Performance

Report

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| Name: | Baptcare Karingal Community Care |
| Commission ID: | 8007 |
| Address: | 32 Lovett Street, DEVONPORT, Tasmania, 7310 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 July 2024 |
| Performance report date: | 11 August 2024 |
| Service included in this assessment: | Provider: 23 Baptcare Ltd  Service: 4980 Baptcare Karingal Community Care |

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 Karingal Community Care (**the service**) has been prepared by V Plummer, 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives provided positive feedback in relation to the clinical care the consumer receives and said known risks of consumers were managed effectively. Care planning documentation evidenced high impact, high prevalence risks were identified, assessed, and monitored with strategies in place, including, falls, wound management, pressure injury prevention, changed behaviours, unplanned weight loss, pain, catheter management and restrictive practices. Staff were able to describe the individual consumers’ risks and strategies in place to manage and minimise those risks. Staff are guided by policies and protocols, including a risk management framework.

Management of high impact or high prevalence risks are managed effectively with clinical assessment and review, which includes input and consultation from allied health professionals.

Staff described training which is provided in relation to high impact or high prevalence risks for consumers.

The service collates incident data each month and analyses the information to identify clinical trends including high impact or high prevalence risks which is discussed at management and staff meetings.

The service reported they have been liaising with the Public Health Unit in relation to a recent outbreak of COVID-19, with a number of consumers affected. The service has initiated risk-based precautions for consumers and visitors to the service, including screening on entry for visitors and donning of personal protective equipment. A COVID-19 vaccination clinic was also organised for consumers and staff. The service implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff received training in infection minimisation strategies including infection control and COVID-19. Practices demonstrated the service has planned and was prepared for a potential outbreak. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

I have considered the information within the assessment contact team report, placing weight on the details provided, including positive feedback from consumers and representatives, staff knowledge in managing consumer risks, and a documentation review which reflects effective management of those risks.

It is my decision Requirement 3(3)(b) is Compliant.

# 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 |

Findings

Consumers confirmed they were happy with the level of care provided and felt there were sufficient levels of staff to meet their needs. Staff said they have adequate time to complete their duties and confirmed vacant shifts or unplanned leave are filled as required or shifts are extended.

Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. Management advised of the ongoing recruitment and monitoring efforts the organisation is undertaking to ensure sufficiency of staffing to meet the consumers’ clinical and care needs effectively and provided information on a new model of care being implemented at the service. Management reported the new model of care, piloted in collaboration with a local university focuses on improving task-oriented care by aligning it with consumer preferences, emphasising one-to-one and person-centred care. The outcomes have been positive and to support the rollout of the new model of care a dedicated registered nurse and several dementia champions have been added to the staff roster for the final phase of implementation.

In relation to their workforce responsibilities, the service has a registered nurse on site and on duty 24 hours a day, 7 days a week and there is additional clinical support provided by the care managers, team leaders and organisational managers throughout the day, after hours and on-call if escalation is required. Medication competent care staff, along with various other allied health professionals such as physiotherapists, are actively engaged throughout the week.

In relation to the mandatory care minutes requirements, the service is currently exceeding their total care minute targets and meeting the mandatory registered nurse targets for care minutes.

I have considered the information within the Assessment Team report, and I am satisfied the organisation ensures a workforce capable of delivering and managing safe and quality care and services. This is reinforced by the overall positive feedback from consumers, their representatives and staff regarding the delivery of care and services and the additional support established by the service to ensure any concerns are escalated and addressed in a timely manner.

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Consumers and representatives advised they receive the clinical care they need. The organisation demonstrated a clinical governance framework which supports clinical care practice within the service and is monitored by the organisation at multiple levels. The service demonstrated clinical care practice is governed by organisational policies and procedures which are available and accessible electronically to guide staff in delivering safe and effective care. These include antimicrobial stewardship, minimising restrictive practices and open disclosure.

Staff demonstrated an understanding of high impact or high prevalence risks at the service and explained how they implement the service’s policies in line with best practice, including reporting responsibilities, and described various risk minimisation strategies in place. Staff also confirmed they had received education about the organisational policies and procedures and were able to provide examples of relevance to their work. Management and staff were able to identify risks for individual consumers and described how they mitigate the consequences associated with these risks.

The service demonstrated an effective incident management system in which clinical data, including serious incidents, is recorded electronically and monitored directly by management. This data is analysed and trended by the organisation’s quality improvement team. Management provides reports directly to the executive leadership team and the Board, who monitor the clinical indicator data and trends.

I have considered the information within the Assessment Team Report, and I have placed weight on the positive feedback from consumers and representatives, staff knowledge of the systems and processes in place, and the evidence of effective implementation of the clinical governance framework at the service.

It is my decision Requirement 8(3)(e) is 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)