Performance

Report

**1800 951 822**

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| Name: | Baptcare Abbey Gardens Community |
| Commission ID: | 3989 |
| Address: | 15 Tarwin Street, WARRAGUL, Victoria, 3820 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 31 July 2024 |
| Performance report date: | 22 August 2024 |
| Service included in this assessment: | Provider: 23 Baptcare Ltd  Service: 19493 Baptcare Abbey Gardens 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 Abbey Gardens Community (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements were assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

This requirement was found non-compliant following a Site Audit conducted between 5 February 2024 to 7 February 2024. The service was unable to demonstrate that all consumers who may be considered at risk of inappropriate environmental restraint are assessed, and if restrained, consent is provided, and behaviour support plans are in place. The assessment team found service has implemented effective actions in response to the non-compliance identified at the Site Audit on 5 February 2024 to 7 February 2024.

During the Assessment contact conducted on 31 July 2024, the service demonstrated a comprehensive environmental restraint assessment tool, which includes several clinical risk assessments and the recording of care interventions. The assessment tool is utilised when a consumer is admitted to the service, or where a consumer’s behavioural needs change. The environmental restraint assessment is undertaken by the service’s registered nurses (RN) and prompts the clinical staff to consider risks for the consumer including a restrictive practices assessment and authorisation and a restraint chart. The environmental restraint assessment is linked to a range of charting and monitoring and is commenced to inform the comprehensive care planning process. Clinical management demonstrated assessment scheduling on the electronic care document system. It assists the tracking of the assessment and care planning process. The admission procedure checklist, which includes prompts for a restrictive practice and behaviour assessment form, is readily accessible and is submitted to the care manager for review on completion.

The service demonstrated and care file review confirmed all consumers who may be considered at risk of environmental restraint have been assessed and have Behaviour Support Plans (BSP) in place including documented consent.

I have considered the information in the Assessment Team report. I accept the recommendation that the Requirement is met. I find Requirement 2(3)(a) Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

This requirement was found non-compliant following a Site Audit conducted between 5 February 2024 to 7 February 2024. The service was unable to demonstrate its policies and procedures for restrictive practice align with contemporary restrictive practice resources and requirements. The service was unable to demonstrate staff were provided with sufficient guidance to ensure legislative requirements are met. The Assessment Team found service has implemented actions in response to the non-compliance identified at the Site Audit on 5 February 2024 to 7 February 2024.

During the Assessment contact, conducted on 31 July 2024, the service demonstrated it has updated procedures and work instructions regarding restrictive practices and implemented changes regarding environmental restrictive practice. Staff training records demonstrate staff have completed training regarding topics aligned with the Aged Care Quality Standards, the Serious Incident Response Scheme (SIRS) and informed consent. Staff were knowledgeable about environmental restrictive practice and the changes the service had implemented to

reduce environmental restrictive practice.

The service has reviewed and developed individual consumer consultations around behaviour support plans, meeting legislative requirements and aligning with contemporary restrictive practice resources. Updated procedures and work instructions have been implemented and

embedded throughout the service. All consumer assessments are reviewed quarterly, and this was confirmed by clinical staff and care file review. Management and clinical staff confirmed restrictive practice is discussed from the point of admission and is ongoing throughout the delivery of consumer care. The organisation’s quality and practice governance committee reviewed the service’s policies, procedures, and work instructions regarding restrictive practice legislation. Communication about the change in practices and the responsibilities and tools used was provided to consumers and staff.

I have considered the information in the Assessment Team report. I accept the recommendation that the Requirement is met. I find Requirement 8(3)(c) Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)