Performance

Report

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| Name of service: | Performance report date: |
| Baptcare Amberlea Community | 27 September 2022 |
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| 3643 | Site audit |
| Approved provider: | Activity date: |
| Baptcare Ltd | 23 August 2022 to 25 August 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 Amberlea 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.

# Services included in this assessment

# 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

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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 | | 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 said staff treated them with respect and felt their individual identity, diversity and dignity was valued. Staff were observed to treat consumers respectfully and displayed an understanding and awareness of consumers’ backgrounds, identity, and cultural practices.

Consumers expressed that they were supported to make decisions about their own care and the way care and services are delivered and when other people are involved in their care. Consumers said they are supported to make connections and maintain relationships of choice. Staff described strategies for supporting consumers to exercise choice and independence daily and during care planning discussions.

Consumers said they are supported to take risks to enable them to live the best life they can and confirmed staff assist them to understand risks and discuss risk mitigation strategies with them. Care planning documentation evidenced examples of consumers being supported to take risks and to live the best life they can.

Consumers and representatives indicated they receive information that is current, accurate and timely, which is communicated clearly and enabled them to exercise choice. The Assessment Team observed staff providing consumers of diverse cognitive function information in an accessible way which enabled them to exercise choice.

Staff described the practical ways they respect the privacy of consumers, such as knocking on consumers’ doors prior to entering, keeping doors closed when providing personal care and not discussing consumers in public areas. Consumers and representatives confirmed that their personal privacy is respected.

# Standard 2

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| 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

The service demonstrated assessment and care planning included a consideration of risks to consumers’ health and wellbeing and informed the delivery of safe and effective care and services. Care planning documentation reflected the individual’s current needs and an individualised consideration of risks.

A review of consumer care planning documentation demonstrated assessment and planning identified and addressed consumers’ individual needs, preferences and goals or strategies, including advanced care planning. Most consumer care planning documentation contained advanced care directives which identified consumers’ wishes and preferences regarding end-of-life care.

Care planning documentation reflected 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 their care and said they have access to care planning documents.

Care planning documentation evidenced regular reviews occur or when there is a change of circumstances or condition of the consumer. Representatives confirmed they are kept informed of changes by the service.

# Standard 3

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| 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

Consumers confirmed they receive personal and clinical care that is safe, effective and tailored to their individual needs and preferences. The Assessment Team reviewed clinical documentation which demonstrated appropriate assessment and monitoring processes that follow best practice standards.

The service demonstrated high impact or high prevalence risks associated with the care of each consumer are effectively managed and care planning documentation identified effective risk management strategies for sampled consumers. Consumers expressed confidence in how the service assessed, communicated, and managed risks.

Care planning documentation recorded the needs, goals, and preferences for consumers nearing the end of their life and provided guidance to staff to ensure comfort and dignity of consumers at the end of their life. Consumers and representatives confirmed the service has spoken to them about advanced care planning and end of life preferences.

Deterioration and changes in consumers’ health or condition were identified quickly and responded to in a timely manner. This was evident in care planning documentation reviewed by the Assessment Team.

Information about consumers’ care was documented and effectively communicated and consumers and representatives expressed satisfaction with how information is communicated and shared within the service. Consumers’ care planning documents showed input from allied health professionals such as physiotherapists, podiatrists, and dieticians when needed. Consumers and their representatives said they were satisfied with the referral process.

The service has documented policies and procedures to support the minimisation of infection-related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff stated they have received training in infection control procedures including hand hygiene, the correct use of personal protective equipment and COVID-19 outbreak management processes.

# Standard 4

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| 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

Consumers and representatives felt that consumers received safe and effective services and supports for daily living that meet their needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Care planning documentation identified consumers’ individual needs, goals and preferences and staff demonstrated an understanding of these.

Consumers expressed satisfaction with the services and supports available to support consumers’ emotional, spiritual, and psychological well-being. Care panning documentation captured information on services and supports that are important to consumers.

Consumers and representatives said consumers are supported to participate in their community, within and outside the service and are supported to maintain social and personal relationships. Staff described how they support consumers to do things of interest to them and have social and personal relationships.

Consumers indicated their condition, needs and preferences are effectively communicated within the organisation and with others responsible for care or services. Staff described how changes to consumers’ care and services are communicated through verbal and documented handover processes, progress notes and clinical meetings.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Review of care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers.

Consumers and representatives expressed satisfaction with the quality and quantity of meals. The Assessment team observed hospitality staff attending to individual preferences of consumers in accordance with documented needs, preferences, and daily choices.

The Assessment team observed equipment used was safe, suitable, clean, and well maintained. Consumers confirmed they can access equipment to assist them with their activities for daily living. **Standard 5**

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| 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

Consumers considered the service environment to be welcoming, easy to navigate and comfortable. The service has several shared areas for consumers to interact, including indoor and outdoor areas. The Assessment Team observed consumers playing a game of billiards on the communal billiards table, and consumers enjoying each other’s companionship and fireplaces in communal lounge rooms.

The service environment was observed to be safe, clean, and well-maintained. Cleaning staff described procedures and schedules to ensure efficient and thorough cleaning of private rooms and communal areas and maintenance staff presented preventative and reactive maintenance schedules and logs.

Furniture, fittings, and equipment within the service were safe, clean, and well-maintained. The service ensured preventative and reactive maintenance is conducted regularly by maintenance staff. The service’s furniture, fittings and equipment are safe, and suitable for the needs of consumers.

**Standard 6**

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| 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

Consumers and representatives knew how to raise feedback or make complaints and felt comfortable to do so. Staff were aware of how the services’ feedback and complaints processes work and described how they would support a consumer or a consumer’s representative to provide feedback or make a complaint.

Consumers were aware of advocacy and other external complaints services and staff were aware of advocacy services available to consumers and representatives. Information regarding internal and external complaints and feedback processes and advocacy services were displayed on noticeboards and brochures in the communal areas of the service.

Consumers and representatives said the service takes appropriate action in response to feedback and complaints. The service had documented policies and procedures to guide staff in response to feedback or complaints, including an open disclosure framework.

Management stated that feedback and complaints are entered into the service’s feedback and complaints register and used to improve the quality of care and services delivered. Consumers and representatives expressed that feedback, and complaints are used to improve the quality of care and services delivered. The Assessment Team reviewed records that demonstrated changes implemented in response to feedback and complaints.

**Standard 7**

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| 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 were satisfied with the number of available staff at the service and considered the way staff provide care to be kind, gentle, and respectful. Consumers reported that they receive quality care and services from staff who are capable and sufficiently skilled. Staff reported feeling they have enough time to attend to the care needs of consumers. The Assessment Team reviewed call bell data that showed call bells were responded to promptly and the majority were responded to below the organisation’s benchmark.

A review of staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties and the service demonstrated a monitoring process which includes orientation, buddy shifts, observations and mandatory competencies.

A training and orientation program is in place for all staff and overseen by an education coordinator. The organisation tracks the completion of mandatory and non-mandatory training. Staff reported receiving adequate resources and training to perform their roles.

The service demonstrated regular assessment, monitoring, and review of staff performance is undertaken through observations, consumer feedback and complaints, and performance reviews of staff that are completed biennially.

**Standard 8**

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| 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

The service demonstrated that consumers are engaged in the development, delivery and evaluation of care and services. Consumers reported that they feel they are involved in the development and delivery of the cares and services they are provided. The service monitors the satisfaction of consumers through the collection of feedback and surveys.

The organisation was able to demonstrate how the governing body promotes a culture of safe, inclusive and quality care and services. Management advised training relating to safe and inclusive care is provided to staff, regular reports including clinical indicators, critical incidents and serious incident reporting scheme reports are submitted to the governing body and compliance is monitored through regular audits by the senior management team.

There are governance systems to support effective information management, compliance and regulation, complaints management and open disclosure, and clinical care. Any updates to aged care law and regulations are disseminated to staff through an electronic information management system.

The organisation had implemented effective risk and incident management systems and used appropriate practices to identify, report, prevent and manage risks and incidents, including high impact or high prevalence risks. Staff were able to explain the processes of risk management.

The service demonstrated the organisation’s clinical governance systems and framework ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.

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