Performance

Report

**1800 951 822**

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| Name of service: | Baptcare - Strathalan Community |
| Service address: | 50 Braid Hill Road, Macleod, VIC 3085 |
| Commission ID: | 3630 |
| Approved provider: | Baptcare Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 September 2022 to 28 September 2022 |
| Performance report date: | 3 November 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 - Strathalan Community (**the service**) has been prepared by Megha Kalra, 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 to the Assessment Team’s report received 28 October 2022
* other information and intelligence held by the Commission in relation to this 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(f) – The Approved Provider ensures meals provided are of suitable taste and quality and has effective processes to record consumers’ dietary needs and preferences consistently.

# 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 said staff treat them with dignity and respect, and value their identity, culture, and diversity. Staff were observed treating consumers in a kind and respectful manner. Staff described consumers’ individual needs and preferences and how they deliver care and services in a culturally safe manner. Care planning documentation reflected consumers’ interests, cultural needs and preferences.

Consumers said they are supported to make decisions about their care and services, how it should be delivered, and who should be involved. Staff described supporting consumers to maintain relationships. Consumers said they are supported to take risks to enable them to live their best life. Staff described how consumers are supported to understand the benefits and possible harm when making decisions about taking risks.

Consumer feedback and observations confirmed clear and accurate information is provided to consumers to support them to make informed choices, such as through activity calendars, newsletters, menus, meetings and emails. Consumers said their privacy is respected and described ways staff uphold their privacy, such as knocking before entering their rooms. Observations confirmed consumers’ personal information is generally kept confidential.

# 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 and their representatives said they were involved in ongoing assessment and care planning processes. Staff confirmed they have access to consumers’ care plans, demonstrated knowledge of consumer risks and described strategies to ensure the delivery of safe and effective care. Care planning documentation included consumers’ current needs, goals, preferences, identification of risks and associated interventions.

Consumers and their representatives confirmed the service has discussed and documented consumers’ wishes, and preferences related to advance care and end of life planning. Staff described, and care plans confirmed involvement of other health professionals, including dietitians, speech pathologists, physiotherapists, and medical officers in assessment and planning process.

Care plans are reviewed every 2 months, or when circumstances change, or incidents occur. Consumers and representatives said staff clearly and regularly communicate the outcomes of assessment and planning, and they are offered a copy of consumers’ care plan after the 2-monthly care plan consultation.

# 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 considered consumers received safe and effective personal and clinical care, that optimised their health and well-being. Care documentation evidenced consumers’ complex care needs, pain, and skin integrity was suitably addressed. Care documentation confirmed effective management of consumers’ high impact high prevalent risks, including risks associated with falls, restrictive practices, behaviours and weight loss. Staff demonstrated knowledge of individual consumers’ complex care needs and described how they provide safe and effective care.

Care documentation for a named consumer who recently passed away showed their comfort was maximised and they received end of life care in line with their needs, goals, and preferences. Care documentation showed, and staff described how deterioration or change in consumer’s condition is identified and responded to in a timely manner. The service has policies and procedures to guide staff to identify and respond to deterioration of a consumer. Information relating to consumers’ condition, needs and preferences is reflected in the electronic clinical management system and shared through handover meetings, verbal communication or messages.

Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations, including medical officers, physiotherapists, podiatrists, geriatricians and other specialists. Staff described and were observed to follow infection prevention procedures and practices. Staff were familiar with the term antimicrobial stewardship and described strategies to minimise and optimise antibiotic use among consumers.

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have found this Quality Standard non-compliant as I am satisfied requirement 4(3)(f) is non-compliant.

The Site Audit report identified while consumers were satisfied with the quantity of meals, they provided mixed feedback in relation to the quality of meals. Four named consumers expressed ongoing dissatisfaction with the meals, did not find the meals appetising and raised concerns regarding temperature and texture of the meals.

Food preferences and dietary requirements documentation reviewed for several named consumers showed inconsistent information was recorded in different documentation systems. This included inconsistent information about consumers’ allergies, intolerances and modified diets. Diet lists were only accessible to the chef and not to the clinical or servicing staff. Deficits were also identified in staff knowledge, training, and correct labelling of the sandwiches.

The Approved Provider responded on 28 October 2022 and acknowledged the deficits identified in the Site Audit report. They submitted a Plan for Continuous Improvement which detailed identified issues and planned or completed actions. Some actions included review of nutrition assessments to ensure information is current and correct, planned training for staff and providing diet list access to clinical staff.

I acknowledge the Approved Provider’s response, actions taken, and their commitment to continuous improvement. However, as actions took place after the Site Audit, I consider actions taken require time to demonstrate effectiveness and sustainability.

I am not satisfied meals were of suitable quality and the service had effective processes in place to record consumers’ dietary needs and preferences consistently, with a potential of possible impact. Therefore, I find requirement 4(3)(f) is non-compliant.

I am satisfied the remaining 6 requirements of Quality Standard 4 are compliant.

Consumers and their representatives said consumers feel supported to pursue activities of interest to them, optimise their independence and receive appropriate supports. Staff described how they engage with consumers to complete a personalised lifestyle assessment, outlining consumers’ likes, needs and preferences. Consumers and their representatives said consumers’ emotional, spiritual, and psychological well-being is supported. Staff described supporting consumers by engaging and communicating with them.

Consumers said they receive services and support to participate in their communities within and outside of the service and maintain social and personal relationships. Care planning documentation identified consumers’ interests and the people important to them. Most care documentation showed adequate information to support safe and effective care. However, deficits identified regarding inconsistent information about consumers’ dietary needs and preferences has been further discussed and considered under requirement 4(3)(f).

Consumers receive suitable referrals to other services and providers. The service engages with external providers to supplement the lifestyle program, including mobile library services, volunteers, religious services and external entertainment. Consumers said, and observations confirmed equipment was safe, clean, well-maintained, easily accessible and suitable for consumer’s needs.

# 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 and their representatives said the service environment felt welcoming, safe, comfortable, and easy to understand and navigate. Observations confirmed, and consumers said they could decorate their room according to their preferences. The service has comfortably furnished common areas for consumers to socialise, engage or relax.

Consumers said the service environment was clean and well maintained, and management responded to maintenance requests promptly. The environment was observed to be safe, clean and well-maintained. Cleaning staff described their cleaning regimes and schedules. Staff were aware of maintenance request processes. While gaps were identified in maintenance documentation, all maintenance requests were attended to promptly. Management implemented a continuous improvement item to review the maintenance documentation system.

# 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 their representatives said they feel comfortable raising concerns about care and services. Staff described how consumers are encouraged and supported to make complaints and provide feedback, including through feedback forms, emails, and verbal feedback. Feedback forms and boxes are available throughout the service.

Consumers are made aware of advocates, language services and other methods of raising complaints through consumer handbook, brochures and posters displayed at the service. Staff described how they assist consumers in making complaints using interpreters when required.

Most consumers and representatives were satisfied with the service’s action taken in response to their complaints. The service’s complaints register demonstrates the use of open disclosure and timely management of complaints, consistent with the service's policy. However, some consumers expressed their food concerns are ongoing and have not been adequately addressed. Management demonstrated they are working to address each concern as it is raised. I have further discussed and considered issues relating to meals under requirement 4(3)(f).

Complaints and feedback trends are discussed at staff and leadership meetings. Overall, the service’s quality plan showed areas of improvement are identified through complaint trends, which are utilised to inform continuous improvement.

# 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

Most consumers and their representatives considered there were sufficient staff deployed to support the delivery of safe and quality care and services. While consumers and staff expressed some concerns about lack of staff, there was no reported adverse impact on consumers. Management stated they have implemented strategies to manage unplanned leave and are continuously recruiting new staff.

Consumers said, and observations confirmed staff were kind and caring, and respectful of each consumer’s identity, culture and diversity. Consumers said staff were skilled in their roles and competent to meet their care needs. Qualification and registration requirements are reviewed before staff are appointed to roles. Position descriptions include key competencies and registrations that are either desired or required for each role.

The service has an annual mandatory training and competency assessment schedule, and most staff had completed their mandatory role-specific training at the time of the Site Audit. Staff said they felt supported by management and described the training, professional development and supervision they received during their orientation and on an ongoing basis.

The performance of workforce is regularly assessed, monitored and reviewed through 3-monthly performance reviews for new staff and annual performance reviews thereafter. The service is in the process of completing some outstanding performance appraisals. The service has processes in place for staff performance management when issues are identified in staff’s performance.

# 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

Overall, consumers and representatives stated the service is well run and they can partner in improving the delivery of care and services. The service engages consumers through consumer meetings, verbal and written feedback, and case conferences.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The governing body meets monthly to monitor the service’s performance, including through reports of internal audits, feedback and complaints, reported hazards and risks, and clinical incident data.

The organisation has effective governance systems in place. Staff are generally able to easily access relevant information through the service’s information management systems. Opportunities for continuous improvement are identified and actioned. Financial, feedback and complaints and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular correspondence from national peak bodies, external agencies and regulatory bodies.

The service has effective risk management system and practices, including relevant policies, procedures and Serious Incident Response Scheme (SIRS) register. Consumers and representatives said consumers are supported to live the best life they can. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting and managing incidents. Staff described how high impact high prevalent risks, including falls, infections, restrictive practices and pressure injuries are effectively managed.

The organisation has a clinical governance framework that supports clinical care practice within the service and includes policies relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. Staff described how the clinical governance framework is applied at the service.

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-1)