Performance

Report

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| Name of service: | Baptcare Karingal Community Care |
| Service address: | 32 Lovett Street DEVONPORT TAS 7310 |
| Commission ID: | 8007 |
| Approved provider: | Baptcare Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 4 May 2023 |

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 M. Nassif, 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.

# 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff treated them with dignity and respect and staff were aware of consumers’ backgrounds and preferences. Staff were observed treating consumers with kindness and dignity and care planning documents captured consumers’ personal preferences, identity, and cultural diversity.

Consumers and representatives said the service respected consumers’ cultural background and provided care consistent with their traditions and preferences. Staff were aware of culturally diverse consumers and described how this influenced care and services. Care planning documents demonstrated collaboration with consumers and representatives to accurately reflect consumers’ cultural preferences to ensure care and services are delivered to meet their needs.

Consumers and representatives said consumers were supported to make choices about their care, including who was involved, and this information was captured in care planning documents. Staff described details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

Consumers said they were supported to take risks to live the best life they could. Care planning documents evidenced risk assessments undertaken and dignity of risk agreements signed by a medical officer, consumers and representatives. Staff were guided by policies and procedures regarding risk management and informed consent.

Consumers and representatives said they received current information regarding care and services through newsletters and regular meetings. Management confirmed keeping consumers and representatives informed of any changes, and information was observed on display within the service regarding food choices and activities to enable consumers to exercise choice.

Consumers said their privacy was respected, and personal information kept confidential. Staff described discussing consumer information in private areas, knocking on consumers’ doors prior to entry and closing doors before care delivery. Consumer information was observed to be safeguarded within the password protected electronic care management system.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives considered assessment and planning of care and services was adequate and included consideration of risks. Management and staff described the assessment process upon entry to the service which was guided by procedures and validated assessment tools. Care planning documents reflected assessment and planning which informed delivery of safe and effective care and services and included the consideration of risks to consumers’ health and well-being.

Care planning documents included current end of life needs, goals, and preferences of consumers. Consumers and representatives confirmed discussing end of life needs, goals and preferences with staff if they chose to do so. The service had policies and procedures in relation to assessment and planning and the identification of needs, goals and preferences of consumers.

Consumers and representatives said they were involved in care assessment, planning and review and the service included others involved in the consumer’s care. Staff described the importance of consumer-centred care planning and initiating discussions with consumers and representatives. Care planning documents evidenced care needs were assessed and planned in partnership with consumers, representatives, and allied health professionals.

Representatives confirmed staff updated them regarding consumers’ care and services routinely or following incidents and provided access to care plans. Staff described how they inform consumers and representatives of the assessment and planning processes and off them a copy of care plans.

Staff detailed processes in relation to how often the care planning documents are reviewed and examples where the care plan had been reviewed following an incident or change in care needs. Management confirmed care planning documents were reviewed every 3 months or in response to incidents or changes. Care planning documents evidenced reviews undertaken routinely or in response to incidents.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Representatives said consumers received care that was safe and tailored to their needs and preferences. Care planning documents reflected delivery of best practice personal and clinical care, including for consumers with complex care needs. Best practice procedures were accessible to staff regarding restrictive practices, skin integrity and pressure injury prevention. Staff demonstrated understanding of the individualised personal and clinical needs of consumers.

Staff described processes to assess and mitigate high impact and high prevalence risks relevant to consumers including, but not limited to, falls, weight loss and skin integrity. Care planning documents reflected appropriate management of risks, including collaboration with allied health professionals or referral to hospital, if required. Polices and procedures guided staff through appropriate assessment and management of risks.

Care planning documents evidenced consumers’ needs and preferences had been met when palliating including pain management and ensuring comfort. Staff provided examples of having cared for palliating consumers with assistance from medical and palliative services. Staff were guided by policies and procedures regarding end of life care.

Representatives said the service is able to recognise and respond to changes in consumers’ condition. Staff described, and care planning documents reflected, signs of consumer deterioration were identified and responded to through medical officer review. Staff were guided by procedures to identify and respond to changes in a consumers’ condition including escalation to allied health professionals.

Consumers and representatives gave positive feedback regarding communication from the service about consumers’ care. Staff confirmed consumer care information was shared during handovers, meetings or by accessing care plans. Care planning documents contained adequate and accurate information to support effective and safe sharing of consumers’ care.

Consumers and representatives said referrals to other care providers were timely and appropriate. Care planning documents reflected timely referrals to relevant individuals or organisations for the provision of specialised care. Staff confirmed referrals were made to specialists for behaviour review, nutrition support and complex care assessments.

Staff described strategies to reduce antibiotic use and documents evidenced ongoing antibiotic monitoring to ensure appropriate prescribing. The service’s infection outbreak management plan detailed transmission prevention strategies including hand hygiene, cleaning, testing and monitoring symptoms. Staff and visitors were observed to be screened for infection upon entry to the service.

# 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

This Quality Standard is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers said care given is safe, that the service provides effective support for the consumers’ activities for daily living and that staff ensure their well-being and quality of life is being addressed. Care planning documents and activity schedules reflected consumer interests such as exercise, bus trips and bingo.

Consumers said their emotional, psychological, and spiritual wellbeing was supported. Staff described the spiritual and emotional needs of consumers to promote their psychological well-being. The service engaged chaplains and pastoral care volunteers to meet consumers’ social, emotional and spiritual needs.

Consumers said they were supported to undertake preferred activities within the service and community and provided examples such as art and music activities or visiting shops and cafes. Staff were familiar with consumers’ hobbies and interests. Care planning documents identified the activities consumers enjoy, their specific interests, and who they wish to maintain relationships with.

Consumers and representatives said staff were aware of consumers’ condition, needs and preferences. Staff described exchanging consumer information during shift handover or by reviewing task lists and care planning documents. Care planning documents included adequate information to support safe and effective care.

Consumers provided examples of other organisations and providers of care and services which staff confirmed ranged from animal therapy to community religious groups. Care planning documents reflected collaboration with other organisations and staff were aware of the consumers who engaged with external services.

Consumers provided positive feedback regarding the variety, quality and quantity of meals. The service was observed to offer a seasonal menu with alternate options and cooking methods suited to consumer preferences. Documents evidenced improvements implemented in response to consumer feedback with positive outcomes and staff confirmed dietary requirements and preferences were recorded and shared between relevant staff.

Equipment provided by the service was observed to be safe, suitable, clean, and well-maintained. Consumers, staff and management indicated equipment to support consumer lifestyle is safe, suitable and clean. Staff said they cleaned shared equipment after each use and undertook safety checks prior to use. Staff confirmed a range of mobility and lifestyle equipment was readily available.

# 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

This Quality Standard is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service was welcoming and optimised consumers’ independence and function. The service included navigational signage, corridors with support rails, gardens and barbeque facilities. Consumers said they personalised their rooms with decorative items and furniture which gave a sense of belonging and staff were observed warmly greeting visitors.

Consumers said the service environment was safe, clean, maintained and allowed free movement. Cleaning schedules reflected routine and deep cleaning in response to infectious outbreaks. The service was observed to be clean and well-maintained, and consumers were seen moving freely within and outside of the service.

Consumers said their personalised equipment met their needs and was cleaned by staff. Furniture, fittings, and equipment were observed to be safe, clean and well-maintained and staff confirmed adequate supply to meet consumer needs. Maintenance records reflected up to date scheduled and responsive equipment servicing or repair.

# 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

This Quality Standard is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they feel encouraged and supported to provide feedback and make complaints. Management and staff described feedback and complaint avenues available to consumers and representatives, including during meetings, through surveys, feedback forms or speaking directly to staff.

Consumers were aware of advocacy services to support a complaint and staff described relevant services available to consumers and support provided to utilise services. Posters and brochures were displayed throughout the service detailing advocacy and language services and external complaint options which were also shown in the consumer handbook and newsletters.

Consumers and representatives said their complaints were responded to and resolved with staff demonstrating open disclosure. Staff confirmed escalating complaints to management and having participated in training for open disclosure. Records reflected lodgement and resolution of complaints and the use of an open disclosure process where required.

Consumers and representatives said their feedback was used to improve care and services. Management said the service collects and registers feedback into the service’s electronic care planning system and the service’s plan for continuous improvement demonstrated actions taken by the service as a result of feedback and complaints raised by consumers and representatives.

# 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said there were sufficient staff to meet care needs. Staff confirmed there were enough staff to meet consumers’ needs and management described utilising agency staff to fill unplanned leave. Staff rosters demonstrated 24-hour availability of experienced clinical staff and reports reflected timely response to call bells.

Consumers and representatives said staff interactions were respectful, kind and caring. Staff were observed interacting with consumers in a kind manner and addressing them by their preferred name. Details of consumers’ individual needs and preferences were documented in care planning documents.

Consumers and representatives were confident staff were sufficiently skilled to meet consumers’ care needs. Management detailed processes for ensuring the workforce is competent and has the qualifications or knowledge to effectively perform their roles as outlined in positions descriptions. Documents confirmed staff have the relevant qualifications to perform their duties outlined in their position descriptions.

Consumers and representatives were satisfied that the service trains and supports staff to deliver care required. Staff said the service provided training they require and recalled attending training on Quality Standards requirements. Records demonstrated most staff had completed mandatory training and management were following up on outstanding training to be completed.

Management described the service’s annual performance appraisal framework and documents evidenced plans to undertake appraisals following disruptions due to staff turnover. Management confirmed monitoring staff through observation, informal feedback sessions, meetings, consumer surveys and clinical audits. Consumers said they had no concerns regarding staff 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

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives said the service sought their input to the development and delivery of care and services. Management outlined the process by which consumers and their representatives actively partner with the service in the development, delivery and evaluation through avenues such as the resident and relative meetings. Consumer meeting minutes reflected changes made to care and services in response to consumer input.

The organisation’s governing body promoted safe and inclusive care by considering information reported by the service regarding clinical audits, consumer input and quality indicators. This information informed organisational policies which guided staff on how to promote safe, inclusive and quality care and services.

The service demonstrated organisation wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints. For example, the feedback register evidenced improvements implemented in response to feedback and complaints, and staff confirmed having prompt access to information they needed to deliver quality care and services.

The service had effective risk management systems and practices, including managing high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they could and managing and preventing incidents. Care planning documents evidenced appropriate assessment and management of consumers presenting risks.

The service had a clinical governance framework to guide staff in the provision of safe and effective care, and best practice policies regarding antimicrobial stewardship, minimising use of restrictive practices and open disclosure. Staff demonstrated an understanding of appropriate antibiotic use, implementing suitable non-pharmacological restrictive practices and apologising following incidents in accordance with open disclosure principles.

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)