recorded.

Risks are identified and strategies to mitigate risks are documented. Staff described support and assistance measures to enable consumers to balance quality of life and risk decisions.

Consumers are satisfied they are provided with clear and relevant information to assist their choices and decisions about care and services. Staff described a range of ways information is provided to consumers and said language resources, interpreter and Auslan services are used as required.

The Assessment Team are satisfied consumers’ personal information is protected.

Based on the evidence, summarised above, I am satisfied the service meets this Quality Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above.

Consumers/representatives were consistent in their feedback that assessment and care planning is collaborative and results in well planned care and services. Staff demonstrated comprehensive assessments form a mandatory component of the intake process. Care consultants interviewed described assessment and care planning processes and the way risk is considered and discussed with consumers to inform quality of life goals.

Documentation reviewed, including care plans, outlined the consumer’s assessed needs as well as information about how care and services are to be delivered. Information aligned with what consumers told the Assessment Team is important to them. Support workers interviewed demonstrated an awareness of what is important to each consumer, including their needs and preferences for care. Others, including general practitioners, allied health practitioners and lifestyle services are effectively engaged in care planning to develop an integrated approach to supporting the consumer’s health and wellbeing.

Consumers said staff discussed advance care planning with them. Care consultants said they can make referrals to the organisation’s spiritual care advisor to support consumers in developing advance care plans.

Management said consumers are provided a copy of their care plan and this was confirmed by consumers.

Documented care planning procedures are in place to guide regular (annual), and as needed, reviews of care and services. The Assessment Team reviewed care plans which had reassessments as a result of consumers requiring a package upgrade, having returned from home after being in hospital, any incident occurring and consumer feedback more generally.

Based on the evidence, summarised above, I am satisfied the service meets this Quality Standard.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above.

Consumers provided feedback that they are receiving clinical care that meets their current needs and goals.

The Assessment Team reviewed clinical care being delivered to consumers and found it in tailored to consumer needs. The organisation uses an external nursing service. The Assessment Team reviewed clients with current wounds having their care delivered externally and identified care consultants had contemporary information on the current status of the consumer’s wound for two of the three consumers the Assessment Team reviewed.

Management are alert to high impact, high prevalence risks for consumers at the service and outlined key risks are falls and health deterioration. A vulnerable client list is being developed.

The service demonstrated that care and support is provided to consumers who have been referred for or are receiving palliative care services and representatives said palliative care is consumer focused. Documentation did not always evidence communication with palliative services with the focus of care consultants being maintaining contact with the consumer and family members involved.

Consumers are confident that staff would identify any deterioration in their health and staff described how any deterioration or concerning change must be reported and documented.

The Assessment Team’s report evidences referrals are made when needs are identified and care is commenced in a reasonable timeframe.

Infection control protocols are implemented to the satisfaction of consumers/representatives and staff.

Based on the evidence, summarised above, I am satisfied the service meets this Quality Standard. I note that while the oversight by care consultants for those services being delivered by external parties could be more proactive, I am satisfied they understand their responsibilities for clinical oversight no matter which third party is delivering the care.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above.

Consumers responded positively about how the service supports their day to day needs. Consumers living with vision impairment, reduced mobility and low mood all described the positive role staff played in supporting their lifestyle goals.

Assessments and care plans identify, and outline services and supports to safely promote individuals’ enjoyment, independence and spiritual wellbeing.

Consumers/representatives said consumers are assisted to participate in the community, go out for coffee, shopping or do activities that they like. While care documentation does not always detail consumer interests to guide service delivery such as specific activities, hobbies, book genres or types of music enjoyed, the care plans generally document people and things important to the consumer. Staff described in detail providing tailored and meaningful activities for consumers based on the consumer’s interests.

The Assessment Team’s report evidences, information is shared appropriately and timely referrals are made when consumer needs are identified, such as to pastoral care services and other support networks.

Consumers receiving delivered meals or meal preparation services are satisfied with the choice, quality and quantity of meals. Support workers assisting consumers with meal preparation have undertaken food safety and food handling training.

Equipment such as shower rails, recliners, lift beds, wheeled mobility frames, mobility aids and pressure relieving equipment is provided as required. Support staff maintain the cleanliness of equipment and report any maintenance requirements to care consultants.

Based on the evidence, summarised above, I am satisfied the service meets this Quality Standard.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above. The Assessment Team report notes that the organisation does not have a location that consumers attend to receive services. The Requirements of this Standard are not applicable.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above.

The Assessment Team’s report evidences the service encourages consumers and representatives to provide feedback or make a complaint. Staff advised there are various avenues for consumers to make a complaint. In general consumers/representatives speak directly to the staff at the service. Consumers/representatives interviewed who had raised concerns said they felt comfortable doing so.

The organisation proactively telephones 60 consumers per month to seek their feedback and runs focus groups to seek consumer insights on key areas of interest.

Consumers/representatives are aware of advocacy groups and the availability of language services and described progressing complaints through and/or receiving support from advocacy services.

The service has policies and procedures to guide staff in receiving and responding to complaints. Staff said they had received training in open disclosure and described its purpose.

A review of the complaints register and plan for continuous improvement evidences feedback and complaints inform the organisation’s plan for continuous improvement, for example, management described identifying an opportunity to create traineeships to attract new staff to the organisation.

Based on the evidence, summarised above, I am satisfied the service meets this Quality Standard.

# Standard 7

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| 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 |
| 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

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above.

Consumer/representative feedback highlighted the ongoing cancellation of service shifts as an area of concern. Management advised this is due support worker shortages across the sector. To ensure high needs / high priority consumers receive appropriate care the service has implemented a process where vulnerable consumers are identified and prioritised to ensure they do not have consecutive shift cancellations and receive essential services and social support.

Consumers/representative said support workers who provide care and services are kind, caring, respectful and competent.

All staff confirmed access to training required for their roles. Staff interviewed demonstrated their knowledge and understanding of their roles and responsibilities. Mandatory training is undertaken by all staff and performance reviews identify any further educational or training support staff required to meet the performance expectations set out in job descriptions.

Based on the evidence, summarised above, I am satisfied the service meets this Quality Standard. I note the challenge expressed by management with attracting staff and that some continuous improvement strategies are in place. As part of these continuous improvement actions I envisage that the intake of new consumers will be balanced with the available workforce.

# Standard 8

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| Organisational governance | | HCP |
| 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

I have relied on the evidence of the Assessment Team in my compliance findings as set out in the table above.

Management demonstrated they actively engage consumers through focus groups and said the service is planning to set up a consumer advisory group.

The quality team provide the Board with a ‘scorecard and commentary’ that explains results from incidents, key clinical data, feedback and complaints and workforce statistics. Senior management advised this information supports governance activities and the oversight of the quality of care and services by the Board.

The Assessment Team reviewed governance systems across key business streams and found them effective. Noting strategies are in place and being monitored for their success in addressing workforce shortages in specific regions.

The organisation has a risk management framework and risk matrix. Risks are reported to the relevant committee monthly. Management discussed the oversight of high impact and/or high prevalence risks associated with the care of consumers including identifying and responding to abuse and neglect of consumers and supporting consumers to live their best life to the satisfaction of the Assessment Team.

The service has a policy on antimicrobial stewardship and has developed a brochure for consumers on understanding the use of antibiotics. The governing body has line of sight to the prevalence of bed poles and bed rails in use by consumers and ensure protocols to obtain informed consent for their use are adhered to. An open disclosure approach is practiced when things go wrong for consumers.

Based on the evidence, summarised above, I am satisfied the service meets this Quality Standard.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)