Performance

Report

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| Name of service: | BaptistCare Aminya Centre |
| Service address: | 6 Goolgung Avenue BAULKHAM HILLS NSW 2153 |
| Commission ID: | 0605 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 26 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 BaptistCare Aminya Centre (**the service**) has been prepared by G-M. Cain, 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.
* 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 are treated with dignity and respect, and their preferences and needs are recognised and valued. On entry to the service, information related to cultural, spiritual and individual needs are identified through discussion with the consumer and representative and completion of an 'all about me' document. This included information about the consumer's life history, including needs, preferences, likes, cultural, spiritually and sexuality and important events. Staff had access to consumer care plans and demonstrated culturally appropriate care to the consumers. Staff had received training in cultural awareness. Cultural and religious days such as Christmas, Easter, Chinese New Year, Festival of Colour, Festival of Lights and St. Patricks Day are celebrated at the service.

Consumers stated that the care they received was culturally safe. Staff understood the needs and preferences of consumers to ensure that consumers' choices were respected. Meals provided to consumers were tailored based on consumers' preferences and cultural needs.

Consumers are supported to exercise choice and independence, make decisions about the delivery of care and services, including whom they wish to have involved in their care, and maintain relationships of importance. Care documentation evidence decisions were documented in consumers' care plans, and Nominated decision makers are on file where a consumer chooses.

Consumers said they are supported to take risks they want to take to enhance their quality of life. Documentation review demonstrated that consumers are supported to understand risks and identify appropriate management strategies. The service performs risk assessments for consumers who wish to take risks. All risk decisions are documented in the consumers' care plans.

Consumer information provided by the service is current, accurate, timely and communicated clearly and easily to understand, for example, the menu choices, activity calendar and consumer meeting minutes. The service provided information to consumers via various avenues, including consumer meetings, discussions with staff, information displayed on noticeboards and feedback mechanisms. Staff demonstrated strategies to communicate with consumers with cognitive impairments, such as talking slowly and using simple words, hand gestures and cue cards. Staff were aware of the interpreter services that could be accessed if needed.

Consumers said the service protects their privacy and confidentiality and that staff respect their personal space and privacy when their friends, partners or significant others visit. Staff were observed to knock on the consumers' door before entering and ensuring consumers' personal information remained confidential, for example, ensuring computers were password locked when not in use. The service had a privacy policy that guided staff in maintaining and respecting the privacy of personal and health information. Processes support staff in managing requests for information from others, such as family members or significant others, in an appropriate way.

# 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

The service's assessment and care planning considers consumers' risks, needs, goals and preferences, and if the consumer wishes to discuss, advance care planning and end-of-life wishes. Consumers and representatives confirmed involvement in the care planning process and were satisfied that consumers received the care and services needed. Clinical staff described how the care planning process informed the delivery of safe and effective care, including consideration of what is important to consumers in care delivery, such as individual preferences. If this is something consumers and their representatives are comfortable doing, end-of-life care and advance care planning are discussed at case conferences. Care documentation, including completing risk assessments and risk management strategies, was documented in consumer care plans.

The assessment and care planning process evidenced the involvement of consumers, representatives and other individuals and organisations. Clinical staff provided examples of the involvement of others in consumer assessment and care planning, for example, the palliative care outreach team from the local hospital for consumers entering the end of life or the involvement of the dietitian when a consumer had lost weight. Care documentation reflected an integrated and coordinated assessment and planning process.

Consumers and representatives were aware they could access the consumer's care plan. They confirmed that the service regularly communicated regarding consumers' care and services, and they are updated promptly when there are changes. The service had a process for documenting and communicating assessment outcomes, and staff interviews and review of care documentation confirmed these processes.

The service demonstrated that initial consumer assessment and care planning occurs upon entry to the service. Care and services plans are reviewed every 3 months when circumstances change, or incidents impact consumers' needs, goals and preferences. All consumers had access to a copy of their current care plan, and representatives who lived a distance from the service were emailed. The electronic care management system alerts registered staff when care plans are due.

# 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

Consumers said the care provided is safe and right for them, that their care is consistent with their needs and preferences, and that the care provided supports their health and well-being. They said that risks to their well-being, such as falls, delirium, pressure areas, weight loss, and infection, are assessed, explained, and managed to reduce risk. Consumers and representatives said that symptoms such as pain are managed well and that their wishes are known to staff if their condition deteriorates. Consumers confirmed that their needs and preferences are effectively communicated between staff. They had access to various health professionals, including allied health practitioners and medical specialists, and referrals were made as required.

Staff described how they provide safe and quality care to meet the needs of individual consumers; for example, clinical staff monitor consumers' the progress of consumers' wounds, including photographs to document the healing process. Care staff ensure that consumers are regularly repositioned following charted directives. Staff understood consumers' risks and strategies implemented to minimise and monitor them. Staff said they cared for consumers at the end of life, such as maintaining comfort, providing mouth care, good skin care and hygiene, repositioning and monitoring their pain. Clinical staff described how a deterioration in consumers' condition is discussed during handovers and a Medical officer review if needed. Information is shared between staff through the electronic care documentation system notifications and handover.

Care documentation was individualised, including end-of-life needs and preferences, and reflected management of high-impact, high-prevalence risks to consumers, such as falls. Care documents evidenced referrals to other organisations and providers of care, including allied health professionals, medical officers and specialist dementia services, and recorded information about changes in a consumer's condition, clinical incidents and transfer to/from the hospital.

The service demonstrated preparedness during an infectious outbreak and practices that reflect appropriate antibiotic prescribing. The service had documented policies and procedures to guide staff in minimising infection-related risks, including an outbreak management plan and an Antimicrobial Stewardship Policy Framework. The service conducts a monthly Medication Advisory Committee meeting and 3 monthly Clinical Governance meetings, where discussions such as antibiotic stewardship and infection rates. Staff's knowledge demonstrated an understanding of key infection control practices.

# 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 receive safe and effective services and support for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life. Consumers are supported to pursue activities of interest, and staff described how the activities schedule is developed in conjunction with consumers to support interests.

The service supports consumers to feel connected and engaged in meaningful activities that satisfy them. Consumers said they are supported to celebrate days meaningful to their culture or religion, and the service supports and promotes their spiritual, emotional, and psychological well-being. Staff described how they support consumers' emotional, psychological, and spiritual well-being, including examples of cultural awareness in their everyday practice. Care documentation included information about the consumer's emotional, spiritual, and psychological needs, goals and preferences.

Consumers stated that they have an 'active social life' and can follow their interests at the service. They are supported to maintain personal relationships and can participate in community and social activities if they wish. Staff described how they work with other organisations, advocates, community members and groups to help consumers follow their interests and social activities and maintain community connections. Care documentation reflects that the services and supports are designed in collaboration with the consumer and are adjusted to reflect the consumer's changing needs, goals, and preferences.

Consumers provided positive feedback about the coordination of daily services and supports and said the information had been shared with others to ensure the continuity of services. Information is communicated to staff via the electronic care management systems, shift handovers and handover sheets. Care documentation provided adequate information to support safe and effective care related to services and supports for daily living.

Consumers said they could choose from suitable and healthy meals, snacks, and drinks, take part in planning their menu and are satisfied that they receive a variety of well-proportioned, quality meals. Staff were aware of consumers' nutrition and hydration needs and preferences and how to support consumers' independence, including preferred meal size, dietary or cultural needs and any support they need to enjoy food or drinks.

Consumers said they felt safe when using the equipment and knew how to report any concerns about the safety of the equipment. Risk and other assessments are completed before consumers are provided equipment to ensure it is suitable and meets their needs. Staff described how the service trained them to safely use the equipment, including identifying any potential risks to the safe use of the equipment and the responsibilities they share for the safety, cleanliness, and maintenance of equipment. Equipment was observed to be readily available and in good condition.

# 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 the service is cleaned and maintained, and they can personalise their rooms, including bringing in the furniture and possessions of choice. Staff described how consumers are supported to make the service feel like home and how they support consumers to maintain independence. Observations showed that corridors were clean and spacious for consumers to move freely, and dining and activity areas were clean and tidy.

Consumers were observed to be moving freely around the service, with internal electric doors automatically opening to allow access outdoors. Ramps were available between levels to support consumers' mobility, and different colour doors reflected different service areas.

Consumers said the equipment was well-maintained and clean, and staff confirmed they had access to the equipment needed for consumer care. Furniture and equipment were maintained under a scheduled maintenance plan with specialist contractors in place where required. The service had a preventative maintenance system, including a weekly task list for maintenance staff. The service conducted monthly work health and safety and cleaning audits. An environmental audit is conducted by a third party at least annually. A range of furniture and equipment was observed in the service.

# 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 were encouraged and supported to provide feedback regarding care and services and were comfortable raising concerns with management or staff. Staff understood the service's feedback process and other avenues to support consumers, such as advocacy and interpreter services. Noticeboards throughout the service provided information for consumers about complaints mechanisms, and a collection box for feedback and complaints forms was available at the entry to the service. Meeting minutes recorded compliments and complaints received; information relating to complaints management, including advocacy support, is provided to consumers in flyers and brochures displayed throughout the service.

Consumers and representatives said management promptly addresses and resolves their concerns after making a complaint or when an incident has occurred. Consumers and representatives confirmed that management and staff provide an apology upon making a complaint or when things go wrong. Staff have received education regarding open disclosure and demonstrated an understanding of the principles, including apologising to consumers and implementing actions to minimise reoccurrence.

Consumers and representatives considered their feedback and complaints to be used to improve the quality of care and services. Consumer meeting minutes and the service's complaints register demonstrated that complaints, feedback and suggestions were documented, and changes at the service were communicated with consumers.

# 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

Consumers and representatives said staff are available to support consumers and respond promptly when they use their call bells. Staff felt supported by management and said the service is committed to recruiting more staff. There were processes to ensure the workforce was planned, and the number and skills mix enabled the delivery of quality care and services. For example, a review of the roster for the 3 weeks before the Site Audit identified that at least one registered nurse was allocated on all shifts, most shifts were filled, and staff were replaced or reallocated where there were vacancies.

Consumers and representatives spoke about the kindness and caring attitude of the staff who cared for them. The staff respected all consumers' identities, cultures and diversity. Observations showed staff assisting and speaking to consumers in a kind and caring manner. The service's code of conduct for workforce members includes expected behaviours or conduct towards consumers at the service. Management described how staff are monitored to ensure interactions with consumers are kind, caring and respectful. They could describe actions undertaken if staff behaviour was less than expected.

Consumers and representatives sampled feel confident that staff are sufficiently skilled and trained to meet consumers' care needs.

The orientation and onboarding process for new staff included mandatory training, systems orientation and core competency assessments. Staff credential and reference checks are conducted before staff commence in their roles, and the service tracks expiry dates for registrations and national criminal history checks. The service demonstrated that each staff member had the relevant qualifications and knowledge to perform their roles. For example, the service's management team detailed that the clinical staff administering medications to consumers undertook relevant training and endorsement to ensure they were competent.

Staff said they receive adequate training and support to perform their duties. Staff training records demonstrated that the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards.

The service demonstrated that the workforce's performance is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed that the service has performance review systems, including a formal annual review for each staff member. Staff confirmed the performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge.

# 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

The service demonstrated that it supports consumers and representatives to be involved in developing, delivering and evaluating care and services. Management provided examples of how the service incorporated consumer feedback and suggestions into changes implemented to care and services at the service and organisational levels. Consumers were encouraged to engage in developing, delivering and evaluating care services on entry to the service and ongoing through care conferences, meetings and feedback.

The governing body is accountable for delivering care and services and promotes a safe, inclusive, and quality-driven culture. The organisation demonstrated effective systems and processes to monitor the performance of the service. The service provides reports to various organisational committees, including information relating to internal audits, consumer and staff feedback and complaints, continuous improvement initiatives, and clinical and incident data analysis. The governing body utilised this information to identify the service's compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

Management and staff described processes and mechanisms in place for effective organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective electronic care system, a plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

The service had a risk management system implemented to monitor and assess high-impact or high-prevalence risks associated with the care of consumers, including identifying and responding to the abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated, and reviewed at a service and organisational level. Feedback is communicated in the service through consumer meetings, where clinical and risk management topics are discussed.

The service demonstrated that the organisation's clinical governance systems ensure the quality and safety of clinical care. These included antimicrobial stewardship, minimising restrictive practices, and an open disclosure process. The service had policies relevant to these, and staff demonstrated a shared understanding of these and described how they apply these as relevant to their roles. The service has a designated Infection Prevention and Control lead.

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)