Performance

Report

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| Name of service: | Baptistcare Gracehaven |
| Service address: | 2 Westralia Gardens ROCKINGHAM WA 6168 |
| Commission ID: | 7914 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Assessment Contact - Site |
| Activity date: | 31 August 2023 |
| Performance report date: | 21 September 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 Gracehaven (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives and staff;
* an email from the provider received 7 September 2023 indicating a response to the assessment team’s report would not be provided; and
* a Performance Report dated 4 April 2023 for a Site Audit undertaken from 14 February 2023 to 16 February 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(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 |

Findings

Requirement (3)(a) was found non-compliant following Site Audit undertaken in February 2023 where effective processes to ensure assessment and planning of all risks associated with consumers’ care was not conducted in a way to inform safe and effective care. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, activation of a quality indicator file to provide concise monthly reports of identified risks to individual consumers; regular review audit undertaken to ensure identified risks are current and interventions reflect consumer care requirements; and undertaking weekly multidisciplinary team meetings where consumers’ risks are discussed, and strategies implemented to assist with lowering identified risk.

At the Assessment Contact undertaken on the 31 August 2023, the service was found to have effective assessment and care planning processes, including on entry and ongoing, to ensure staff can deliver safe and effective care and services to consumers. A range of validated assessment tools are used, including risk tools, and care files sampled identified consumers’ known risks, with strategies to reduce the risk discussed with consumers and detailed in care plans to guide staff. Allied health professionals are involved, where required, in assessment and planning processes, with recommendations incorporated into care plans. All consumer representatives interviewed said they receive regular contact with management and staff, and are encouraged to be involved in discussions relating to care planning and to assist with the identification of risks.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following Site Audit undertaken in February 2023 as effective management of high impact or high prevalence risks relating to consumers’ care, specifically in relation to wounds, post falls and medications was not demonstrated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provided training to staff on scope of practice, clinical deterioration, and management of wounds, pain, falls and behaviour; and appointed a positive behaviour specialist to assist all of the organisation’s residential sites.

At the Assessment Contact undertaken on the 31 August 2023, high impact or high prevalence risks associated with the care of consumers were found to be identified through assessment processes with management strategies developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files sampled demonstrated appropriate assessment and strategies to mitigate risks relating to pressure injuries, weight loss, diabetes, behaviours, and falls, including post falls management. Medical officers and allied health professionals were also noted to be involved in assessment of high impact or high prevalence risks. High impact or high prevalence risks relating to consumers are discussed at weekly multidisciplinary team meetings and strategies implemented to assist with lowering identified risk. Staff described how they identify, assess and manage high impact or high prevalence consumer risks when delivering personal and clinical care. Consumers and representatives were happy with the care consumers receive.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

Requirement (3)(a) was found non-compliant following Site Audit undertaken in February 2023 as each consumer was not provided with effective supports and activities of daily living in line with their needs, goals and preferences. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, launching a meaningful life project for consumers living with dementia; and reviewing the lifestyle programme and the activities allocation for each wing of the service to include more activities for the memory support units.

At the Assessment Contact undertaken on the 31 August 2023, consumers were found to receive safe and effective supports for daily living which meet their needs and optimise their independence, health, well-being and quality of life. Care plans sampled reflected consumers’ goals, needs, preferences and the supports they needed. A lifestyle assessment is completed with consumers and their families on entry and is reviewed regularly or where changes occur. Information gathered through assessment processes is used to develop a lifestyle program that is tailored to consumers’ needs, goals and preferences. If a consumer is identified as not participating in activities, an at-risk residents’ action plan is put in place to investigate what can be done to help the consumer engage in meaningful activities, and this data is discussed at weekly meetings to decide what can be done to help. Staff described consumers’ needs, goals and preferences and what they needed to maintain their well-being, and consumers and representatives said consumers have been supported with the provision of mobility and adaptive equipment which helped them optimise their independence and well-being.

For the reasons detailed above, I find requirement (3)(a) in Standard 4 Services and supports for daily living compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement (3)(e) was found non-compliant following Site Audit undertaken in February 2023 as regular assessment, monitoring and review of the performance of each member of the workforce was not undertaken. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, updated appraisal due information to maintain staff awareness in relation to their performance review requirements; initiated weekly email communication to all staff which includes information relating to the performance review process and when staff appraisals are due for completion; and delegation of key personal to the performance management process to ensure there is a team approach to completion of appraisals and to enable these to be achieved within designated policy timelines.

At the Assessment Contact undertaken on the 31 August 2023, effective performance review processes that include performance appraisals for new staff following their probation period and then ongoing for all staff annually were demonstrated. Staff receive feedback on their performance formally through the structured performance appraisal process and on an ongoing basis through verbal feedback whenever guidance is required. Information collected from staff performance appraisals is analysed to determine training needs and identify gaps in the delivery of care and services. Staff performance issues are identified by various methods, such as direct observation, incidents and feedback and complaints, and the organisation’s policies and procedures are available to assist with managing staff performance. Staff said they are encouraged to discuss their performance and any future development and educational needs, and are afforded the opportunity to provide and receive feedback on their performance.

For the reasons detailed above, I find requirement (3)(e) in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| 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

Requirement (3)(e) was found non-compliant following Site Audit undertaken in February 2023 as an effective clinical governance system, specifically in relation to minimising use of restraint, was not demonstrated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, appointed a positive behaviour specialist to assist all of the organisation’s residential sites; provided training to staff in restrictive practices and psychotropic medications; and reviewed the psychotropic register.

At the Assessment Contact undertaken on the 31 August 2023, an effective clinical governance system, inclusive of antimicrobial stewardship, minimising the use of restraint and open disclosure was demonstrated. The framework is supported by policies and procedures to guide staff practice, appropriate governance structures to ensure appropriate clinical governance, and appointed clinical governance specialists who provide support to sites. There are systems to prevent, manage and control infections, and to monitor antimicrobial use. Monthly infection reports identify infection numbers and prescribed antimicrobials. A restrictive practices policy defines restrictive practice, in line with current legislation and guides staff in using restraint as a last resort. A register for psychotropic medications and chemical restraints is maintained and regularly reviewed. Clinical staff generate referrals to the medical officer to cease psychotropic medication if they are no longer needed or if they have not been used for a long time. Staff interviewed demonstrated an understanding of open disclosure and stated they also practice open disclosure when incidents, such as falls occur. Consumers and representatives said they are kept informed and receive an apology when things go wrong.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)