Performance

Report

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| Name: | BaptistCare Caloola Centre |
| Commission ID: | 0614 |
| Address: | Cnr Plumpton Rd & Redhill Rd, WAGGA WAGGA, New South Wales, 2650 |
| Activity type: | Site Audit |
| Activity date: | 31 January 2024 to 2 February 2024 |
| Performance report date: | 4 March 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 5588 BaptistCare Caloola Centre |

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 Denise McDonald, 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 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 23 February 2023 which included a Plan for continuous improvement (PCI), food temperature monitoring records, consumer surveys, meeting minutes and workforce performance monitoring records.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers said they were treated with dignity and respect with their identities and cultures valued. Staff were observed to be respectful and patient when caring for consumers. Policies and procedures guided staff on how to treat consumers with dignity and respect.

Consumers and representatives said staff recognised and valued consumers’ individual heritage, which enhanced how care was delivered. Staff were aware of consumers’ unique cultural backgrounds and explained how care was tailored to meet their needs and preferences. Care documentation evidenced consumers’ cultural needs and preferences were recorded.

Consumers said they were supported to make decisions about care delivery, who was involved in their care and who they wanted to stay in touch with. Staff said consumers’ preferences determined how their care was delivered and they knew what supports consumers needed to stay in touch with those important to them. Care documentation evidenced consumers’ care preferences and who was involved in decision-making about their care.

Consumers said they were supported to take risks which enabled them to live their best lives and had participated in discussions with staff about potential harms and risk mitigation strategies. Staff explained consumers were supported to take risks, provided their choices did not harm others. Care documentation evidenced risk assessments were in place for consumers who participated in activities with an element of risk.

Consumers gave practical examples of current, accurate and timely information received which included menus, lifestyle activities and COVID-19 updates. Staff said updates were discussed in consumer meetings and described how communication was tailored for consumers with sensory or cognitive impairments. Care documentation reflected consumer’s and representative’s communication preferences.

Consumers said their personal information was kept confidential and gave practical examples of how their privacy was respected, such sought consent prior to entering their room. Staff said consumers’ hardcopy information was kept in locked nurses’ stations and stored electronically in a password-protected electronic care management system (ECMS). Care documentation evidenced consumers’ privacy preferences.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said the assessment and planning of consumers’ care identified risks to consumers and planned how these would be managed. Staff understood risks for individual consumers and described the interventions in place to manage those risks. Care documentation evidenced risks to consumers, such as falls and pressure injuries, were identified through validated assessment tools.

Consumers and representatives said they had discussed consumers’ care preferences, which included advance care and end of life planning. Staff described the process used to develop the consumer care plan, which included their end of life wishes and appointment of a substitute decision-maker where necessary. Care documentation evidenced consumers’ current needs, goals and preferences and advance care directives were recorded.

Consumers and representatives said they, their medical officers and allied health professionals were involved in assessment and care planning processes. Care documentation evidenced case conferences were routinely held and consumer’s nominated representatives were involved in care discussion. Care documentation included input from medical officers, allied health professionals and disability support organisations.

Consumers and representatives said the outcomes of assessment was shared verbally by staff and they had also accessed a copy of their care plan. Staff said copies of consumer’s care plans were offered when changes were made. Staff were observed accessing and referring to consumer’s care plans via the ECMS.

Consumers and representatives said they were involved in regular reviews of consumers’ care, particularly following an incident or change in circumstances. Staff explained consumers’ care plans were reviewed biannually or when their health or care needs changed, such as following a fall. Care documentation evidenced consumers’ needs were regularly reviewed as well as when their circumstances changed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives said consumers received personal and clinical care that was safe and right for them, met their needs and preferences and supported their well-being. Staff explained consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care which was safe and tailored to their needs.

Consumers and representatives said high-impact or high-prevalence risks to consumers’ care was effectively managed. Staff explained where a falls risk was present for consumers, prevention strategies were in place to manage those risks, such as ensuring they were available to assist consumers to mobilise. Care documentation evidenced risks to consumers were identified and management strategies were in place to guide staff in care delivery.

Consumers and representatives said consumers’ end of life needs, goals, preferences and wishes had been discussed with them. Staff gave practical examples of how comfort was maximised and dignity preserved for consumers nearing end of life, such as pain management and providing emotional support. Care documentation evidenced consumers’ end of life needs, goals and preferences were identified.

Consumers and representatives gave positive feedback about how staff responded to deterioration or changes in consumers’ conditions. Staff explained the escalation process when signs of deterioration were evident, such as poor appetite, and said care plans were updated accordingly. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to in a timely manner.

Consumers and representatives said information about consumers needs was shared effectively as they did not have to repeat themselves when staff provided care. Staff said they were kept up to date by information shared during handovers and by accessing the ECMS. Care documentation evidenced information was exchanged between staff, consumers’ representatives, medical officers and allied health specialists as required.

Consumers and representatives said consumers received timely referrals to geriatricians and other health care providers when required. Staff explained the referral process and how it informed consumers’ care and services. Care documentation evidenced consumers were referred to other health care providers when needed.

Consumers and representatives gave positive feedback about infection-control measures and said COVID-19 infections were well managed. Staff understood infection prevention and control and described how they minimised consumers’ need for antibiotics. Staff were guided by a clinical governance framework which comprised policies and procedures in antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers said they had access to safe and effective supports for daily living which met their needs and preferences and optimised their independence and quality of life. Staff explained the activities calendar was planned with consumers’ input and had a goal of promoting independence, well-being and quality of life. Care documentation evidenced consumers’ activities preferences, social connections and the supports needed to participate in what interested them.

Consumers and representatives said access to church services and staff support, promoted consumers spiritual and psychological wellbeing. Staff explained spending one-on-one time with consumers and arranging access to counselling services or pastoral support when consumers felt low. Care documentation reflected consumers’ emotional, psychological and spiritual needs and responsive strategies to enhance their well-being.

Consumers gave practical examples of how they were supported to participate with the internal and external communities, such as pursing solo hobbies or visiting local shops independently. Staff explained consumers were encouraged to do things of interest to them through connections with community groups, supporting them to continue their hobbies and by offering regular lifestyle activities. Care documentation evidenced consumers’ activities of interest and their relationships of importance.

Consumers said information about their daily living needs were effectively communicated and staff understood consumers’ preferences. Staff explained information was shared during shift handovers and care documentation evidenced, consumer's dietary preferences were shared between care and catering staff.

Consumers said if they needed additional support from other organisations or service providers, they would be referred in a timely manner. Staff explained how consumers were referred to other organisations and volunteers who provided consumers with additional support, such as pastoral care. Care documentation evidenced collaboration with other organisations and individuals to meet consumers’ diverse needs.

Consumers and representatives said meals were enjoyable and portions served were sufficient, however, some consumers said the temperature of hot foods was not always warm enough, leading to hot boxes being purchased to keep food warm. Staff understood, and care documentation evidenced, consumers’ dietary needs and preferences, including any cultural food requirements were captured.

Consumers said equipment provided was clean, well maintained, suitable and they were comfortable raising any concerns with maintenance staff who were prompt in resolving issues. Staff explained mobility aids were assessed for safety prior to being given to consumers to use. Maintenance documentation evidenced the ongoing monitoring of equipment to ensure it was safe for consumers’ use.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was welcoming, easy to navigate and consumers were encouraged to decorate their rooms with personal items. Staff were observed welcoming visitors at reception and a floorplan assisted navigation to various areas of the service. Hallways were observed to be free of hazards, well-lit and had directional signage to assist consumers move around.

Consumers and representatives said the service was clean, well maintained and consumers could move freely between the indoors and outdoors. Staff described the cleaning and maintenance schedules, which were monitored and evidenced tasks were completed as required. Consumers were observed to have free and easy access both indoors and outdoors areas, including communal lounges, dining rooms and courtyards.

Consumers said furniture, fittings and equipment was safe, clean, well maintained and suitable for their use. Staff explained fittings and equipment were regularly updated to promote safety and ensure items complied with modern safety standards. Maintenance staff were observed inspecting and sanitising consumers’ equipment whilst performing repairs.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers gave positive feedback about feedback and complaints processes and said they were comfortable speaking directly with staff if they had concerns. Staff gave practical examples of assisting consumers to complete a feedback form if they required support to lodge a complaint. Meeting minutes evidenced consumers were encouraged to provide feedback on care and services provided.

Consumers and representatives said they were aware of how to access external complaints mechanisms and advocacy services. Staff understood the internal and external mechanisms by which consumers could provide feedback and make complaints, along with how to access interpreter services. Posters and leaflets promoted access to the Commission, advocacy services and language services.

Consumers said when they provided feedback, response was prompt, and they were offered an apology when they made a complaint. Staff said they attended training in the use of open disclosure and confirmed they would apologise to consumers if something went wrong. Complaints documentation evidenced the use of open disclosure and the timely management of complaints.

Consumers gave practical examples of how meal temperatures had been improved by the purchase of 2 hotboxes used to transfer meals because of their feedback. Staff said feedback and complaints were analysed and actions included in the PCI. The PCI included in response to the Site Audit evidenced consumers’ feedback about food temperatures was being addressed.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained the roster was planned based on clinical indicators and feedback from consumers and staff, which ensured staffing levels were sufficient to meet consumers’ needs. Rostering documentation evidenced all shifts were filled, and nurses were on duty continuously.

Consumers said staff were kind, caring, gentle, considerate and respectful when providing care. Staff were familiar with each consumer’s individual needs, identity, culture and diversity. Staff were observed interacting with consumers respectfully, including addressing them by their preferred names and engaging in friendly and familiar conversations.

Consumers and representatives said staff were suitably skilled and competent to meet their care needs. Management explained staff competency was determined through observations, consumer and representative feedback, in-house educator competency assessments and surveys. Personnel records evidenced staff had position descriptions and held qualifications and professional registrations relevant to their roles.

Consumers and representatives said staff understood their roles and gave positive feedback about staff training. Staff said they were provided with training and were not allocated shifts until all mandatory training had been completed. Training records evidenced high completion rates in topics such as the Serious Incident Response Scheme (SIRS), the Quality Standards, infection control and work health and safety.

Management advised and staff confirmed their performance was assessed and monitored during probation and annually thereafter, however some staff appraisals were overdue. Management were aware of the outstanding staff reviews and had scheduled all reviews to be completed, by 31 March 2024. Personnel records evidenced staff participated in probationary and annual performance appraisals and were also informally monitored through team meetings and consumer feedback.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers said they contributed to the development, delivery and evaluation of care and services and their feedback was sought on topics such as the menu and lifestyle activities. Management gave a practical example of how consumers’ feedback was used to improve the dining experience through enhanced décor. Documentation, such as feedback forms, surveys and scheduled case conferences, evidenced consumer’s contribution into and evaluation of care and services.

The organisation’s board of directors (the board) were accountable for service outcomes and satisfied themselves the Quality Standards were being met through reporting on clinical care, complaints and feedback, quality indicators, incidents and the results of internal audits. The board was supported by executive committees which focused on promoting a culture of safe, inclusive and quality care for consumers. The board had oversight of policy implementation, service evaluations and taking corrective actions to maintain quality care and services for consumers.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The board reviewed governance systems to satisfy itself the Quality Standards were being met, and 2 board members attended training in governing for reform and strengthening clinical and corporate governance in aged care. Governance was underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers, explained incident reporting processes and said they attended annual training in identifying and responding to elder abuse. Staff were guided by polices and processes in risk management which included incident reporting through the SIRS.

A clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff were understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced the clinical governance committee reviewed clinical indicators on antimicrobial stewardship, restrictive practice and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)