Performance

Report

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| Name: | Baptcare - St Hilary's Community |
| Commission ID: | 4549 |
| Address: | 16 Elgin Street, MORWELL, Victoria, 3840 |
| Activity type: | Site Audit |
| Activity date: | 22 November 2023 to 24 November 2023 |
| Performance report date: | 18 January 2024 |
| Service included in this assessment: | Provider: 23 Baptcare Ltd  Service: 3059 Baptcare - St Hilary's 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 - St Hilary's Community (**the service**) has been prepared by Denise McDonald, 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 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
* the provider’s response submitted on 16 December 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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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 | **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

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| Consumer dignity and choice | |  |
| 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 confirmed they were treated with dignity and respect, and provided positive feedback regarding their interactions with staff. Staff were familiar with consumers’ backgrounds and described how they treated consumers with respect and encouraged their diversity. Policies and procedures guided staff on person centred care delivery.

Care documentation captured information regarding the consumer’s cultural needs and preferences. Consumers and representatives gave practical examples of staff adapting care to support the needs of individual consumers. Staff were able to identify consumers’ individual cultural needs and preferences, including when care was provided by staff of a specific gender.

Consumers stated they were supported to exercise independence when making decisions and maintain relationships of choice. Care documentation evidenced consumers’ individual choices regarding when care was to be delivered, who should be involved in their care decisions and support required to maintain relationships, including for married couples.

Consumers confirmed they were supported to take risks associated with taking, or managing their own medication and self-managing medical appointments. Care documentation outlined which risks consumers wished to take and the benefits and potential harm had been discussed with them. Management confirmed risk assessments were completed in consultation with the consumer’s representative, medical officer and allied health professionals.

Consumers and representatives confirmed they received accurate and timely information through newsletters, consumer and representative meeting minutes and lifestyle calendars. Staff advised, and observations confirmed, activity programs, menus and meeting minutes were displayed on noticeboards and a public address system was used to keep consumers informed.

Nurses’ stations were observed to be locked, and computers were password protected to maintain the confidentiality of personal information. Consumers confirmed staff respected their privacy by knocking and awaiting response prior to entering their room. Staff were observed to use areas where they couldn’t be overheard when discussing consumers care.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Consumers confirmed staff conducted assessments, when they entered care, to identify potential risks, to their health and well-being. Care documentation evidenced assessments were completed by registered staff, a checklist was used to monitor completion and when risks, such as likelihood of falls, were identified, responsive strategies were planned. Staff were aware of risks to individual consumers and knew what care they needed to minimise those risks.

Consumers confirmed advance care planning had been discussed with them and an advance care directive had been completed, where they wished. Staff demonstrated knowledge of the needs and preferences of consumers, inclusive of end of life (EOL). Care documentation reflected, consumer’s stated care goals, needs and preferences.

Consumers and representatives confirmed assessment and planning processes were completed in consultation with them, staff and health professionals. Staff confirmed consumers, their representatives and medical officers were contacted should changes to the consumer’s care be required. Medical officers and allied health professionals were observed consulting with consumers.

Policies and procedures guided staff to offer a copy of the care plan during care consultations. Staff said consumers and representatives were kept aware of changes to consumers care and a copies of care plans were offered following care consultations. Most consumers and representatives confirmed assessment outcomes were communicated to them, however others said they were not aware of, or knew they could request a copy of, the consumers care plan.

Care documentation evidenced care plans were reviewed on a regular basis, and when changes in condition or an incident occurred, such as weightloss or a fall, care for the consumers was reviewed. Staff demonstrated knowledge of the need to reassess the consumer following an incident and confirmed the care plan was updated if care strategies were identified as no longer effective.

# 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 |
| 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

Consumers and representatives advised consumers received personal and clinical care which was safe and tailored to consumers’ individual needs. Policies and procedures were in place to guide staff practice to deliver personal and clinical care in alignment with best practice guidelines. Staff demonstrated knowledge of consumer’s personal and clinical care needs, and outlined how they delivered care in accordance with consumers’ care plans.

Care documentation evidenced consumer risks such as diabetes and pressure injury were appropriately managed with staff following care directives. Staff understood high impact or high prevalence risks, and the strategies in place to mitigate these risks for each consumer. Policies and procedures guide staff practice on management of high-impact and high-prevalence risks.

Representatives gave positive feedback on EOL care provided to consumers. Staff described how EOL care was provided to ensure consumers comfort was maximised and their dignity preserved. Care documentation for consumers receiving EOL care evidenced medical officer and representative involvement, and an EOL care pathway guided staff on care delivery.

Care documentation evidenced changes in consumers’ health was recognised and responded to in a timely manner. Staff described how they monitor consumers for signs of deterioration, and the reporting process they would follow to escalate the consumer for review. Policies and procedures guide staff practice on consumer deterioration.

Consumers said staff were familiar with their care needs and preferences. Staff advised information was communicated verbally and via care documentation stored on the electronic care management system. Staff were observed to communicate changes to the consumer’s care during handover and access care documentation.

Representatives confirmed they were consulted prior to referrals to health professionals being made. Staff were knowledgeable of referral processes. Care documentation evidenced referrals were undertaken quickly when changes to the consumer’s care needs were identified.

Staff understood, and were observed implementing, infection control procedures including hand hygiene and the correct use of personal protective equipment to reduce transmission of infection. Policies and procedures guided staff in antimicrobial stewardship, infection control and outbreak management.

# 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 |
| 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

Consumers provided positive feedback regarding the lifestyle activities available to them, and said the activities were catered to their needs and interests. Staff were knowledgeable of consumers’ interests and preferences, and outlined how they ensured the activities offered to consumers were tailored to their interests and cognitive abilities.

Consumers felt supported to practice their religious faith and were assisted to maintain contact with their representatives, friends and family members for comfort and emotional support. Staff described one to one support is given to consumers who chose not to participate in group activities. The activities program evidenced church services were held routinely.

Consumers said they were supported to visit local shops and participate in the wider community. Group activities were observed taking place, and consumers were noted to be engaged and participating. Care documentation outlined the relationships of importance to consumers, and their activities of interest.

Consumers said staff are aware of their life choices and know their support needs. Staff confirmed consumer information was shared between departments, via the handover process and recorded on the electronic care management system. Care documentation evidenced consumers’ service and support needs and preferences were accessible to staff.

Consumers confirmed they were referred to support services when required. Care documentation confirmed the collaboration with external organisations to support the diverse needs of consumers. Volunteers were observed to lead activities including discussion groups and one-to-one conversations with consumers.

Consumers provided positive feedback regarding the meals provided to them, and stated their feedback was taken into consideration in the development of the menu. Staff demonstrated knowledge of consumers’ dietary preferences and requirements. Management advised the 4-week rotation menu incorporated meals to celebrate culturally significant events.

Staff described their roles and responsibilities to ensure equipment was maintained and cleaned in accordance with internal protocols and guidance. Consumers confirmed staff regularly wiped down their mobility equipment and checked it for safety. Equipment was observed to be clean.

# Standard 5

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| Organisation’s service environment | |  |
| 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

Consumers felt the service environment was welcoming and comfortable for their needs. Staff confirmed walkways were kept free of hazard and obstructions, and if a hazard was identified it would be promptly reported and actioned. Consumers’ rooms were observed to be safe, uncluttered and personalised with consumers’ belongings.

Preventative and scheduled maintenance records evidenced the appropriate management of the service environment in accordance with the audit schedule. Staff confirmed communal areas were cleaned on a daily basis and consumers’ rooms were cleaned once per week. Consumers said the service environment was clean, well maintained and they were able to freely access the outdoor areas.

The call bell system was observed to be in operational order, and any issues were resolved in a timely manner. Consumers confirmed all fittings in their rooms were in working order and fixed promptly when issues were identified. Staff demonstrated knowledge of the process to record maintenance issues.

# Standard 6

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| Feedback and complaints | |  |
| 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

Consumers and representatives stated they felt comfortable and understood how to provide feedback or make complaints. Feedback forms were observed and accessible for consumers to use. Staff described consumers and representatives were encouraged to raise concerns or make suggestions through a variety of verbal and written avenues.

Staff demonstrated an understanding of internal and external feedback and complaints methods available to consumers. Consumers and representatives confirmed they were provided information about external complaint and advocacy services. Posters and brochures promoting access to language and advocacy services was displayed and available in various languages.

Consumers and representatives gave practical examples of prompt resolution in response to their complaints and feedback and confirmed an apology was given. Management and staff described how they were transparent with consumers in response to adverse events. Complaints documentation evidenced complaint closure processes were monitored.

Continuous improvement documentation evidenced changes were made as a result of consumer feedback. Management stated all feedback, suggestions and complaints were acknowledged, reviewed and actioned to inform the delivery of improvements. Consumers confirmed changes were made to meal services as a result of their feedback. The provider’s response included a plan for continuous improvement to redress feedback given during the Site Audit.

# 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)(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 confirmed there were enough staff to meet the consumers’ needs, and call bells were responded to in a timely manner. Staff confirmed they had the appropriate resources to provide the necessary level of care to consumers, however some staff advised shortages could occur due to unplanned leave. Management confirmed various strategies were used to replace staff and call bells were analysed on a monthly basis, as a means to evaluate staffing allocations.

Staff were observed to consistently interact with consumers in a respectful manner, and used consumers’ preferred names when engaging with them. Consumers and representatives confirmed staff were friendly and caring, and treated consumers with dignity and respect.

Personnel records evidenced staff had the appropriate registrations, qualifications and work clearances to perform their respective roles. Representatives found staff to be professional and competent in their roles. Management described how they ensured staff met the qualification and registration requirements for their roles, and staff did not commence employment until the appropriate checks had occurred.

Representatives said staff were trained well, expect when assisting with specialised equipment as a hand brace was noted to be incorrectly applied. Staff confirmed they received training during orientation and annually; and felt comfortable to request additional training. Training records evidenced staff had or were due to complete, mandatory training modules as scheduled.

Management and staff advised staff performance was monitored through an annual appraisal, feedback from consumers, representatives and other staff, and through the analysis of internal audits. Personnel records evidenced most staff had current performance appraisals in place, with the remaining staff scheduled to complete their appraisal and staff were offered additional training when development needs were identified.

# Standard 8

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| Organisational governance | |  |
| 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

Consumer and representative meeting minutes and the continuous improvement plan evidenced consumers’ involvement in the development of services. Consumers and representatives confirmed they could provide their feedback through meetings, surveys, care consultations and the feedback system.

Management advised trends and the analysis of clinical indicators, surveys and audits were discussed at various meetings and governance committees, and this information was consolidated and reported to the Board. Consumers expressed they felt safe, and lived within an inclusive environment.

Staff confirmed they could readily access the information required to perform their roles through the electronic care management system, handover documentation, emails and meeting minutes. Management advised improvement opportunities were identified through the analysis of surveys and audits, feedback from consumers and representatives and various meetings.

A range of policies were in place to guide the management of high impact or high prevalence risks, including the identification and response to reportable incidents. Management and staff discussed how they identified and responded to allegations of abuse or neglect, and how to document and report these incidents. Staff described system and processes in place to ensure person centred care was delivered so consumers lived their best life.

Management and staff described how clinical care was governed by policies relating to antimicrobial stewardship, restrictive practices and open disclosure. Complaints and incident documentation evidenced open disclosure was practiced in response to adverse events. Clinical reports evidenced monitoring of clinical incidents, restraint usage and infection rates to ensure clinical governance was effective.

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