Performance

Report

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| Name of service: | Baptistcare Graceford |
| Service address: | 18 Turner Road BYFORD WA 6122 |
| Commission ID: | 7176 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 19 October 2022 |

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 Graceford (**the service**) has been prepared by M. Nassif, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 | | Compliant |
| 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 and representatives said they are treated with dignity, respect and their culture valued. Staff were observed treating consumers with care, dignity and respect and demonstrated an awareness of consumer needs and preferences. Care planning documents reflected what is important to consumers to maintain their identity, independence and culture.

Consumers and representatives said the service provides care and services that is culturally safe. Staff explained how activities were planned based on the cultures of consumers at the service. Kitchen staff demonstrated the inclusion of meals from a variety of cultures in menu planning.

Staff described how they assisted consumers in maintaining relationships and fostering friendships between consumers and provided examples. Care planning documents detailed consumer preferences for maintaining relationships that were important to them and their communication needs. Consumers and representatives said the service supported them to exercise their own choice and independence and decision making about how the care and services are delivered to meet their needs.

Consumers and representatives said consumers are provided support to take risks and continue to do the things that are important to them. Staff described how consumers are supported to understand the benefits and possible harm when making decisions about taking risks. Care planning documents included consent acceptance of risk in relation to the chosen activities.

Staff described how they assist consumers to understand the information to enable them to exercise choice. Consumers and representatives advised they receive updated and accurate information about activities, meals, meetings and other events happening in the service including clinical care and change of circumstances.

Consumers described how their privacy is respected. Staff described how they maintain a consumer’s privacy when providing care. Staff were observed knocking on bedroom doors and awaiting response before entering and to close office doors when discussing consumer information.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 said the service provided safe and effective care assessment and planning. Staff described consumer risks and interventions and had access the electronic care planning documents for more information. Care planning documents identified risks, such as falls, with appropriate strategies listed.

Consumers and representatives reported they were involved in care planning including end of life wishes and felt the service addresses consumers’ current needs, goals, and preferences. Review of care planning documents supported this. Staff demonstrated an understanding of the consumers’ needs and preferences, in line with care planning documents. Advanced health directives were observed to be in place for consumers who wish to have one.

Care planning documents reflected the involvement of the consumers, representatives, other health professionals, and specialists. Consumers and representatives confirmed that they are involved in care planning from admission stage and on an ongoing basis. Staff said the service involves consumers and representatives in the development of the care plan and on an ongoing basis.

Consumers and representatives reported that they are updated on outcomes of assessment and planning and can get a copy of care plans on request. Care planning documents contained entries reflecting ongoing communication with consumers and representatives.

Staff said, and care planning documents evidenced, care plans are reviewed yearly, partially bi-annually and when changes or incidences occur. Any concerns raised are addressed by staff and care planning documents are updated to reflect the same.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 said they were happy with the care provided. Care planning documents reflected individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management described consumer’s significant personal and clinical care needs and staff were observed delivering care in alignment with the care planning documents.

Consumers and representatives said they were happy with how the service managed their care. Care planning documents identified high impact and high prevalence risks and strategies to effectively manage those risks. Staff and management described risks and related interventions for consumers. Risk prevention interventions were observed to be in place such as pressure relieving devices, bed and chair sensors, call bells within reach and compression stockings. Non-pharmacological interventions were observed being utilised and consent for restraint and scheduled reviews were in place.

Care planning documents contained instructions for end of life care, resuscitation and comfort requirements. End of life preferences and care planning documents were created on admission and reviewed as required. Staff described the way care delivery changes for consumers nearing end of life to maximise comfort.

Consumers and representatives felt confident the service would respond in a timely manner to effectively address any deterioration in consumers’ health. Staff described how they respond to a deterioration in consumer’s health. Care planning documents revealed that vital signs and change in conditions were monitored daily.

Care planning documents evidenced adequate information is recorded and shared to support effective and safe care. Staff said information relating to consumers’ conditions, needs and preferences are documented and communicated via handover and face to face communication.

Care planning documents evidenced consumers were referred to other health care providers as needed. Consumers advised timely and appropriate referrals occur and they have access to relevant health practitioners and specialists. Staff described the process for referring consumers to other health professionals and how it informed care and services provided for consumers.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff described how to prevent infections, by use of universal standard precautions and personal protective equipment.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 and representatives described how consumers’ are supported to do the things they enjoy and how their preferences were respected. Staff described how the service supported consumers to maximise their independence, well-being and quality of life. Care planning documents identified consumers’ needs and preferences and provided information about the services and supports needed to help them to do what they like to do.

Consumers and representatives said consumers’ emotional, spiritual, and psychological well-being is supported. Staff confirmed that consumers emotional state were monitored and offered individualised support as required. Care planning documents included information on consumers’ emotional, spiritual, and psychological needs.

Consumers and representatives said the service offered services and supports that enabled consumers to participate in the community, maintain relationships and do things of interest to them. Staff described how they support consumers to participate in and outside the service environment and have maintain relationships. Care planning documents included information on consumers’ interests, preferences and identified the people important to them.

Consumers and representatives said staff understood their health condition, needs and preferences. Staff detailed consumers preferences and how this information was regularly updated and shared, for example through daily handovers.

Staff said the service engaged external service providers to supplement lifestyle activities provided by the service. Care planning documents evidenced the service collaborates with external providers to support the diverse needs of consumers, including the involvement of other allied health services and specialist organisations.

Staff demonstrated an understanding of consumers’ dietary preferences and requirements, as included in care planning documents. Consumers were observed preparing a meal of their choosing as part of a weekly activity. Staff were observed to be assisting, encouraging and offering choices to consumers. Consumer and representatives reported that the service provides choice of meals.

Consumers and representatives were comfortable raising maintenance issues and had positive feedback regarding the timely service. Staff stated that equipment was readily available, repaired or replaced quickly and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 they felt at home and safe at the service. Staff described how they made consumers and their visitors feel welcome Consumer rooms were observed to be personalised to suit their character and needs. Care planning documents detailed consumer preferences for their rooms.

Consumers and representatives said the service environment was safe, clean, well maintained, and comfortable. Management and maintenance staff described the process for reporting safety issues and reported issues were dealt with quickly. Consumers were observed freely moving around the service indoors and outdoors.

Consumers and representatives said the furniture, fittings, and equipment are safe, clean and well maintained. Staff indicated that furniture, fittings and equipment was available and well maintained. Furniture and fittings were observed to be in good working order, clean and well maintained. Maintenance log showed all entries had been actioned or were in progress at the time of the Site Audit. Call bells and sensor mat records showed that these were prioritised and fixed in a timely manner.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 were supported by the service to provide feedback and make complaints. Staff described the avenues available raise a complaint or provide feedback, and how they support consumers to raise any issues. Feedback forms and collection boxes were available for easy access, whilst ensuring anonymity.

Consumers and representatives said they are aware of other avenues for raising a complaint and advocacy services Staff described how staff advocate for consumers and how the service has access to interpreter services. Advocacy service signage was displayed in the service, and the complaints register evidenced feedback raised by staff on behalf of consumers.

Consumer stated when feedback is provided the service responds appropriately and in a timely manner. The complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the services’ policy.

Consumers and representatives stated they have seen feedback and complaints used to improve care and services. Staff described how feedback and complaints have resulted in care and service improvements, including a wider variety of activities and a pop-up café which is opened every weekend.

# Standard 7

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| Human resources | | Compliant |
| 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, representatives and staff reported there have been shortage of staff at times, due to unplanned leave. However, no impact to consumer care was raised. Management stated they can provide additional support where required. A review of the roster for the previous fortnight confirmed registered nurses were allocated across a 24-hour period and strategies to replace staff on planned and unplanned leave.

Consumers and representatives provided feedback that staff engaged with consumers in a respectful, kind, and caring manner, and were gentle when providing care. Staff were observed to engage with consumers in a respectful and personable manner.

Consumers and representatives said they felt the staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking training provided to them upon commencement and on an ongoing basis. The service had position descriptions specifying the core competencies and capabilities for each role. Management stated the staff were required to meet mandatory minimum qualification and registration requirements for their respective roles.

Consumers reported that they were confident in staff abilities and practices. Staff were confident they could access additional training as needed and were well supported by management. Management advised they have access to a dashboard which produces a compliance report detailing overdue and upcoming mandatory training.

Staff said their performance is monitored through educational competencies and annual performance appraisals. Management said staff competency is assessed regularly and the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies. **Standard 8**

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| Organisational governance | | Compliant |
| 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 and representatives said the service was well run, they have ongoing input into care and services delivery, and they felt the service kept them informed of any changes in care or when things go wrong. Consumer meetings minutes evidenced the engagement of consumers and representatives in the development, delivery and evaluation of care and services.

Management team elaborated on a range of strategies when describing how the governing body promotes a culture of safe, inclusive, and quality care and services. For example, regular clinical meetings which review clinical practices are reported monthly to management and the governing body.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management described how they seek changes to budget or expenditure to support changing needs of consumers, by discussing these with the Board.

Care and clinical staff, lifestyle staff, services staff and management indicated they are generally satisfied with the organisation’s information management systems. The service had a risk management system and practice that included managing high impact and high prevalent risks, identifying, and responding to abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, minimise including falls, infection prevention, restrictive practices, and reporting of incidents. Staff were aware of their responsibilities in recording and reporting incidents.

The service had a clinical governance framework to promote antimicrobial stewardship, minimise the use of restrictive practices and the use on an open disclosure process. Staff shared an understanding of the governance framework and how they would apply it. For example, staff were aware of the need to look for alternatives to chemical restraints and advised they incorporate this in their daily care of consumers through seeking alternative interventions before using any form of restraint.

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-2)