Performance

Report

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| Name: | Baptcare Wattle Grove Community |
| Commission ID: | 3557 |
| Address: | 51 Pinetree Crescent, LALOR, Victoria, 3075 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 7 August 2024 |
| Performance report date: | 3 September 2024 |
| Service included in this assessment: | Provider: 23 Baptcare Ltd  Service: 19315 Baptcare Wattle Grove 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 Wattle Grove 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 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements were 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Requirement 2(3)(e) was found non-compliant during a Site Audit conducted from 14 November 2023 to 16 November 2023. The service did not demonstrate care interventions are evaluated for effectiveness when a consumer’s circumstances change or following incidents including falls and behaviours of concern. The Assessment Team found the service has implemented multiple actions in response to the identified non-compliance. It includes clinical management education delivered to clinical and care staff about recognising and responding to consumer deterioration. identifying and monitoring changes in a consumer’s condition.

Clinical management reinforced expected assessment and care planning protocols throughout 2024. Registered nurses review consumer incidents and progress notes to ensure the service is identifying changes in a consumer’s condition and reviewing care needs in a timely manner. The service introduced a ‘readmission from hospital’ checklist to support the review of clinical assessments inclusive of vital signs, pain, weight, and mobility when a consumer returns from hospital.

During the Assessment Contact on 7 August 2024, consumers and representatives said clinical staff regularly review the effectiveness of the care consumers receive. Consumers and representatives are satisfied staff review the effectiveness of care interventions following an incident or changes in the consumer’s health and wellbeing. Clinical staff consult with the organisation’s behaviour specialist to review consumers who demonstrate behaviours of concern. The service has recently employed an RN to lead best practice dementia care.

A review of consumer care documentation indicated clinical staff evaluate the effectiveness of care interventions according to service policies and procedures. Staff consult with medical officers, specialist services and allied health professionals to plan best practice care when reviewing the effectiveness of consumer care and services.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Requirement 3(3)(e) was found non-compliant during a Site Audit conducted from 14

November 2023 to 16 November 2023. Consumers and representatives said not all

staff were familiar with consumer care needs or preferences. Staff said communication procedures were not always effective to ensure staff had adequate information to provide care. Management stated they had not been adequately informed of incidents or consumers who experienced increased behaviours of concern. The Assessment Team found the service has implemented multiple actions in response to the identified non-compliance. Handover procedures have been reviewed and there is an expectation that all staff receive a verbal and written handover prior to commencing each shift and handover training was undertaken.

During the Assessment Contact on 7 August 2024, consumers and representatives confirmed staff are aware of consumers’ individual care needs and preferences. They are confident management and nurse unit managers ensure information is handed over to staff and other providers of care including general practitioners. Staff including allied health staff demonstrated multiple ways they share and receive information about consumer care needs. A review of consumer care documentation and staff handover sheets demonstrated information about consumers’ current care needs and preferences is communicated effectively. The Assessment Team observed staff document the outcomes of medical and allied health reviews, diagnostic tests, and representative consultations in the electronic care management system.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Requirement 6(3)(c) was found non-compliant during a Site Audit conducted from 14 November 2023 to 16 November 2023. The service could not demonstrate appropriate action was taken in response to complaints using an open disclosure process. The service has implemented multiple actions in response to the identified non-compliance including a variety of ways for

for consumers, representatives, visitors and staff to lodge complaints and receive a response.

Clinical educators conducted training sessions on feedback and open disclosure in February 2024 for clinical and care staff.

The Assessment Team reviewed the service’s online staff induction module which now includes an open disclosure procedure. During the Assessment Contact on 7 August 2024 consumers and representatives expressed satisfaction with the process management follow to resolve complaints or respond to feedback. Management use open disclosure process when handling complaints and incidents, working collaboratively with consumers and representatives and apologising when necessary. Open disclosure is embedded in the service’s risk management system, and the Assessment Team observed examples of how open disclosure had been used through the incident management process and continuous improvement planning including improvements for recording open disclosure discussions. Complaints are recorded in an electronic system and are investigated and actioned. The service has a feedback and complaints policy and procedure and open disclosure policy.

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)