Performance

Report

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| Name of service: | BaptistCare Caloola Centre |
| Service address: | Cnr Plumpton Rd & Redhill Rd WAGGA WAGGA NSW 2650 |
| Commission ID: | 0614 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 August 2023 to 30 August 2023 |
| Performance report date: | 4 October 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 Caloola Centre (**the service**) has been prepared by G Cherry, 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 - Site; the Assessment Contact - Site 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 15 September 2023
* Performance Report dated 1 June 2022

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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)(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 Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 2(3)(b)

Previously the service did not demonstrate care documentation identified/addressed consumers current needs, goals/preferences relating to mobility, skin integrity, blood pressure monitoring and fluid restriction. In response, the service’s plan for continuous improvement (PCI) details actions including medical officer review, family involvement in assessment and care planning, plus staff education. Effective systems/processes were demonstrated. Sampled consumers/reprentatives consider appropriate assessment and planning occurs (with their involvement) to address consumer needs, including advance care and end of life planning, giving examples of satisfactory discussions/outcomes. Management explained the process of engaging consumers/representatives and methods utilised for consumers requiring alternate decision makers. Via document review the assessment team note advanced care records accessible to guide staff in care delivery.

Requirement 2(3)(e)

Previously the service did not demonstrate consumers care/services relating to skin integrity/wound management, behaviour management and assessing risk after a consumer experiences a fall resulting in injury. In response, the service’s PCI details actions including engaging consumers/representatives and staff in care planning processes, regular review/update and ensuring staff implement a process to document/review/follow up with medical officers. The service demonstrate an effective processes of review when circumstances change and/or incidents impact consumers needs. Sampled consumers express positive feedback, noting they are informed of changes required. A care planning/case conference schedule monitors when discussions/review is required. Interviewed staff demonstrate knowledge of incident reporting processes and how this generates reassessment/review; examples include risk assessment/mobility review post fall and monitoring processes/review relating to unmet behavioural needs.

# 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)(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)(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

The Quality Standard was not fully assessed. Four requirements were assessed and found compliant.

Requirement 3(3)(a)

Previously the service did not demonstrate skin integrity and wound management care is best practice. In response, the service’s PCI details actions ensuring appropriate wound care policies/practices are conducted, regular wound photography and measurements recorded and improvement of staff awareness relating to appropriate pressure injury classification. The service demonstrate a comprehensive falls prevention strategy with multi-disciplinary approach and responsive care relating to pressure injury/skin integrity/wound/behaviour management and referral processes to medical officer/specialists when required. Document review details effective care provision for sampled consumers. Interviewed staff demonstrate knowledge of appropriate strategies to prevent/miminise deterioration of skin integrity, pressure injury/wound care including specific strategies for individual consumer’s needs. Sampled consumers express satisfaction in care provision.

Requirement 3(3)(b)

Previously the service did not demonstrate appropriate and effective management of high impact/prevalence risks associated with consumers’ care. In response, the service’s PCI details actions ensuring incidents are reported and effectively actioned and promote staff awareness of reporting of concerns/feedback raised by representatives. The service demonstrates effective management of high impact/prevelance risk, relating to unplanned weight loss, risk of aspiration/choking, medication administration, complex clinical cares (including pain management) and unmet behaviours. Referral to medical officer/specialists occurs to support appropriate care delivery. An effective process ensures incidents are reported, responded to and mitigation strategies implemented to minimise/prevent reoccurance. Interviewed staff demonstrate knowledge of appropriate minimisation strategies including individual consumer’s needs. Sampled consumers/representatives express satisfaction with care provision, some noting well trained, knowledgeable staff. The assessment team observed staff assisting consumers as per care plan directives. Education is provided to staff relating to current consumer care needs.

Requirement 3(3)(d)

Previously the service did not demonstrate deterioration and/or change in consumers’ condition is identified/responded to, and escalated to medical officer/specialists in a timely manner. In response, the service’s PCI details actions including ensuring strategies are identified to minimise risk of incident recurrence and education/training for registered nurses relation to recognition/response to infections. The service demonstrate effective methods to recognise/respond to consumer’s deteriorating condition, including escalating to registered nurses and hospital transfer where required. Staff demonstrate knowledge of escalating concerns to registered nurses and management . Processes ensure staff knowledge/competence including education/training sessions.

Requirement 3(3)(g)

Previously the service did not demonstrate appropriate antibiotic use to support optimal care when consumers experience infections, nor appropriate cleaning of shared equipment post use. In response, the service’s PCI details ensuring staff maintain safe infection control practises, reinforcing compliance with infection control practises and correct use of PPE. The service demonstrates effective processes to ensure minimising infection related risks and supporting antimicrobial stewardship. Policies and practices guide staff who demonstrate an understanding of infection prevention and control practices. An outbreak management plan provides overarching guidance/resources led by an Infection Prevention and Control Lead actively involved in education and communication to staff/consumers/representatives. An vaccination program exists for consumers/staff and processes ensure visitors are infection free prior to accessing the service. The assessment team observed sufficient personal protective equipment/clinical waste bins and outbreak management guidance accessible to staff who demonstrate appropriate hand hygiene and equipment cleaning. Clinical staff explain the process of obtaining pathology prior antibiotic use.

# 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 |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 6(3)(c)

Previously the service did not demonstrate appropriate action is taken in response to complaints and an open disclosure process used. In response, the service’s PCI details actions including ensuring accurate recording of feedback/complaints; information provided to consumers via meetings/written communication, including provided information to consumer when entering the service. The service demonstrate processes to respond to feedback/complaints, including open disclosure, consistent with consumer/representative feedback. Management demonstrate investigation to determine root cause, actions taken and ongoing monitoring to ensure consumer satisfaction and positive outcomes. Sampled consumers/representatives consider they feel listened to and complaints are satisfactorily resolved, including use of open disclosure practises.

Requirement 6(3)(d)

Previously the service did not demonstrate feedback and complaints are reviewed/used to inform/improve quality care and services. In response, the service’s PCI details actions as per requirement 6(3)(c). The service demonstrate a process of capturing and responding to complaints. Policies/procedures guide management and staff relating to organisational expectations. Document details recording and reviewing of data to identify trends and opportunities for improvement. Management’s response to feedback/complaints results in positive consumer outcomes and improvements to care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Requirement 7(3)(d)

Previously the service did not demonstrate processes to ensue the workforce is recruited, trained, equipped and supported to deliver outcomes required by the Quality Standards. The service did not provide improvement actions within their PCI relating to this requirement. The service demonstrates processes to ensure a workforce is recruited, trained, equipped, and supported to deliver appropriate consumer care. Staff are provided training on a regular basis (which is monitored to ensure completion) enabling them to obtain appropriate experience and skills to perform their roles. Several methods are used to determine training needs such as analysis of clinical indicators and identification of risk via staff practices. The assessment team observed staff attending training. The organisation has processes to ensure staff complete mandatory training and interviewed staff note topics covered relating to the Quality Standards.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Requirement 8(3)(c)

Previously the service did not demonstrate effective organisation wide governance systems relating to continuous improvement, feedback and complaints and regulatory compliance. In response, the service’s PCI details actions including training relating to effective use of PCI, updating documentation to ensure completion and evaluation regularly occurs. Effective overarching organisational systems relating to information management, continuous improvement, workforce, regulatory compliance and feedback and complaints are evident. Policies/procedures guide staff in relation to organisational expectations. A system ensures data gathered via a range methods is reported to the executive team, addressed/analysed at relevant subcommittees and escalated to the board as required. A PCI is monitored by organisational staff to evaluate effectiveness of improvements sourced from various methods. The residential manager has a dedicated budget at service level and additional funds are provided when needed. Systems and procedures ensure a workforce has assignment of clear responsibilities and accountabilities. Recruitment is an ongoing processes and a project to improve staff retention is managed at organisational level. Systems ensure regulatory updates are communicated throughout the organisation. Document review detail staff training/education in line with ongoing legislative changes. Management monitor/manages feedback and complaints and processes ensure awareness at board level.

Requirement 8(3)(d)

Previously the service did not demonstrate effective risk management systems and practices. In response, the service’s PCI details actions including providions of staff education/training relating to partnerhip care planning; implemented incident management policy/procedure and staff training. Organisational systems manage high impact/prevalence risks including incident reporting and risk management processes. Consumers are supported to live the best life they can guided by organisational vision/values focusing on ‘people-first’ approach. Management of high impact/prevalence risks is monitored by service management team. An online risk management system is overseen at organisational level. The risk management system has processes including investigation, actions taken, improvements, an open disclosure approach and whether incident investigations have been closed. Policies/procedures guide staff in organisational expectations.

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)