Performance

Report

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| Name of service: | Performance report date: |
| Baptcare The Orchards Community | 21 September 2022 |
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| Baptcare Ltd | 23 August 2022 to 26 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 The Orchards Community (**the service**) has been considered by James Howard, 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.

# 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 and representatives confirmed consumers were treated with dignity and respect, and their identities, cultures and diversity were valued. Staff treated consumers with dignity and respect and demonstrated an understanding of consumers’ individual choices and preferences.

Consumers and representatives confirmed the service provided care and services that were culturally safe. Staff explained how they provided care and services that were consistent with consumers’ individual needs.

Consumers and representatives advised they were supported to exercise choice and independence, could make their own decisions and were able to maintain personal relationships. The Assessment Team observed staff assisting consumers to maintain relationships with their friends and families.

Staff demonstrated an awareness of activities that included an element of risk to consumers and described strategies in place to mitigate those risks. Consumers confirmed the service provided them with the necessary support to take risks and live their best lives.

The Assessment Team observed information displayed throughout the service notifying consumers of menu choices, upcoming activities and other correspondence. Consumers and representatives advised they received up to date information which assisted them in making choices about their daily care and services, such as activity and menu options, COVID-19 information and other events of importance.

The Assessment Team observed the computers located at the nurses' stations on different floors were always screen-locked when unattended. Consumers and representatives were confident their privacy was respected, and personal information was kept confidential.

# 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

Care planning documentation identified individual risks to consumers, such as falls, pressure injuries, weight loss and behaviours of concern alongside appropriate strategies to manage these risks. The service undertook regular care plan reviews through ‘resident of the day’ schedule and a staff member engaged with the consumer to improve their care and services.

Staff described the needs and preferences of consumers; this information was consistent with care planning documentation. Consumers and representatives confirmed the service discussed and documented their preferences for end of life care.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Staff outlined the ongoing commination with consumers and representatives, which ensured an ongoing partnership in the provision of care.

Care planning documentation showed communication of assessment and planning outcomes with consumers and representatives and care plans were offered and readily available upon request. Staff identified handovers and the electronic care management system’s messaging platform were frequently used options for communicating outcomes of assessments and reviews.

Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. Consumers and representatives confirmed they were regularly contacted to discuss care and services.

# 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 and representatives indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Care planning documentation for consumers subjected to restrictive practices showed behaviour support plans were in place, informed consent was obtained and the situation was regularly reviewed by the consumer’s medical officer.

Staff identified the high impact or high prevalence risks to consumers’ and the strategies in place to mitigate potential risks. Care planning documentation demonstrated consistent assessments and planning which addressed individual consumer's high impact or high prevalence risks.

Care planning documentation for a recently deceased consumer confirmed staff responded in a timely manner, regularly involved their representative and the consumer received effective palliative care. Staff provided a detailed recollection of care provided to a deceased consumer, in line with the consumer’s preferences.

Consumers and representatives were confident the service would respond in a timely manner to effectively address any deterioration in their condition. The service had procedures and practices in place to guide staff response if a consumer’s health condition deteriorated.

Consumers and representatives were confident information regarding consumers’ care needs and preferences was well documented and shared between staff and other services. Staff advised information relating to the condition, needs and preferences of consumers were documented in the electronic care management system and communicated via the shift handover process.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Staff described the various referral options available dependent on the consumer's care needs.

Consumers and representatives confirmed staff consistently wore personal protective equipment, including gloves and face shields. Staff demonstrated an understanding of infection control practices relevant to their duties.

# 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 consumers received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence, health, well-being and quality of life. Care planning documentation identified consumers’ choices and provided information about the services and supports needed to assist consumers to engage in their activities of choice.

Care planning documentation included information about the emotional, spiritual and psychological needs of consumers. Consumers and representatives confirmed consumers’ emotional, spiritual and psychological well-being was supported.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them.

Consumers and representatives reported information about their daily living choices and preferences was effectively communicated throughout the service, and staff understood their needs and preferences. Staff advised consumer care information was shared internally during shift handover and recorded in the service’s electronic care management system.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Care planning documentation identified the involvement of other organisations and providers of care and services.

Consumers and representatives mostly provided positive feedback regarding the quality and quantity of the meals provided by the service. Care planning documentation noted consumers’ dietary needs, preferences and allergies.

The Assessment Team observed equipment used for daily living activities to be safe, suitable, clean, and well-maintained. Consumers felt safe when using the service's equipment and stated equipment was easily accessible and suitable for their needs.

## 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

The service environment was observed to be welcoming, living areas were illuminated by natural light and corridors were well lit. Staff confirmed walkways were kept free of obstructions and hazards, and if a hazard is spotted it was reported and cordoned off immediately.

Consumers advised the service environment was safe, clean, well maintained, comfortable and they could move freely throughout the service, both indoors and outdoors. Maintenance staff described the process for reporting safety issues and indicated the effectiveness of this process.

Consumers indicated the furniture, fittings, and equipment were safe, clean and well maintained. The Assessment Team observed the call bell system was working effectively, and any issues were resolved promptly.

**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 felt encouraged and supported by the service to provide feedback and make complaints. Staff were aware of the avenues available to consumers and representatives to provide feedback and described the ways they supported consumers to lodge complaints.

The Assessment Team observed information regarding advocacy and complaint services was displayed at the entry of the service and available in the consumer handbook. Consumers and representatives were aware of other avenues for raising a complaint, such as through the Commission, advocacy services, or with the assistance of a family member or friend.

Consumers and representatives indicated the service took appropriate action in response to complaints and utilised an open disclosure process when appropriate. A review of the service’s complaints register showed the use of open disclosure and the timely management of complaints in accordance with the service’s policy.

Staff advised the service used feedback and complaints to improve the quality of care and services and provided examples of changes that occurred as a result of feedback or complaints. Following ongoing feedback from consumers regarding the quality of meals, the service commenced the process of moving from external catering contractors to an in-house catering system, where the consumers will be involved in co-designing the menu.

**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, representatives and staff reported there were issues with staff shortages at times; however, no impact to consumer care was raised. A review of call bell data confirmed, on average, 90% of call bells were responded to within ten minutes.

Consumers and representatives indicated staff engaged with consumers in a kind, caring and respectful manner, and were gentle when providing care. Staff demonstrated a shared understanding of consumers, including their needs and preferences, and this information was consistent with care planning documentation.

Management outlined the staff induction process and advised it included a range of competencies staff were required to complete, including manual handling, restrictive practice reporting protocols, reporting abuse to aged care, privacy and confidentiality, incident management, infection control, and open disclosure. Consumers and representatives reported they felt staff were skilled in their roles and competent to meet their care needs.

Staff indicated they had access to regular mandatory training sessions and were confident they would be supported by management to access additional training if required. Management demonstrated the service’s online training system and training records management system, which ensured management was aware of training completion details for all staff members.

Management advised it regularly assessed staff competency and the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies. The service had a range of documented policies and procedures which guided the monitoring of staff performance and the actions taken when performance issues were identified.

**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

Consumers and representatives advised the service was well run and they had ongoing input into how consumers’ care and services were delivered. The organisation had effective systems to engage and support consumers in the development, delivery and evaluation of care and services.

The organisation had published policies, procedures and guides relevant to the Quality Standards, such as a clinical governance framework which included risk management, consumer partnerships and clinical practice. Management discussed a range of strategies which described how the governing body promoted a culture of safe, inclusive, and quality care and services.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The organisation had a documented risk management framework in place, which included policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives they can and how to manage and prevent incidents. Staff described their responsibilities in recording and reporting incidents and changes in a consumer condition, including making timely and appropriate referrals.

Management described how clinical care practice was governed by policies regarding antimicrobial stewardship, restrictive practices and open disclosure. A review of care planning documentation showed compliance with the service’s antimicrobial stewardship policy.

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)