Performance

Report

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| Name of service: | BaptistCare Maranoa Centre - Alstonville |
| Service address: | 15 The Avenue ALSTONVILLE NSW 2477 |
| Commission ID: | 0003 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Assessment Contact - Site |
| Activity date: | 11 July 2023 to 12 July 2023 |
| Performance report date: | 11 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 Maranoa Centre - Alstonville (**the service**) has been prepared by K. Reed, 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
* the Performance report for the site audit conducted 19 to 22 April 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | 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 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 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 |

Findings

Consumers who required assistance with toileting were responded to in a timely manner by staff and were receiving care which was dignified and respectful. Staff interactions with consumers were observed to be kind, caring and respectful and this was confirmed by consumers and representatives. Consumers were observed to be well groomed, clean, and assisted to the toilet during the Assessment Contact visit.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

Training was completed by management to enable a monthly call bell response report to be generated, which was tabled at staff meetings. A monthly email is sent to team leaders to discuss call bell response times in each area of the service. Meeting minutes confirmed consumers were satisfied with call bell response times. Training records indicated topics including dignity and respectful behaviour and toileting and continence care were delivered.

As feedback from consumers was positive and observations indicated consumers were attended to in a timely manner, it is my decision this Requirement is now Compliant.

# 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)(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

Requirement 3(3)(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice; and

(ii) is tailored to their needs; and

(iii) optimises their health and well-being.

The service was delivering best practice, individualised personal and clinical care in accordance with consumers’ needs, goals, and preferences, including the maintenance of skin integrity through regular repositioning, continence care and pain management. Consumers and representatives provided positive feedback regarding the care provided to consumers. Review of care documentation demonstrated timely identification, completed assessments, management and evaluation of care delivery including the management of continence care and skin integrity. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery. The service had policies and procedures to guide clinical practice.

The service collated monthly clinical indicators for wounds, pressure injuries, falls, unplanned weight loss, behaviours, urinary tract infections, medication incidents and chemical restraint usage. The indicator reports were provided to staff at clinical meetings and the service’s management analysed individual consumers identified including actions and strategies for implementation. The service had a range of validated assessment tools and charts available, which guide staff to deliver best practice care and support for consumers.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

An audit of all consumer care documentation was commenced on 22 April 2022. The audit identified deficiencies in consumer repositioning records in consumer care plans. A memo was distributed to all staff and training was commenced to address the deficits in June 2022 and is scheduled again on the 2023 education calendar. Clinical, staff and leadership meeting minutes reviewed in 2022 and 2023 indicated ongoing discussion of any areas of deficiencies in care provision. Staff confirmed they discussed any deficiencies in consumers’ care at staff meetings.

Staff received training in repositioning and skin care and stated they have an increased awareness. Training records indicate education has been scheduled and delivered regularly since April 2022 on repositioning, continence care, skin integrity and pressure area management. Registered and care staff completed annual mandatory training on pressure injury prevention, maintenance of skin integrity and continence care. Staff had access to wound care, continence care and a repositioning resource folder in the workstation. Two continence champions have been implemented to further enhance continence care at the service.

As continence care delivery is no longer impacted by lack of staffing and consumers provided positive feedback in relation to care and services, it is my decision this Requirement is now Compliant.

**Requirement 3(3)(g) Minimisation of infection related risks through implementing:**

**(i) standard and transmission based precautions to prevent and control infection; and**

**(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.**

The service demonstrated a consistent approach to standard precautions and best practice to minimise the risk of infections. Staff were observed practicing infection control in accordance with the service’s suite of infection control policies and documents.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

Staff received training in isolation precautions, infection control, hand hygiene and training records, indicated training occurs annually. Toolbox talks were undertaken by staff on donning and doffing of personal protective equipment on the 16 March 2023 and the 18 March 2023.

The role and responsibility of the infection practice control lead was reviewed by the service in consultation with the organisation’s infection practice control lead. The service utilised the services of the organisation’s infection prevention control consultant to liaise with management and advise on infection control best practice. Infection control audits of the service were completed on a regular basis across the service and results indicate 100% compliance.

Meeting minutes indicate that infection control audits were tabled at the monthly Clinical Risk and staff meetings. Staff had access to an infection control flip chart folder in best practice management of managing infection control related clinical issues. Infection control folders were established with monthly staff responsibilities including education and audits.

The service developed outbreak folders which were available to staff at the workstation. An infection control monthly report was reviewed by management and meeting minutes evidenced tabling for discussion at clinical and staff meetings. The management team conducted regular walk throughs to monitor compliance with infection control practices by staff in the service.

Cleaning schedules were in place for staff to follow and cleaning wipes were available with equipment for staff to use after use. Staff confirmed they wiped equipment over after use.

As staff practices relating to infection control were observed to be in accordance with infection control guidelines and the service was observed to be clean, it is my decision this Requirement is now Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

**Requirement 4(3)(b) Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being.**

Consumers confirmed the range of services and activities offered by the service was meeting their needs. The range of services were specifically aimed at supporting emotional, spiritual, and psychological well-being. Lifestyle staff highlighted the tailored activities program designed to cater to individual interests and promote active participation. Personalised attention was given to consumers, and collaboration with lifestyle staff ensured effective support throughout the service. Both secure living environments within the service provide individualised schedules of activities based on consumer interests. Staff actively encourage participation and implement strategies discussed in meetings with a dementia consultant.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

Consumers were offered a range of services to support their emotional, spiritual, and psychological wellbeing. The lifestyle team in collaboration with the service’s Chaplain ensured consumers received spiritual and emotional support. The activities program was designed to meet the interests of consumers living in each area. An individualised program was available for consumers who did not want to attend group activities.

The Chaplain regularly provided individual support to consumers and positive feedback was provided by consumers in relation to face to face engagement and support. Consumers in the secure needs units had access to activity material and staff were observed actively encouraging consumer participation. Lifestyle staff had regular meetings with a dementia consultant to discuss strategies for engaging consumers, providing support, and managing challenging behaviours.

As consumer feedback was positive in relation to the support they received to promote their emotional, spiritual, and psychological well-being, it is my decision this Requirement is now Compliant.

**Requirement 4(3)(c) Services and supports for daily living assist each consumer to:**

**(i) participate in their community within and outside the organisation’s service environment; and**

**(ii) have social and personal relationships; and**

**(iii) do the things of interest to them.**

Consumers provided positive feedback in relation to the range of activities available at the service. The service offered a variety of activities to consumers within each wing of the service designed to cater to the preferences and needs of the consumers. The service sought input from consumers through direct communication with staff, consumer activity planning sessions, and consumer meetings, to ensure activities within the secure living environment aligned with the interests and preferences of the consumers. Consumers confirmed the opportunity to discuss new activities was available during consumer meetings.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

The service provided regular bus trips to other services and local community based groups, providing consumers with community involvement.

Staff were observed helping and supporting consumers in the secure unit engaging in conversations. Several different activities were observed during the Assessment contact including a concert and craft sessions.

Consumer input into activities occurred during consumer and activity planning meetings. Consumer suggestions were evaluated, organised, and executed in collaboration with lifestyle staff.

The service had a new social club affording consumers the opportunity to visit various cafes for morning tea via a bus trip, promoting social engagement for consumers.

Lifestyle staff displayed activities and items of interest purchased for individual consumers based on their care planning and engagement plans established by a dementia advisory service.

As reported above, consumers were supported to engage in the community and participate in activities of interest to them, therefore it is my decision this Requirement is now 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. | Compliant |

Findings

The service environment was observed to be clean, tidy, and well maintained and the exterior grounds were regularly maintained by contractors and internal staff.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

Staff were instructed to store all chemicals in the securely locked cupboards provided within each kitchenette and the cleaner’s room in the secure living environment. All kitchenette doors were observed to be equipped with locks, preventing unauthorised access. Additionally, no chemicals were left unattended on countertops or on open cleaning carts.

Feedback from the Site audit led to the establishment of a new smoking area in a designated garden space to minimise the impact of smoke on other consumers. The smoking area and the newly constructed smoking pavilion was observed, which was positioned away from entrances, windows, and centrally located within the garden area. At the time of the Assessment contact-site there were no consumers at the service who smoked or utilised the designated smoking area.

Information regarding a lack of cleanliness and poor hygiene practices, prompted discussions and communication with staff. To address this issue, educational initiatives were undertaken, emphasising the importance of maintaining cleanliness in utility rooms. As part of regular infection control reviews, a new auditing process was implemented to ensure ongoing compliance and proper maintenance of the utility rooms and their contents.

The cleaning schedule underwent a thorough review, incorporating a Workplace Health and Safety walkthrough to identify areas that required attention. The schedule was adjusted accordingly to ensure coverage of all areas within the service. Clear guidelines outlining staff responsibilities and expectations were provided to further support the implementation of cleaning practices to maintain a high standard of cleanliness and hygiene throughout the service.

Lawn mowing and garden work ware carried out as required by external contractors on a regular basis. The internal staff were responsible for maintaining the gardens and pressure cleaning, following a monthly schedule. The monthly schedule outlined the specific tasks needed to upkeep the service's grounds, identifying the service regularly maintained its exterior grounds.

The Assessment Team conducted an inspection of the interior environment of the service and found it to be clean, tidy, and with well-maintained floors. The exterior environment of the service was clean, the windows and windowsills were clean and free from animal droppings, the grounds were well maintained, and free from obstructions or any potential risks which could affect the safety of consumers using those areas.

It is my decision this Requirement is now Compliant, based on observations made of the living environment, and actions taken to improve the level of cleaning at the service.

# Standard 6

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| Feedback and complaints | |  |
| 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**

**Requirement 6(3)(c) Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.**

The service had established effective procedures for managing and addressing complaints. Consumers and representatives expressed trust in management's ability to resolve concerns promptly. Staff demonstrated an understanding of complaint handling protocols and had received training on open disclosure. All complaints within the complaints registry were documented and addressed. The service had policies and procedures in place regarding feedback, complaint management, and open disclosure processes.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

The service implemented ‘Have Your Say’ forms for reporting of concerns and installed new collection mailboxes. Management stated this form gave consumers and representatives an easy way to report their concerns, which were then received and investigated by the management team.

Training had been completed, including on complaints handling and open disclosure. Staff members confirmed how they had completed training on handling complaints and the use of open disclosure. Staff demonstrated an understanding of the complaint handling process, detailing the appropriate procedures to follow when receiving feedback or a complaint from consumers or representatives, and demonstrating they knew about the use of escalation procedures and open disclosure practices. The complaints register identified all complaints were addressed, discussions and key points raised with consumers and representatives were present, and the time of resolution between parties was noted.

As consumers and representatives expressed their trust in the complaints management process and staff members shared an understanding of processes to raise and escalate complaints, it is my decision this Requirement is now Compliant.

**Requirement 6(3)(d) Feedback and complaints are reviewed and used to improve the quality of care and services.**

Consumers and representatives were actively involved in providing feedback during meetings, and their input was recorded and acted upon. The service was ensuring ongoing opportunities for feedback and providing updates on continuous improvement efforts. The discussion of complaints was integrated into staff and consumer meetings.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

Management highlighted the service's renewed emphasis on identifying and resolving complaints. Management explained that by placing greater importance on recording feedback, the service evidenced an increase in the number of issues being logged, enabling them to identify emerging trends and address them accordingly.

Complaints and feedback from consumer meetings were used to identify, review and improve the quality of care and services for consumers. Information provided from these meeting was then entered into a register, allowing for further analysis and trending to identify patterns or recurring issues. Feedback and suggestions from consumers, representatives and activity scheduling meetings were recorded in meeting minutes, entered into the complaints registry and Plan for continuous improvement and subsequently acted upon by the service.

Meeting minutes identified that consumers and representatives were given the chance to share their feedback on care and services, as well as receive updates on the status of ongoing continuous improvement actions.

Complaints data was regularly discussed during staff meetings, additionally complaints were included as an agenda item during consumer meetings. Meeting minutes identified all feedback and complaints, including trending reports, were actively discussed, this included an analysis of trending feedback and complaints from consumers to identify areas for improvement, with the findings shared during staff meetings.

Based on feedback from consumers and evidence in complaints register and plan for continuous improvement that complaints were used to improve care and services, it is my decision this Requirement is now Compliant.

# 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 |

Findings

Consumers and representatives confirmed there was enough staff to support consumers daily care and service needs in accordance with consumer needs and preferences. Staff provided feedback they generally had enough time to complete their tasks and felt supported by management in ensuring consumer needs were met.

Staff stated they generally had enough time to complete tasks and they had the ability to request assistance from registered staff or care team manager if they required assistance to complete tasks. The service was actively recruiting new staff and a new roster will be implemented in August 2023 in the secure living environment following staff consultation.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

The service had a workforce plan in place to increase staff numbers to support the care and service needs of consumers. Ongoing recruitment online to attract appropriately skilled staff was occurring. Management confirmed the service used labour hire company staff as required and management met daily with the roster clerk to monitor staffing levels. Management advised in reviewing staffing levels feedback forms were reviewed and interviews with consumers, representatives and staff were conducted in September 2022. A temporary additional 11.00am to 6.00pm care staff shift was implemented for staff whilst roster consultation was undertaken in response to feedback received. A Care team manager position was established and recruited following the survey of staff in September 2022. Staff confirmed the Care team manager position has been helpful in meeting consumer needs.

Management advised and staff meeting minutes on the 31 December 2022 confirmed an additional staff member’s hours were extended to an 8.00pm finish to ensure sufficient staffing to meet consumer needs. Management advised they were consulting with staff for an increased staffing model in the secure living environment and have increased staffing hours in other wings of the service to meet consumer care and service needs. Staff confirmed this was occurring.

The base roster indicated additional staff have been rostered including hotel and cleaning services. There is a Care team manager, Infection prevention control lead, Quality, Education, and other support staff on site to support the clinical care staff. Management and registered staff helped clinical staff when required and will fill shifts if emergent leave arose. Staff confirmed that management will assist in meeting consumer clinical needs when needed.

Proactive talent searching and recruitment strategies were employed by management to support recruitment. Strategies included accepting overseas trained visa applicants and supporting staff in Certificate 3 traineeship positions as care workers. Interview with Management confirmed this was ongoing and provided avenues for employment enquires. Management used strategies to replace staff through unplanned leave, including the use of agency staff and extending shifts. Management facilitated a career’s open day in October 2022 which resulted in recruitment of staff for the service.

A detailed review of the roster occurred to ensure staffing is sufficient to support consumer care and service needs. Shifts have been extended for care staff, hospitality staff and the Infection prevention control lead. The number of shifts were increased for hospitality staff, registered staff and education staff.

The service monitored the staffing of the service through a number of avenues to be proactive in response to changing needs of consumers. Management monitored call bell response times daily with data discussed at staff meetings. Any identified variances were investigated by management. Since implementation of additional staffing hours and education of staff on focusing on timely responses to call bells, wait times have decreased. Call bell wait times decreased from 18% in January 2023 to 15% in June 2023, in relation to call bells being answered within 10 minutes. The consumer meeting minutes for 2023 evidenced staffing was discussed with consumers who reported satisfaction.

Based on the feedback from consumers and staff in relation to sufficiency of staffing and the actions taken by the service to address the deficits previously identified in this Requirement, it is my decision this Requirement is now Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service had established mechanisms for collecting feedback and complaints, resulting in the tracking of complaint trends, implementation of improvement initiatives, and positive outcomes for consumers. Consumers confirmed the service responded following feedback or making a complaint.

The service prioritised workforce planning to ensure the delivery of safe and quality care and services that aligned with consumers' preferences in a timely manner.

The service established systems to monitor the skills and capabilities of their workforce, with documented policies, procedures, and role descriptions outlining clear responsibilities and expectations for each role. Consumers reported adequate staffing and the provision of quality care and services within a timely manner.

Actions have been taken to address deficits in this Requirement identified at the Site audit 19-22 April 2022, actions have included:

The service ensured its workforce was planned and capable of providing the delivery of safe and quality care and services, aligned with consumers' preferences, within a timely manner by consulting with staff and consumers and extending shifts and implementing additional shifts. Recruitment was ongoing through various means. Management was monitoring call bell response times and rosters daily.

The service established effective systems to encourage consumer and representative feedback and complaints, ensuring that appropriate actions was taken in response. Feedback forms and additional mailboxes were implemented to increase official ways consumers could raise complaints. Training was provided to staff members, equipping them with the necessary skills to effectively address and handle complaints, to ensure that complaints were handled appropriately and in a timely manner. Feedback, complaints, and suggestions were recorded in meeting minutes, entered into the complaints register and recorded.

Based on improvements made in Standard 6 and 7, it is my decision this reflects effective governance relating to workforce and feedback and complaints. Therefore, it is my decision this Requirement is 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)