Performance

Report

**1800 951 822**

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| Name of service: | Baptcare Peninsula View Community |
| Service address: | 24-28 Moorooduc Highway FRANKSTON SOUTH VIC 3199 |
| Commission ID: | 4041 |
| Approved provider: | Baptcare Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 March 2023 to 8 March 2023 |
| Performance report date: | 6 April 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 Peninsula View Community (**the service**) has been prepared by K. Spurrell, 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 5 April 2023.
* 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 | |  |
| 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 they are treated with dignity and respect and are valued as individuals. Staff said they check care plans to ensure they understand consumer backgrounds and preferences, consistently speaking about consumers in a respectful way which demonstrated their understanding of consumers’ diversity and culture. Staff were observed treating consumers with dignity and respect and in line with consumers’ individual choices and preferences.

Consumers and representatives said the service provides care and services that are culturally safe, staff value their culture, personal values, and diversity which influences the delivery of their day-to-day care. Staff identified consumers with diverse cultural backgrounds and described how care is delivered with respect. Care planning documentation reflected consumers’ cultural needs and preferences.

Consumers said they are supported to make choices and preferences about the way care and services are delivered, who is involved in their care, and to maintain relationships. Care planning documentation demonstrated consumers can participate in decision-making and exercise choice and independence. Care planning documentation contained details and contact information for representatives and other primary contacts.

Consumers said they are supported to take risks and live the best life they can. Care planning documentation reflected the assessment of risks and identified mitigation measures. Staff practice is supported by the decision making and dignity of risk policies and procedures.

Consumers said they receive up-to-date information about activities, meals, COVID-19 and events happening in the service. Staff remind consumers of daily activities of interest to them. Schedules of upcoming activities were observed on noticeboards throughout the service and in consumers’ rooms. Minutes of consumers/representative’s meetings demonstrated that up-to-date information and feedback are provided promptly to questions raised.

Consumers and representatives reported their privacy is respected, and they are confident their personal information is kept confidential. Staff described keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on bedroom doors and waiting for a response before entering and closing doors when providing care. The service has an up-to-date privacy policy that guides staff practice and is provided to consumers upon admission to the service.

# 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 representatives confirmed they are actively involved in developing their care plans based on their preferences, goals, and needs, including for potential risks to their health and well-being, such as driving, smoking, pressure injuries and falls. Care planning documentation evidenced dignity of risk forms in place for identified risks such as for pressure injuries. Staff described assessment and care planning processes and how they are guided by the service’s clinical assessment and reassessment guide.

Consumers and representatives confirmed assessment and planning processes address current needs, goals, and preferences of consumers including for their end-of-life preferences. Staff described needs and preferences of consumers, which aligned with consumer feedback and care planning documentation and confirmed advance care directives are discussed as part of the admission process. Care planning documentation reflected consumers’ preferences for care and their end of life wishes.

Consumers and representatives confirmed assessment and planning is an ongoing partnership between them, staff and external care and service providers; they are informed of changes or when incidents occur. Staff confirmed care and services for consumers was regularly reviewed in partnership with consumers and representatives, medical and allied health professionals. Care planning documentation demonstrated the involvement of consumers, their representatives, medical officers, and others such as the chaplain. Allied health professionals and medical officers were observed reviewing consumers at the service during the Site Audit.

Consumers and representatives said they are contacted regularly and are informed in a timely manner when circumstances change, including for any changes to care processes and decision-making regarding referrals to other medical, allied health, and therapeutic services. Staff said they would notify registered staff if they noticed any changes to a consumer’s health and wellbeing; changes were communicated at handover and via the electronic care management system. Care planning documentation reflected outcomes of assessment and planning for each consumer including changes, reviews, updates, and communication.

Consumers and representatives confirmed care and services are constantly reviewed, staff keep them informed and they have input into any suggested care and service changes. Staff explained service reviews and evaluation through the bimonthly ‘consumer-of-the-day’ process and care plans are updated as clinically indicated. Staff are guided by policies and procedures which are embedded in the electronic care management system.

# 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

Consumer and representatives said consumers are receiving care that is safe and right for them and meets their needs and preferences. Staff described consumers’ individual needs, preferences, personal and clinical care, and how these were delivered in line with their care plans. Care planning documentation confirmed staff are following documented strategies and clinical management policies to deliver individualised care to consumers. The service has policies and procedures in place to direct personal and clinical care that is best practice.

Consumers and representatives said high impact or high prevalence risks are effectively managed by the service. Staff explained high-impact high-prevalence risks and the strategies in place to manage risks as well as consumers’ individual risks. Care planning documentation identified areas of risks such as for pressure injuries, falls, pain, restrictive practices, and behaviour management, with appropriate strategies listed for each consumer.

Consumers and representatives confirmed their advance care directives including their end-of-life care planning was discussed with them. Staff described how to support consumers to be as pain free as possible, have those close to them consulted and have their social, cultural, and religious and spiritual preferences respected. Management reported they would be guided by medical officers for involvement of the palliative care team. The service has an assessment and care planning procedure and an advance care plan procedure to guide staff practice.

Consumers and representatives reported, and care documentation evidenced when deterioration in a consumer was identified, the service responded in a timely manner. Staff described the escalation process should they notice a change in a consumer such as contacting registered staff and subsequent referrals if needed.

Consumers and representatives said the consumer’s condition, needs, and preferences are documented and communicated with relevant staff. Staff were aware of the consumers’ care needs and preferences and confirmed they receive up to date information about consumers during handover. Care planning documentation provides adequate information to support effective and safe sharing of the consumer’s information in providing care.

Consumers and representatives said timely and appropriate referrals occur when needed and consumers have access to relevant health care supports and providers of other care and services. Staff described the referral process for consumers to their medical officers’ and other health care professionals and how this informs care and services provided to consumers. Referral documentation was noted for consumers including referrals to dementia support organisations, dietitians, and medical officers.

The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management including for COVID-19. Consumers and representatives said the service managed the COVID-19 outbreaks effectively. Staff said they had received training in infection prevention and control strategies, antimicrobial stewardship and managing COVID-19 and demonstrated an understanding of precautions to prevent and control infections and the steps they could take to minimise the need for antibiotics. Staff were observed adhering to infection control practices such as mask wearing and hand washing.

# 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

Consumers said they are supported by the service to do the things of interest to them including participating in activities as part of the service’s lifestyle program and/or spending time on independent activities of choice. Staff said they ask consumers about their needs and preferences, and they receive feedback from consumers/representatives’ meetings. Care planning documentation identified the needs and preferences of consumers in each case.

Consumers said they feel supported in maintaining social, emotional, and religious connections, which are important to them. Staff said they take account of consumers’ social, emotional, and religious needs in the way they provide care; where a consumer seems unwell or agitated, they are comfortable handling this and provide necessary emotional support to them. Care planning documentation identified how consumer support was provided to each consumer.

Consumers and representatives said the service offers services and supports that enable them to participate in the community, have relationships and do things of interest to them. Care planning documents contained information on individual consumers’ interests and identified the people important to them. Staff were knowledgeable of consumers’ preferences such as socialising with other consumers and smoking in the outside area and knew to assist consumers to get ready when going out on visits from the service.

Consumers said information about their condition was effectively communicated and staff who provide daily care understand their needs. Staff said they refer to care plans, and changes are identified at handover. Care planning documentation identified the condition of consumers and their needs and preferences.

Consumers said they get timely and appropriate referrals when they need it. Staff demonstrated an understanding of what organisations, services and supports were available in the community should a need be identified for a consumer. Care planning documentation reflected consumers’ religious preferences and practices such as enjoying visits from the local church volunteer.

Consumers and representatives were satisfied with food and meals provided at the service. Staff explained food focus group meetings are held regularly to ensure feedback regarding meals from consumers can be discussed; the service had recently introduced a food service tablet to survey consumers after mealtimes and collect feedback. Staff said consumers select their weekly meal choices a week in advance however they can request alternatives.

Consumers said the service provides equipment that is safe, clean and well-maintained. Staff said there were processes in place for preventative and corrective maintenance. Maintenance documentation identified scheduled preventative maintenance was in place and current with no outstanding issues.

# 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 said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service is welcoming and provides comfortably furnished communal areas that optimises consumer interaction and engagement.

Consumers said they could easily find their way around and move freely and independently, both indoors and outdoors and the cleaning is good. Staff described the process for documenting and reporting maintenance issues and the service was observed to be safe, clean, well serviced and maintained at a comfortable temperature.

Consumers and representatives said the furniture, fittings and equipment are safe, clean, well-maintained, and suitable for them. Staff advised furniture, fittings, and equipment are assessed for suitability prior to purchase to meet consumers’ personal and clinical needs and lifting equipment is maintained and cleaned between use. The service has a schedule for preventative maintenance demonstrating that all items are completed.

# 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 representatives said they were supported to provide feedback and make complaints and staff would support them in raising issues. Staff said the service supports consumer feedback through emails and meetings. Feedback forms and collection boxes were observed throughout the service and staff said consumers and representatives made use of these.

Consumers and representatives said they were aware of and had access to advocates. Staff said they are aware of external advocates and are encouraged to help and inform consumers. Management said they could arrange for interpreter services if needed. Brochures about open disclosure and consumer advocacy services and signage were displayed in the service, and staff raising complaints on behalf of consumers was evidenced on the complaints register.

Consumers and representatives said the service responds appropriately and in a timely manner to complaints including when things go wrong, they will offer an apology and act promptly to resolve issues. The feedback register showed open disclosure is practiced, and complaints are handled in a timely manner as per the service's feedback procedure.

Consumers stated they had seen feedback and complaints used to improve the care and services. Staff described how feedback and complaints have resulted in improvements for consumers. Management stated feedback and complaints are reviewed using consumer meetings, care planning meetings, staff meetings, the feedback register, surveys, and the continuous improvement register, to evaluate and improve the quality of care and services.

# 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

The Assessment Team recommended Requirement 7(3)(d) was not met.

I have reviewed the evidence brought forward in the Site Audit report and the Approved Provider’s written submission and come to a different view. I provide further information about my reasoning below.

The Site Audit report identified that the service has policies and procedures to support the management of staff performance and some staff confirmed annual performance appraisals had been conducted, however, not all staff performance appraisals had been implemented as per the policy and procedures. The monitoring schedule showed that only a quarter of the workforce had completed appraisals in the past 12 months.

The Approved Provider provided additional information by way of a written response on 5 April 2023, this included an explanation and reasons for delays in attending to staff performance appraisals including the commencement of new management in October 2022 combined with several COVID-19 outbreaks during November and December 2022. At the time of the site audit, the Approved Provider submitted a plan for continuous improvement (PCI) dated 11 August 2022 which was active and open and had been updated during the audit.

In addition, the Approved Provider took performance modifications to ensure staff performance is managed to deliver the best and safe outcomes for consumers, in January 2023 the service surveyed staff to determine levels of staff satisfaction and ensure staff concerns were raised with management. The outcome of the survey resulted in the PCI being updated to reflect areas to be addressed as stated by staff including managing the performance of new staff during induction. By 4 April 2023, 80% of staff appraisals have been completed, or scheduled to be completed.

I have considered the evidence brought forward by both the Assessment Team and the Approved Provider, based on the evidence available to me, I am satisfied the Approved Provider has demonstrated it is undertaking the regular assessment, monitoring and review of the performance of each member of the workforce.

I, therefore, find Requirement 7(3)(e) is compliant.

I am satisfied that the remaining four Requirements of Quality Standard 7 are compliant.

Consumers and representatives said there’s an adequate mix and quantity of staff to meet the needs of consumers. Staff said the service had the right number and combination of staff to deliver quality care and they are reallocated when they are short-staffed and work as a team to meet consumers’ needs. Rosters and allocation sheets confirmed the service has enough staff to provide quality care.

Consumers said the staff treated them kindly and respectfully. Care planning documentation showed consumers’ cultural and religious preferences are recorded and accommodated. Staff were observed using consumers’ preferred names and treating consumers kindly. Staff were familiar with consumers’ needs and preferences and were observed being attentive and respectful in their interactions with the consumers. Organisational documentation showed a culture of kind and respectful care is promoted and monitored by the service.

Consumers and representatives said staff are competent in providing care and know what they are doing. Management demonstrated how qualifications and checks for staff are verified through the provider's head office human resource division; information is monitored via an online tool. Staff said the onboarding process was comprehensive and that they were confident that only suitable and qualified candidates would be employed by the service.

Consumers and representatives were confident in the abilities of staff and said staff had been trained well to perform their duties. Staff confirmed they received mandatory and ongoing training via an effective online system and other on-site training programs. Management demonstrated an online training system and training records management system. The service provided policies and procedures which supports the management of training at the service.

# 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

Consumers and representatives confirmed they could provide feedback to the service through consumer meetings, feedback forms, surveys, and care planning reviews. Minutes of consumer/representatives’ meetings showed consumers were actively engaged in providing feedback on what mattered to them. Staff meeting minutes showed the service actively seeks feedback from its workforce and communicates transparently with them.

The service demonstrated the Board is accountable for the delivery of care and services and promotes a culture of safe, inclusive and quality-driven care. Consumers expressed feeling safe in the service and said the environment was inclusive. The organisation has implemented systems and processes to monitor the performance of the service. Organisational documentation showed the service has an appropriate policy framework to ensure a culture of safe and inclusive care is maintained.

The service demonstrated effective organisation-wide governance systems are in place to guide information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and feedback and complaints. Management described how the Board maintained effective oversight through a structured organisational reporting and management framework and the service uses an effective online document management system to support better quality care.

The service demonstrated risk management systems had been implemented to assess high-impact or high-prevalence risks associated with the care of consumers. Policies and procedures supporting the effective treatment of risks as part of an established risk management framework were in place and staff demonstrated familiarity with the service's risk management framework. Management said serious incident reporting and incident management is part of induction and included in mandatory 12-monthly staff training.

The service demonstrated a clinical governance framework and systems in place to ensure the quality and safety of clinical care including for antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. The service presented policies and procedures supporting effective clinical governance and staff said the service's clinical governance framework functioned effectively and reported they were trained in the systems supporting clinical governance.

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