Performance

Report

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| Name of service: | BaptistCare Dorothy Henderson Lodge |
| Service address: | 157 Balaclava Road Macquarie Park NSW 2113 |
| Commission ID: | 0289 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 18 June 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 Dorothy Henderson Lodge (**the service**) has been prepared by M Kalra, 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 said their identity, culture and diversity is valued by staff. Staff described how they respected each consumer’s identity and culture, including using consumers’ preferred name, acknowledging their choices, and delivering care respectfully. Care planning documents included information about consumers’ identity, background, and cultural diversity to support the delivery of care and services. Staff were observed engaging with consumers in a respectful and dignified manner.

Consumers confirmed the service recognised and respected their cultural background and provided care consistent with their cultural traditions and preferences. Staff explained how they tailored care and services in a culturally safe manner. Policies, processes, and education supported staff to deliver culturally safe care and services.

Consumers said the service supported them to make and communicate decisions and maintain connections with others and relationships of their choice. Staff described and observations confirmed staff helped consumers to make decisions. Staff demonstrated knowledge and awareness of consumers who take risks and their provision of support to maintain consumer’s independence and well-being. Care planning documents contained risk assessments and risk mitigation strategies to support consumers to do the things they wanted to do.

Consumers said they received accurate and timely information that they can understand, including through newsletters, meetings, and announcements. Staff explained how they communicated information in an easy to understand and accessible manner.

Consumers’ personal information was confidentially stored through a password protected electronic care management system, with hardcopy records placed in locked storage. Consent forms were in place to record and share information about consumers as appropriate. Consumers said, and observations confirmed consumers’ personal privacy was respected.

# 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

Consumers and representatives confirmed they are involved in the assessment and care planning processes upon entry to the service and on an ongoing basis. Staff explained how assessment and planning process considered risks to consumers’ health and well-being, to inform the delivery of safe, effective care and services. Care planning documents demonstrated individual risks to consumers were assessed using evidence-based assessment tools and included risk mitigation strategies.

Management explained how they determined what was important to consumers through regular discussions, care plan reviews, and staff observations. Staff described how they involved consumers and representatives in discussions relating to advance care and end of life planning. Care planning documents identified and addressed consumers’ current needs, goals, and preferences, including advance care and end of life planning.

Care planning documentation showed evidence of care conferences and the involvement of a range of external providers including physiotherapists, dietitians, general practitioners, speech pathologists, palliative care team, geriatrician, and audiologists. Staff provided examples of how they communicated consumers’ needs and preferences to ensure care plans are up to date and reflective of consumers’ needs. Consumers/representatives said staff explained their care plan to them, which met their needs, goals, and preferences.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred, such as falls, injuries or incidents related to changing behaviours. Care planning documents evidenced care and services were regularly reviewed for effectiveness, and when circumstances changed, or incidents impacted on consumers’ needs, goals, or preferences.

# 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 and representatives considered consumers received care that was safe and right for them, consistent with their needs and preferences, and supported their health and well-being. Staff provided examples of how they provided clinical care in a safe and effective manner, guided by policies, procedures, and training. Restrictive practices were appropriately managed in accordance with legislative requirements, as evidenced through review of care documentation.

Care plans, progress notes, charting, and validated assessments confirmed skin integrity, wound care, pain management, falls, and other complex clinical care needs were managed effectively. Care plans identified consumers with high impact or high prevalence risks, and staff described how these risks are managed.

Staff explained how they altered their care to support consumers nearing end of life, including completing relevant assessments and engaging with external medical and palliative care services to ensure consumers were comfortable. Care documentation for a named consumer who passed away at the service evidenced involvement of the consumer’s representative and demonstrated the consumer was regularly reviewed and monitored for signs of pain and discomfort.

Consumers and representatives said the service recognised and responded to changes in consumers’ condition in a suitable and timely manner. Staff explained how they identified and responded to changes in consumers’ condition or deterioration, and said they received regular training on clinical deterioration. Documentation demonstrated consumers were regularly monitored, and appropriate action was undertaken in response to changes in consumers’ health condition.

Consumers considered staff were aware of their preferences and needs. Staff explained how they communicated relevant information about consumers care and services through verbal and written handover processes, care documentation and electronic notifications. Consumers said and care documentation confirmed the service referred consumers to appropriate providers, organisations, or individuals which met their care needs. Staff explained the process to refer consumers to other external providers of care.

Staff demonstrated an understanding of precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics. For example, staff said they practiced hand hygiene, wore personal protective equipment, and obtained pathology results prior to commencing antibiotics. Care planning documents evidenced antimicrobial stewardship principles were followed. The service implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management and for the management of COVID-19 outbreaks.

# 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 said they were satisfied the service supported them to do the things they wanted to do and explained how services and supports for daily living had improved their independence, health, well-being, and quality of life. Care planning documents demonstrated consumers’ needs, goals, and preferences were identified, with strategies in place to provide safe and effective services and supports. Staff explained how they supported consumers to do things meaningful to them to promote their quality of life, for example, setting up special events for a named consumer.

Consumers said they could observe cultural and religious practices important to them, and celebrate days meaningful to their culture, religion, or spirituality. Staff explained how they supported consumers’ emotional, psychological, and spiritual well-being. Consumers were monitored for emotional well-being and specialist services were made available to consumers and their families.

Consumers said they were supported to maintain personal and social relationships and participate in the community. Staff described how they worked with other organisations, community members, and groups to help consumers pursue their interests, undertake social activities, and maintain connections. Documentation demonstrated consumers were supported to do things of interest, participate within various social settings, and maintain relationships.

Staff explained information about consumers was shared though verbal and documented handover processes, alerts, huddles, and care documentation. External providers of care had access to consumers’ relevant information.

Staff described the process to refer consumers to other individuals, organisations, and providers of care to supplement supports and activities available at the service. Care planning documents demonstrated consumers received timely and appropriate referrals to assist with their daily living needs and lifestyle interests, including referrals to pastoral care, volunteers, or animal therapy.

Consumers said they could choose from suitable meals and drinks and were supported to give feedback about meals or ask for alternative meal options. Staff demonstrated knowledge of consumers’ dietary needs and preferences, and ways to support consumers’ dining experience. The dining experience was observed to be comfortable and not rushed, with consumers receiving assistance as appropriate, in a respectful manner.

Consumers said the service provided them with equipment, which was clean, suitable and met their needs. Staff explained they were responsible for the safety, cleanliness, and maintenance of equipment and how the service trained them to safely use equipment, including the identification of any potential risks. Equipment was observed to be clean and well maintained.

# 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 they could personalise their rooms with possessions and furniture of choice, and considered the service felt like home. Staff described how consumers were supported to make the service feel like home and maintain their independence. Consumers were observed utilising various areas of the service environment to socialise and do things of interest. There were barbeque areas, undercover outdoor areas, and accessible gardens with clear paths. Signage and handrails assisted consumers to move around the service and lifts were available for consumers to access other levels of the building.

Consumers and representatives said the service environment was clean, and maintenance was conducted in a timely manner. Consumers were observed moving freely around the service. Records of preventative and scheduled maintenance were managed by the maintenance team and environmental and workplace audits were observed to be completed according to the service’s audit schedule.

A range of suitable, safe, and clean furniture and equipment was observed throughout the service. Consumers said equipment was well maintained, and staff confirmed they had access to equipment needed for consumer care. Consumers were observed using a range of equipment including walkers, wheelchairs, and equipment to support personal care was available in bathrooms. Audit records showed regular checking of furniture and equipment, including servicing of all hoists on a scheduled basis.

# 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 said they were encouraged to and were comfortable in providing feedback and making complaints. The service had multiple methods for consumers to make complaints and provide feedback, including a formal feedback form, speaking directly with the management, or raising issues at the meetings.

Consumers said they were provided with information on advocacy, language services and ways to raising and resolving complaints. Management provided an overview of translation services, advocacy, and specialist services made available to consumers. Printed materials were provided to consumers and representatives on admission and were reinforced through flyers, posters, and during meetings. Staff described the actions they would take to support consumers to make complaints or give feedback, and processes for accessing interpreter services should they require them.

Consumers who had previously raised concerns confirmed they were satisfied with the service’s response and action. A reporting system was in place to facilitate an effective feedback and complaints management process, which was supported by policies, procedures, work instructions, and staff training. Management explained they monitored feedback and complaints information to resolve complaints in a timely manner. Documentation demonstrated complaints were resolved using an open disclosure process.

Consumers and representatives said management was responsive to their feedback and complaints and were satisfied with improvements made in response. The service had a continuous improvement process, and feedback and complaints provided a key area of input for identifying areas for improvement. There were systems in place to record and trend consumer input, and reports and meeting minutes demonstrated feedback and complaints were used to improve care and services.

# 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 there were sufficient staff at the service. While some consumers and representatives said staff seemed busy, consumers’ needs were still being met. Management and staff explained the workforce planning and monitoring mechanisms in place to enable the delivery of safe, quality care and services to consumers. Consumers and representatives said staff were kind and caring when providing care to consumers. Staff were observed to interact with consumers in a respectful manner and were familiar with consumers’ individual needs and identity.

Consumers and representatives said staff performed their duties effectively, and they were confident that staff were skilled to meet their care needs. Management said the service required staff to complete role-based annual mandatory refresher training that was monitored centrally. Position descriptions included key competencies and qualifications that were either desired or essential for each staff’s role, and staff were required to have relevant qualifications.

Staff said they received adequate training, support, professional development, and supervision to carry out their roles effectively. The recruitment and selection process contained regulated processes including completing police checks and verifying registrations. Documentation confirmed all staff had completed their mandatory training at the time of the site audit.

Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills and knowledge. Management said staff’s performance was reviewed annually using a formal performance appraisal process. Documentation reviewed outlined the staff performance framework, including annual performance appraisals and mandatory education. A review of documentation identified performance appraisals and competency assessments were scheduled and conducted every year.

# 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

Consumers said they were engaged in the development and delivery of care and services, and the service listened to and responded to their suggestions. Staff described how consumers representatives were able to provide feedback, including through meetings, emails, or direct feedback to staff. Documentation demonstrated consumers and representatives were supported to provide feedback, with relevant actions completed in response.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services. The governance committees used information from consolidated reports to determine the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery. The organisation implemented improvements and innovations using data from internal audits, clinical indicator reports, incidents or near misses, consumer and staff feedback and visits from the Aged Care Quality and Safety Commission.

The organisation had effective governance systems in place. The organisation’s controlled documentation system included policies and procedures that were reviewed and updated regularly to ensure best practice guidance. Opportunities for continuous improvement were identified and actioned. Financial, feedback and complaints and workforce governance systems were suitably addressed. Regulatory compliance was addressed through regular correspondence from meetings and external bodies.

A documented risk management guide and policies supported the service in identifying and responding to high-impact, high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. The service’s incident management system demonstrated incidents were identified and responded to, with incidents reported under the Serious Incident Response Scheme (SIRS) as appropriate.

The organisation’s clinical governance framework was supported by policies, procedures, clinical practice guidelines, work instructions, reports, audits, staff training and competencies. Staff had been educated on policies and provided examples relevant to their work, including appropriate use of antibiotics, use of open disclosure, and minimising the use of restrictive practices.

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)