Performance

Report

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| Name of service: | BaptistCare George Forbes House |
| Service address: | 16 Erin Street QUEANBEYAN NSW 2620 |
| Commission ID: | 0140 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 6 January 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 George Forbes House (**the service**) has been prepared by M. Nassif 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.

# 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

Representatives said their loved ones were treated with dignity and respect in the delivery of their care and services. Staff interviewed described how they respect and practice cultural awareness in their delivery of consumer care needs and their day-to-day engagement with them. Staff were aware how to support cultural customs, beliefs and needs. This was consistent with observations.

Consumers and representatives said consumers can maintain relationships with the people who were important to them. Representative stated they were included in all the decision-making processes of care and services. Documents reviewed showed how the service supports consumer choices and preferences.

Staff said they review risks consumers wish to take, help consumers understand the risks and look for strategies to help them live their best life. Documents showed dignity of risk forms in place and confirmed what staff had said in relation to risks being assessed and discussed with consumers.

Consumers and representatives said staff provided them with relevant information regarding care and service delivery. Documents confirmed current and accurate information is provided to consumers, for example through noticeboards and newsletters.

Representatives said staff respect consumers’ privacy and confidentiality. Interactions between consumers and staff showed respect for consumer privacy and confidentiality in the delivery of their care and services. Staff described strategies for ensuring confidentiality while providing care and accessing sensitive information.

# 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

Care planning demonstrated effective, comprehensive assessment and care planning processes to identify the needs, goals and preferences of consumers sampled, including the identification of risks to each consumer's health and well-being. Staff said they had access to consumers care plans and implement strategies and directives stated in consumers care plans to deliver safe and effective care and services.

Consumers and representatives said end of life wishes were discussed. Care planning documents showed advanced care directives were in place to support end of life planning, consumer goals, preferences, outlining detailed non-clinical, clinical and allied health needs. Staff explained how they determine what is important to the consumer through regular discussions, care plan reviews and staff observations.

Consumers and representatives said staff involve them in the assessment and planning of care initially during the admission process and regularly. Care planning documents evidenced input from allied health professionals and general practitioners and other providers of care. Staff reported they work with consumers and representatives to ensure ongoing assessment and review is carried out.

Consumers and representatives said staff communicate with them regularly and provide consumer updates and inform them of incidents and changes in there can and service needs. Staff advised that information, changes, and other needs were shared internally at handovers and the electronic care planning system.

Care planning documents were reviewed regularly and up to date, in line with the service's 6-monthly review process or as required when changes in circumstance arise.

# 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 staff know their needs well. Staff demonstrated an understanding of consumers personal and clinical care needs such as weight and medication management, and restrictive practice. Care planning documents reflected safe and effective personal and clinical care is delivered which address specific consumer needs and optimised wellbeing.

Care planning documents showed consumers identified as high risk had a variety of supports and strategies in place to manage risks. Staff identified high impact and high prevalence risks and how these risks were managed and mitigated.

Consumers said staff spoke to them regularly about their end of life wishes. Staff said they could recognise when a consumer is moving to the terminal phase of life. The service had policies and procedures for end-of-life care which guided staff on how to support consumers nearing the end of life. Advance care planning documents were in place for each consumer.

Representatives confirmed they had been informed about decline in their loved one’s condition and staff had provided regular updates about continuing deterioration. Staff described how they respond to changes, including escalating to concerns and using an assessment tool to detect early deterioration. Care planning documents demonstrated responsiveness to deterioration in consumers’ condition.

Staff said information on consumers’ condition, needs and preferences is handed over via scheduled through handovers and regular staff meetings. Care planning documents demonstrated adequate information is documented to support effective and safe provision of care and service.

A representative said the service kept them informed of referrals that are arranged for their loved one and are satisfied with the services available from other providers of care and services. Staff explained how they collaborate with other providers of care and services through referrals.

Representatives said they were satisfied with management of COVID-19 outbreaks and infection control practices. Staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensured they were used appropriately. Staff reported education and training related to infection control measures were included in the ongoing training and development program for members of the workforce. Staff were observed to be wearing personal protective equipment (PPE).

# 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 confirmed they received safe and effective services and support which maintained their well-being, independence and quality of life. Staff demonstrated knowledge of consumers needs and what was important to them and described how they work with the consumers to maintain a good quality of life. Staff explained that all consumers are welcomed and encouraged to participate in the service’s daily activities within the service as they choose.

Consumers and representatives described how the service promoted their spiritual, emotional, and psychological well-being. Staff said they provide one-on-one wellness check-ins with each consumer on a weekly basis and will offer support, comfort or make community referrals if required for additional support.

Consumers said they were supported to maintain personal relationships as they wish and can participate in their community both within and outside the service. Staff described how they work with community groups to enable consumers to follow their interests and community connections.

Consumers said all staff were aware of their individual needs and preferences. Staff advised information, changes, and other needs were shared internally at handovers and the electronic care planning system.

Care planning documents contained information about external services that had been involved in supporting consumers. The service demonstrated external organisational involvement.

Consumers and representatives said the meals provided were of suitable variety, quality, and quantity. The service has processes and systems in place for consumers to provide feedback on the quality and quantity of the food as well as to request an alternative meal that is not on the menu. Staff described how they met individual consumer dietary needs and preferences on an ongoing basis.

Consumers said they feel safe when using equipment and they know how to report any concerns they had which were dealt with quickly and efficiently. Equipment provided was observed to be safe, suitable, clean, maintained. There were no outstanding items requiring immediate attention on the online maintenance reporting software utilised by all staff of any equipment that may require repairs.

# 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 and representatives said the service environment is welcoming to their family and friends, and they feel safe, and comfortable with a sense of belonging. The service environment appeared friendly and welcoming with gardens and seating areas throughout. Consumer rooms were personalised, clean and well-maintained. The service has signage throughout to assist consumers and representatives navigate throughout the service.

Consumers interviewed say the service environment is clean, well-maintained, and comfortable and described how they access activities in different areas and can move around the service. All doors leading to the outside areas were unlocked, allowing consumers to walk around the service freely. Consumers were observed utilising the outside garden areas

Consumers said the furniture fittings and equipment were clean, well-maintained, and suitable for them. Furniture, fittings and equipment appeared safe, clean, well-maintained, and suitable for consumers. The service had a preventative and maintenance schedule for equipment as well as electrical test and tagging and pest control.

# 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 said they felt comfortable and knew who to contact to provide feedback or make a complaint if necessary. Staff described the feedback and complaint mechanisms of the service and how they support consumers and representatives to make complaints. Information was displayed at the service in relation to providing feedback and feedback forms and posters in various areas of the service.

Consumers and representatives said they were aware of raising complaints through external avenues. Staff described how they provide information to consumers and representatives in relation to advocacy services and external complaints services. Information for advocacy services and external complaints in other languages in as well as posters for advocacy services were displayed on noticeboards.

Consumers that had provided feedback or complaints through the services feedback mechanisms were satisfied that appropriate action was taken by the staff and management. Staff detailed processes taken in response to complaints received by consumers at the service including writing the information on a feedback form and submitting this to management. A review of the complaint register showed open disclosure had been practised.

Consumers and representatives said the feedback and complaints provided at resident meetings and through other mechanisms were used to improve the quality of care and services. A review of the services continuous improvement plan showed consumer feedback from the residents and relatives meetings were entered to improve the quality of the meals and menu.

# 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 said staff were very busy, however, generally their current needs were being met. Consumers said call bells were being monitored and answered promptly. Staff described that they work together to ensure that the care needs of consumers were met and don’t feel care is being compromised.

Consumers and representatives said staff were kind, caring and gentle when delivery care and services. Staff interactions with consumers were observed to be kind, caring and showed familiarity. Management described appropriate actions to be taken when staff conduct is outside the expected standard of behaviours of the organisation.

Consumers said staff generally know what they were doing. Documents evidenced staff training requirements on recruitment and on an ongoing basis to ensure they have the knowledge to deliver the outcomes required by the Quality Standards.

Consumers and representatives said staff knew what they were doing and could not identify any areas where staff required further training. Management advised, and records indicated, there is an annual training calendar prepared to guide staff on general topics that must be completed by each staff. Training records demonstrated most staff were up to date with their training.

Consumers and representatives had no concerns with any staff members performance at the time. The service had a performance management and enhancement framework. Performance reviews were conducted every 3 months and for senior roles every 6 months.

# 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 felt they were involved in the development and delivery of care provided. Management explained the process by which consumers were engaged to partner in the development, delivery and evaluation of the care and services provided. The organisation had several strategies to involve consumers in the development of service delivery, such as customer experience surveys, feedback mechanisms and resident meetings.

Consumers and representatives said the organisation promotes a culture of safe, inclusive, and quality care and is accountable for its delivery. Service compliance with the Quality Standards is monitored through audits conducted by a senior management team of the organisation which provides ongoing monitoring and support into the quality and safe care and services provided at the service. Monthly incident and trends analysis reports were carried out in relation to the clinical and quality data which is presented to the governing body to ensure it is accountable for its delivery.

The service demonstrated it had effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, management described processes whereby expenses are made in response to consumer needs and feedback.

Staff interviewed explained the processes of risk management at the service, including key areas of risk that had been identified and is being mitigated. Risks were reported, escalated, and reviewed by management at the service level and the organisation’s senior management team, executive management including the Board and through the service incident management system.

The service demonstrated an organisational clinical governance framework has been implemented and management and staff apply the principles of the framework when providing care. Staff described processes in place in relation to restrictive practice, antimicrobial stewardship and the open disclosure process.

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)