Performance

Report

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| Name: | Baptcare The Orchards Community |
| Commission ID: | 4567 |
| Address: | 107 Andersons Creek Road, DONCASTER EAST, Victoria, 3109 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 November 2023 |
| Performance report date: | 20 December 2023 |
| Service included in this assessment: | Service: 19354 Baptcare The Orchards Community |

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 prepared by L Glass 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 4** Services and supports for daily living | **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 |
| 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 |

Findings

The Assessment Team found the service is effectively managing high impact and high prevalence risks associated with the care of each consumer and responding in a timely manner when a consumer’s condition changes or deteriorates.

In relation to requirement 3(3)(b) consumers and representatives said the service provides consumers with safe, individualised care. All staff interviewed identified specific risks associated with the care of each consumer and described strategies to mitigate the risks. The review of consumer care documentation demonstrated how the service manages risks associated with the care of each consumer including in relation to falls, specialised care needs, weight loss, and skin integrity.

All staff interviewed demonstrated knowledge of the organisation’s falls prevention and management policy. The review of care documentation showed staff implement the expected falls prevention and management strategies. These include neurological observations for unwitnessed falls and actual or suspected head strike, as well as escalation of care to a general practitioner or emergency services when injury is suspected. Clinical staff explained the service’s process for preventing and managing skin injury. They demonstrated how implementation of prescribed pressure area and wound care is recorded and regularly evaluated. Consumers and representatives said staff respond to weight loss proactively. Care documentation and interviews with clinical staff demonstrated strategies including allied health review, use of supplements when prescribed, and monitoring of food intake and weight being consistently implemented to support nutritional wellbeing. All consumer incidents are formally recorded on the organisation’s incident reporting system to facilitate trend analysis, improvement actions and compliance with mandatory reporting.

In relation to requirement 3(3)(d) all consumers and representatives interviewed said staff know consumers well enough to identify changes in consumer condition and respond effectively. The review of consumer care documentation reflected staff documenting routine observations and identifying when to escalate care concerns. Staff described how they recognise deterioration and demonstrated understanding of the organisation processes for escalating care concerns.

Clinical staff demonstrated how they use the regular review of care and services including ‘resident of the day’ and weekly care reviews to monitor for deterioration and initiate referrals to medical officers or allied health professionals. They also explained the importance of routine charting, assessments, and observations, including physiological observations, in supporting identification of changes in a consumer’s condition.

The organisation’s ‘Recognise and respond to clinical deterioration’ policy provides guidance and tools to support staff to provide safe and effective care to consumers who experience deterioration.

I have considered the Assessment Team report and the recommendation that the assessed requirements are met. I find requirements 3(3)(b) and 3(3)(d) Compliant.

# 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 |

Findings

The Assessment Team found the service is supporting consumers to get safe and effective services and supports for daily living, maintain independence and engage in activities they enjoy. All consumers and representatives described how they are supported to engage in the things they want to do, how their individual preferences are respected and how they are encouraged and supported to maintain their independence. Consumers are informed of activities on offer and they are encouraged and reminded to attend. Staff demonstrated knowledge of consumer needs and preferred activities.

Care planning documentation identified consumers’ choices and provided information, services, and support needed to help consumers do what they like to do. The Assessment Team observed that the activities program had a wide range of activities, including cultural and spiritual groups, community involvement, passive and gentle physical activities as well as providing individual, flexible one-on-one activities. The service has technology which allows them to live stream activities, meetings, and church services directly to consumers’ rooms. This allows consumers to be involved in these activities when they need or want to or if preferred consumers can stay in their room.

I have considered the Assessment Team report and the recommendation that the assessed requirement is met. I find requirement 4(3)(a) Compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)