Performance

Report

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| Name of service: | Baptistcare Gracewood |
| Service address: | 20 Roebuck Drive SALTER POINT WA 6152 |
| Commission ID: | 7166 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Assessment Contact - Site |
| Activity date: | 27 July 2023 |
| Performance report date: | 31 August 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 Gracewood (**the service**) has been prepared by M Dubovinsky, 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the Approved Provider’s response to the Assessment Team’s report received 16 August 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 5 Requirement (3)(b)

* Review monitoring processes to ensure the service environment, including the memory support unit is safe, clean and well maintained.
* Ensure staff have the skills and knowledge to report maintenance related tasks, specifically tasks which pose a risk to consumers’ health and well-being.
* Review cleaning, reactive and preventative maintenance processes to ensure the service environment is safe, clean and well maintained.
* Ensure deficits identified in the Assessment Team’s report are prioritised and addressed.

# 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

The Assessment Team recommended Requirement (3)(b) in Standard 3 met. The service was able to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer. The following evidence was considered relevant to my finding:

* Two consumers and one representative were satisfied clinical risks were being effectively managed, including in relation to risks associated with swallowing, pain and pressure injures.
* Staff were able to provide examples of how they identify consumers’ high-impact or high-prevalence risks and relevant policies and procedures to support them in their role.
* Documentation viewed showed consumers’ pressure injuries, pain, swallowing risk and restrictive practices were effectively managed.
* The organisation has a risk management policy which contains information on care planning to guide staff practice.

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

# Standard 5

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| Organisation’s service environment | |  |
| 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. | Non-compliant |

Findings

The Assessment Team recommended Requirement (3)(b) not met as the service was unable to demonstrate the memory support unit was safe, clean and well maintained. The following evidence was considered relevant to my finding:

* Paint throughout the memory support unit was observed to be peeling or scuffed.
* A gap of approximately 30cm along three corridors was left exposed in the ceiling following an upgrade early in the year, exposing electrical and plumbing fittings.
* Carpet was soiled with a malodour near two consumers’ rooms with long threads posing a trip hazard. Carpet cleaning was scheduled for three months prior which was delayed due to ceiling repairs.
* Memory boxes outside consumers’ bedrooms were observed to be requiring repair.
* Consumers have access to indoor and outdoor spaces.
* The service has a cleaning schedule and a preventative and reactive maintenance schedule.

The Approved Provider submitted a response to the Assessment Team’s report. The response indicates they disagree with the finding, however, acknowledge the deficits identified in the Assessment Team’s report. The following evidence was considered relevant to my finding:

* Assert the ceiling repairs were identified and they experienced delays due to the current labour shortages in the building industry.
* Assert whilst the ceiling repairs were unsightly, urgent repairs were required to be undertaken at the time to prevent a loss of water at the site.
* Acknowledge the carpet cleaning may have been missed due to a change in contractors but state ongoing regular carpet spot cleaning was occurring.
* A plan for continuous improvement was submitted which included creating an orientation board, reviewing painting in the corridors and consumer rooms, installing way finding signs, reviewing the monthly maintenance schedule, reviewing the cleaning schedule and painting areas of concern.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the Approved Provider’s response, I find whilst the service environment was found to enable consumers to move freely, both indoors and outdoors, the service was not able to demonstrate a safe, clean and well maintained service environment, specifically in relation to the memory support unit.

In coming to my finding, whilst I have considered the service was able to demonstrate some aspects of the Requirement being consumers having access to indoor and outdoor spaces, I have placed weight on observations made by the Assessment Team, specifically the trip hazard posed by the floor coverings, malodour and soiling, potentially impacting on consumer comfort and safety. Whilst I recognise potential challenges in the building industry impacting on preventative and reactive maintenance tasks, including the delayed carpet cleaning and ceiling repairs, I have considered other maintenance tasks, including the memory boxes requiring repair, and areas of walls requiring painting indicative of ineffective maintenance processes to ensure the environment is clean and well maintained. I have also considered ineffective monitoring systems, with deficits identified by the Assessment Team, specifically in relation to the carpeting posing a risk to consumers which have not been identified and addressed prior to the Assessment Contact.

For the reasons detailed above, I find Requirement (3)(b) in Standard 5 Organisation’s service environment non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Assessment Team recommended Requirement (3)(d) in Standard 8 met. The service demonstrated effective risk management systems and practices. This included systems and processes to manage and monitor high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents, including the use of an incident management system. The following evidence was considered relevant to my finding:

* In relation to managing high-impact or high-prevalence risks, validated risk screening tools are used to identify consumers’ high-impact or high-prevalence risks, including in relation to pressure injuries and falls. High-impact or high-prevalence risks were identified for sampled consumers, including behaviour support, restrictive practices and risk of choking.
* In relation to identifying and responding to abuse and neglect of consumers, a Serious Incident Response Scheme (SIRS) register showed effective incident responding and reporting. Management described how each incident is analysed and investigated, with a root cause analysis to identify opportunities for improvement.
* In relation to supporting consumers to live the best life they can, staff described how they use internal policies and procedures to support consumers to take risks. Two consumer files showed they were being supported in undertaking activities involving elements of risks.
* In relation to managing and preventing incidents, including the use of an incident management system, trends are analysed and strategies developed to reduce incident recurrence. Documentation viewed in the month of the Assessment Contact showed incidents being reported and addressed.

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

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