Performance

Report

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| Name of service: | Performance report date: |
| BaptistCare Griffith | 15 September 2022 |
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| BaptistCare NSW & ACT | 15 August 2022 to 19 August 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 Griffith (**the service**) has been considered by E Woodley, 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team said they were treated with dignity and respect by staff. The service demonstrated consumers are able to make and communicate decisions about their care and services, and the service supports them to make and maintain relationships both within the service environment and externally. Staff interviewed were able to demonstrate how they provide care that is dignified, respectful, culturally safe, and in accordance with consumer’s needs and preferences.

Consumers are supported by the service to take risks in order for them to live their best life. The service demonstrated consultation with consumers and representatives where required, and completion of assessments to inform risk mitigation.

Consumers and representatives are kept updated with information to enable decision making through letters that are either printed out, emailed or posted. All consumers and representatives interviewed provided positive feedback about the respect and privacy that is provided at the service. This included staff knocking on doors before entering consumer rooms, and closing doors when care is being provided. The Assessment Team observed consumer personal information is kept secure and confidential. The service identifies and adheres to consumer’s privacy preferences such as no photos, or consumers that do not want to be involved in newsletters.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said that the service is partnering with them to plan and review care and services. Consumers and representatives were satisfied consumer’s needs, goals and preferences are considered in the care planning process. Most consumers and their representatives confirmed they know about the outcomes of assessment and planning and that copies of care plans are offered to them.

Care planning documents reviewed for sampled consumers evidenced ongoing and comprehensive assessment and planning that considered risk and meets the changing needs and individual preferences of consumers. Care plans are updated as these risks change or in response to incidents or feedback. The service manages these risks through validated assessment tools and in consultation with the consumer and/or their representative and other health professionals. Management and registered nurses described the established process for the regular review of care plans and staff demonstrated an understanding of review and monitoring requirements following incidents such as falls or unplanned weight loss.

The service demonstrated the outcomes of consumer assessment and planning are communicated to the consumer and representatives and documented in the care plan that is readily available and accessible to staff consumers, and representatives.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team expressed satisfaction with the safe and effective personal and clinical care they receive, specifically in relation to pain and wound management.

Care documentation reviewed by the Assessment Team demonstrated consumers received safe and effective care, and the high impact and high prevalence risks associated with their care are identified and managed effectively. This includes in relation to complex care needs, pain and wound management, maintenance of skin integrity, falls, and behaviours requiring support. Clinical documentation reviewed by the Assessment Team and interviews with consumers, representatives and clinical staff indicated the service identifies and responds to deterioration and changes in function, capacity and condition in a timely manner.

Care documentation reflects the needs and wishes of consumers nearing the end of life including the circumstances in which consumers want to be transferred to hospital or whether the consumer wants resuscitation attempted. Palliative care is supported by a specialist service when required and interventions demonstrate that consumer’s comfort and dignity is maximised. All consumers sampled had information in relation to their advance care directives documented on the handover sheet.

Documentation sampled, and consumers, representatives and staff interviewed by the Assessment Team, indicated that consumers are generally referred to appropriate services and specialists in response to consumer needs.

The service demonstrated effective infection control practices and practices to promote appropriate antibiotic prescribing and use. This includes staff education, the provision of equipment, routine monitoring of infections, and the availability of policies and procedures to guide staff practices.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team were satisfied that services and supports for daily living meet their needs, goals and preferences. Consumers interviewed felt supported to participate in activities of interest within the service and the outside community. The service demonstrated consumers receive safe and effective services that maintain their independence, well-being and quality of life. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences regarding services and supports for daily living, including when these requirements change.

Consumers interviewed were aware of services and supports available to promote emotional, spiritual, and psychological well-being. Two consumers said they enjoy the weekly church services at the Chapel, and that the Chaplain spends time with them regularly. Care planning documentation recorded consumer’s individual emotional support strategies and how these are implemented.

Consumer care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. Consumers said when the service is unable to provide suitable support for daily living, they are referred to an external provider.

Most consumers interviewed said the service provides meals which are varied and of suitable quality and quantity. The service has processes and systems in place to include consumers in the development of the menu, and to provide feedback on the quality of food provided. Consumers are offered a range of other options when the options offered are not to their liking. Staff described how they meet individual consumer dietary needs and preferences, and processes to ensure food safety requirements are met.

Equipment used for activities for daily living and to support mobilisation were observed to be safe, suitable, clean 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team provided positive feedback regarding the service environment, including that they feel at home in the service and the service is clean and well maintained.

Consumers reside in spacious airconditioned rooms with ensuites that provide them with high levels of privacy and comfort. Consumers rooms are personalised with photos, mementoes, artwork, and some of their own furniture and equipment. All lounge areas are well furnished and were observed to be clean and well maintained. The service is set in landscaped gardens that are well maintained and accessible. All outdoor areas provide a choice of open and undercover spots for consumers to enjoy. Hallways are wide with handrails and consumers were observed mobilising independently and safely. There is clear signage with directions throughout the building.

The design of the service facilitates easy access to all internal and outdoor living areas including the balconies, activities and entertainment areas and courtyard gardens. The service has clear signage throughout, structural strategies to support consumers to mobilise independently, adequate lighting, heating and cooling, and a comfortable atmosphere.

The service has adequate supplies of indoor and outdoor furniture, fittings and equipment, that are safe, clean, well maintained and suitable for the consumer. The service demonstrated it purchases, services, maintains, renews and replaces indoor and outdoor furniture, fittings and equipment as required.

A review of maintenance records and observations on site indicated that regular preventative and corrective maintenance is carried out effectively, and as scheduled.

**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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumer and representatives interviewed by the Assessment Team felt comfortable to provide feedback and complaints to the service. Consumers and representatives who had raised complaints said these were actioned appropriately. This included in relation to cleaning services and meals provided.

Some consumers were aware of the advocacy services and other methods for raising and resolving complaints. However, every notice board around the service had flyers about advocacy services and interpreter services available. The front foyer had flyers for the Commission with a contact number who to call if they wanted to make a complaint. Staff refer consumers to their chaplain if they feel the consumer needs extra support. The chaplain has discussed advocacy services for a consumer to help support them with their concerns.

Staff spoke of monthly care days where they speak with the consumer and/or representatives and ask if they have any concerns they would like to raise. The service demonstrated feedback and complaints are reviewed and use to improve the quality of care and services. For example, the service has implemented an overhaul of their hospitality, cleaning and laundry services due to recent complaints over the past 6 months. The changes have been communicated to consumers via resident meetings, letters and emails to both consumers and families.

**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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team said they feel there are sufficient numbers of staff to provide their personal and clinical care and services. Consumers said staff attend call bells in a timely manner and staff are not rushed when providing care. Documentation reviewed by the Assessment Team demonstrated shifts are filled using casual staff, agency staff or extending shifts, and all shifts were filled in the four weeks prior to the Site Audit.

Consumers interviewed said they are treated with kindness and care, and staff demonstrate respect for their identity, culture and diversity. The Assessment Team observed staff interacting with consumers in a caring and respectful manner and demonstrated they have developed positive and friendly relationships with consumers. Consumers interviewed said they feel staff are competent and have the skills and training to effectively provide quality care and services.

The service demonstrated effective processes regarding recruitment, training, monitoring of staff practices, and review of staff performance. The management team conduct regular spot checks and audits to ensure staff understand policies and procedures and provide ongoing training, education and updates in response. Most staff sampled confirmed they have received regular performance reviews, and documentation reviewed confirmed performance reviews contain feedback from consumers, staff and management, and show completion and progress of staff development plans.

**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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers interviewed confirmed they are engaged in the development, delivery and evaluation of care and services, and the service demonstrated consumer feedback is analysed and reported to the organisation’s management and Board. The organisation’s department heads meet regularly and inform the Board about activities, issues and concerns within their respective departments. The Board uses this information and feedback to evaluate risks and actions required to ensure Quality Standards and the Charter of Aged Care Rights are being met at the service.

The service demonstrated the organisational governance systems are effectively implemented at the service. Changes and updates to regulatory compliance are communicated to staff via email, policy updates, dedicated changes folder, toolbox sessions and workshops. The organisation’s risk management policies and procedures are in place at the service to identify, assess, monitor and implement improvements to manage risks and safety and ensure quality care and services for consumers. The organisation has processes to monitor and oversee identification and response to abuse and neglect of consumers, including reporting via the serious incident response scheme.

The service has a clinical governance framework with clear policies and procedures relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. The management team and staff members demonstrated a good understanding and application of these policies.

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)