Baptistcare Mirrambeena

Performance Report

21 Farrelly Street
MARGARET RIVER WA 6285
Phone number: 08 9758 9600

**Commission ID:** 7296

**Provider name:** Baptistcare WA Limited

**Site Audit date:** 11 April 2022 to 14 April 2022

**Date of Performance Report:** 6 June 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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; and
* the provider’s response to the Site Audit report received 16 May 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* they are involved in making decisions;
* staff know their backgrounds and interests;
* they are treated with dignity and respect by staff and their personal privacy is always respected;
* they are supported to take risks; and
* they are supported to exercise choice and independence.

Consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff demonstrated cultural awareness for individual consumers and described various celebrations. Care planning documents showed specific cultural needs are addressed by the service.

Care and services are culturally safe and consumers are supported through an entry process which identifies consumers’ cultural beliefs and diversity to assist in the delivery of care and services. Training records showed staff are trained in cultural diversity and inclusive care concepts.

Consumers are supported to exercise choice and independence about their own care. Staff described how each consumer is supported to make informed choices about their care and services. Staff have a diversity, choice and decision-making procedure which outlines how the organisation enables each consumer, or their representative, to exercise choice and independence and maintain relationships or make new connections.

Processes support identification of risks to enable consumers to live the best life they can. Registered staff are aware of consumers who have signed honouring preference documents and regularly reassess or speak with consumers about the risks involved. Staff provided examples of how they support consumers to take risks to live their best life.

Information provided is easy to understand, current, accurate and timely and communication is provided to consumers which enables them to exercise choice. Staff could describe ways in which information is provided to consumers to support them to make decisions. Documentation viewed, and observations by the Assessment Team demonstrated, information provided to consumers was current, accurate and timely.

Consumers’ privacy is respected and personal information is kept confidential. Sensitive information is stored in a nurse’s office that has key coded entry. Staff were observed to greet consumers when approaching them in public areas. They were also observed to knock on consumer doors and say hello before entering.

Based on the evidence documented above, I find Baptistcare WA Limited , in relation to Baptistcare Mirrambeena, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements has been assessed as Compliant.

The Assessment Team have recommended Requirement (3)(a) not met. The Assessment Team were not satisfied the service demonstrated assessment and planning including consideration of risks to the consumer’s health and well-being informed the delivery of safe and effective care and services for three consumers, specifically in relation to the management of skin integrity and risk of choking.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have found Requirement (3)(a) Compliant. I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements within this Standard, the Assessment Team found most consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they were involved in advance care planning discussions;
* they are involved in assessment, planning review discussions;
* staff regularly talk with them about consumers’ care; and
* they are involved in the care planning and are aware of consumers’ care plans.

A range of clinical and non-clinical assessments are completed on entry and on an ongoing basis. Consumer risks are identified through validated assessment tools. The service has an electronic documentation system to support assessment and care planning. Clinical staff described how they ensure end of life and advance care planning needs, goals and preferences are identified. The service involves external services to provide specialised palliative care when required.

Care and services for consumers show ongoing partnership with the consumer in assessment, planning and review of consumers’ care needs. Staff described the process of how they involve them in their assessment.

Consumers sampled confirmed outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Relevant staff can access care plans via the service’s electronic clinical management system. Progress notes confirmed care plans are offered to consumers and representatives following review, case consultation or consumer of the day reviews.

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. Staff described how they review consumers when health changes are identified or incidents impact on the consumers’ care needs. Documentation viewed showed consumers have regular assessment of their care needs annually or when incidents impact their health needs.

Based on the evidence documented above, I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

The Assessment Team were not satisfied the service demonstrated assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services for three consumers, specifically in relation to the management of skin integrity and risk of choking. The following evidence was provided:

Consumer A

* Staff were not aware of signs to look for in relation to the consumer’s skin.
* The consumer and representative were not satisfied staff were aware of their responsibilities in relation to the management of the consumer’s skin.
* Documentation showed staff are to encourage two to three hourly repositioning to reduce the risk of developing pressure injuries, apply moisturiser to the consumer’s body and inform the nursing staff of any changes in skin integrity.
* On two occasions, three and four months prior to the Site Audit, the consumer was reviewed by a medical offer in relation to their skin impairment.
* The consumer was reviewed by the allied health therapist who had instructed staff to consider daily moisturiser.

Consumer B

* The consumer had a medical device applied and subsequently sustained a skin injury. A subsequent review recommends staff to monitor the consumer’s skin. The skin assessment does not instruct how staff are to monitor the consumer’s skin. Four staff were unaware of specifically what to look for in relation to the consumer’s skin.

Consumer C

* In the month prior to the Site Audit, the consumer experienced a choking episode. The consumer was referred to an allied health therapist who made a range of recommendations. The dietary notification document was updated which informs the kitchen, however, the consumer’s care plan was not updated with the relevant changes.
* Two of the four staff who assist the consumer with meals were not able to describe the specific recommendations made.
* The provider’s response indicates they disagree with the Assessment Team’s recommendation of not met and were compliant at the time of the Site Audit. The following evidence was provided:

Consumer A

* Care planning documentation prior to the Site Audit recorded staff to apply moisturiser and to monitor for changes in the consumer’s skin integrity.

Consumer B

* Evidence in the month prior to the Site Audit which showed the service had updated the care plan to include information in relation to monitoring the consumers’ skin. This information was contained in a different area of the care plan related to the medical device.

Consumer C

* Documentation provided which showed recommendations made by the allied health therapist had been incorporated into the consumer’s care plan. The response indicates the area that the information was documented in did not automatically transfer across to the electronic care plan and they have provided additional instructions to staff. In addition, the service is in the process of upgrading their electronic documentation system which will address this issue.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the service was able to demonstrate assessment and planning, including consideration of risks to the consumers’ health and well-being, informs the delivery of safe and effective care and services.

In relation to Consumer A, I find the service had undertaken relevant assessment and planning processes to inform delivery of safe and effective care and services. I have noted the consumer had a skin assessment which identified the consumer’s skin impairment and recorded a range of strategies. In addition, I have noted the consumer had been reviewed by the medical officer on two occasions prior to the Site Audit, specifically in relation to the skin impairment.

In relation to Consumer B, I find the service had undertaken relevant assessment and planning to inform delivery of safe and effective care and services. In coming to my finding, I have noted the consumer had a care plan which identified a range of strategies to manage the consumer’s skin condition.

In relation to Consumer C, I find the service had undertaken relevant assessment and planning to inform delivery of safe and effective care and services. In coming to my finding, I have noted that following the choking episode, the consumer was referred to an allied health professional and recommendations made were implemented. In addition, I have noted not all staff who assist the consumer with meals were aware of the specific details of the recommendations. I have noted improvements in relation to future upgrades of the electronic documentation system will address deficits in the electronic care planning system. In addition, I have noted the interim measure of documenting in another area of the assessment to address the deficit.

For the reasons outlined above, I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, Compliant with Standard 2 Requirement (3)(a).

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The Assessment Team found most consumers sampled considered that they receive personal and clinical care that is safe and right for them. Consumers and representatives interviewed stated overall, they are satisfied with the personal and clinical care provided. The following examples were provided by consumers during interviews with the Assessment Team:

* they are satisfied they get the safe and personalised care that they need;
* they were involved in end of life discussions;
* they can easily access a doctor if they are feeling unwell;
* staff are familiar with their care, and they feel safe and well cared for; and
* they are happy with the communication from the service about infection management.

Assessment processes support staff in delivering personal and clinical care that is best practice, tailored to consumers’ needs and optimises their health and well-being. Staff were able to describe how they deliver care in accordance with the care plan. Care plans included information on high impact high prevalence risks which was identified through the use of validated risk assessment tools, consumer history and incident data. Clinical staff described consumers’ identified high impact or high prevalence risks. All assessments completed on the organisational integrated computer system have inbuilt risk assessments.

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed*.* Staff interviewed described discussions held with consumers about the provision of palliative care, including religious and cultural preferences, in line with consumers’ wishes.

Deterioration or changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Sampled care files, including progress notes, confirmed appropriate action was undertaken in response to deterioration and changes in condition. Staff were able to describe how they monitor consumers and provide feedback to relevant staff when they identify changes.

Processes ensure relevant information about the consumer’s condition needs and preferences is documented and referrals occur when required. Staff have access to relevant, up-to-date information to assist them to provide care and services to consumers. Staff described referral mechanisms to allied health and medical officers.

Infection control practices within the service ensure infection related risks are minimised. Staff interviewed were able to describe infection control and antimicrobial stewardship principles. The service monitors and reports on infections monthly to the organisation.

Based on the evidence documented above, I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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

The Assessment Team found consumers sampled considered they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* they felt staff supported them to do things they enjoyed and optimised their independence and quality of life;
* they are supported to participate in their community and do the things that interest them; and
* their condition, needs and preferences had been identified by the service and were known by staff, such as their religious affiliations, personal and family relationships and emotional needs.

Initial and ongoing assessment processes identify each consumer’s needs and preferences in relation to services and supports for daily living and are used to inform the care and service plan. Care planning documentation for consumers reflected individual choices, goals for daily living and preferences. Care plans included consumers’ life story, giving staff insight into the consumer’s background and providing information which enables staff to get to know each consumer.

Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. Care plans sampled showed preferences are recorded to support consumers’ emotional, spiritual and psychological well-being. Weekly and monthly activity programs incorporate significant cultural and religious events to promote well-being.

The service has a range of activities. Care plans sampled reflect consumer interests, including activities they enjoy attending and what supports are needed to enable them to participate. Observations of staff indicated consumers are supported to maintain personal relationships, including consumers dining outside together in the garden courtyard.

Information about the consumer’s condition, needs and preferences is communicated within the organisation and where responsibility for care is shared. Consumers have a care plan which records information about their likes, dislikes, preferences, and needs to guide consumer care. All staff have access to consumer records via the service computer system.

Processes support the referral to other care and services. This included involvement with volunteers, Dementia Support Australia and Hearing Australia. Management described how they refer to external organisations and use volunteers and social workers to supplement their lifestyle activity program.

Meals provided are varied, of suitable quality and quantity. Consumers said they have input into the menu, can give feedback and are provided with meal options. Staff were able to describe how they accommodate consumers’ needs and preferences and how they seek feedback regarding menu changes.

Equipment provided to consumers is maintained, cleaned and stored safely. Staff interviewed confirmed they have access to equipment to meet the needs of consumers. Processes support the scheduled cleaning and maintenance of equipment which is provided to consumers.

Based on the evidence documented above, I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

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

The Assessment Team found consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they are able to move around freely, including access to outdoor areas;
* they are able to personalise their rooms with items important to them; and
* they are satisfied with the cleanliness of the environment.

Observation of the service environment reflects the environment is welcoming, easy to navigate and is set out in a manner that optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers are able to move freely around the service. Staff described features of the service that are designed to support consumers living with dementia, including clear signage in various areas and personalised doors. Consumers were observed interacting with each other in indoor communal areas. Outdoor areas are available for consumers to use, and consumers were observed utilising walking paths and sitting in courtyards reading and enjoying the surrounding gardens.

The environment is clean, well maintained, and comfortable and consumers are able to move freely both indoors and outdoors. All corridors are wide with handrails to assist consumers or visitors with mobility when moving around. Staff were observed to support consumers to move around the service to participate in activities, attend the dining room and walk around the service. Housekeeping staff described processed for submitting maintenance requests through the service’s maintenance system.

Based on the evidence documented above, I find I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

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

The Assessment Team found overall, consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they know how to provide feedback;
* they are aware of advocacy services and other methods for resolving issues; and
* they are satisfied with actions taken because of feedback.

Consumers, their family, friends, and others are encouraged and supported to provide feedback and make complaints. Mechanisms to provide feedback include feedback forms, meetings and the care plan review process. Feedback forms are available at reception and a confidential and locked posting box is available in close proximity. Management ensure consumers are aware of their right to provide feedback or make complaints; information about this is included in the admission process and consumers are reminded at meetings.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. The welcome pack and handbook contains information of advocacy, language and external complaint services available.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff are aware of open disclosure practices. The service has policies and procedures to support open disclosure and actioning feedback.

Feedback and complaints are reviewed through a range of forums. Recent trends identified feedback in relation to meals and the service has undertaken a number of improvements in response. Feedback is incorporated in the monthly consumer meeting which was temporally ceased due to COVID-19 and is recommencing in the near future.

Based on the evidence documented above, I find I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, to be Compliant with all Requirements in Standard 6 Feedback and complaints,

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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

Overall, sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable, and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* they felt there were enough staff to provide their care and services;
* they believed the workforce is trained; and
* staff know how to provide their care and services.

The workforce is planned, and the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services. Allocation rosters showed registered staff provide clinical care and support 24 hours a day. Staff members said overall, there are enough staff to provide care to consumers.

Workforce interactions with consumers were observed to be kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff members were observed to approach consumers and their representatives in a respectful manner. The workforce is competent and staff are recruited, trained, equipped to deliver the outcomes required by these Standards. The training matrix provides guidance to staff on the planned training.

Training and recruitment ensure staff are competent in their role. New staff have a probationary period to follow with relevant support provided.

Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. The service has a performance appraisal process and management were able to provide examples of where recent performance development and management occurred.

Based on the evidence documented above, I find I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(d) and (3)(e) not met. The Assessment Team were not satisfied the service was able to demonstrate:

* effective risk management systems in relation to managing and preventing incidents, including the use of an incident management system; and
* an effective clinical governance framework in relation to minimising the use of restraint.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have found Requirement (3)(d) Compliant and (3)(e) Non-compliant. I have provided reasons for my findings in the specific Requirements below.

In relation to all other Requirements within this Standard, the Assessment Team found that overall, consumers and representatives sampled considered that the organisation is well run and they can partner in improving the delivery of care and services.

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement through a range of forums, monthly consumer meetings, surveys and internal feedback mechanisms. Recent improvements identified by consumers resulted in improvements in garden design, and changes to activities.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service is governed by a Board who meet eight times a year to discuss and develop the organisation’s strategic direction and interact with management. The organisation has a range of reporting mechanisms to ensure the Board is aware and accountable for the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. Consumer information is managed through an electronic client management system. Continuous improvements are monitored and reported to the Executive team and the Board. Policies and procedures are available electronically. Feedback and complaints are monitored by the management team for trends and areas of improvement and discussed at executive meetings.

Based on the evidence documented above, I find I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team were satisfied the service was able to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. However, the Assessment Team were not satisfied the service demonstrated effective risk management systems in relation to managing and preventing incidents, including the use of an incident management system. The following evidence was provided:

* The service demonstrated it manages high impact or high prevalence risks associated with the care of consumers and could identify and respond to abuse and neglect of consumers.
* Appropriate risk assessments are completed for all consumers on entry and reviewed if changes in their health conditions are identified.

Consumer A

* One consumer was involved in a medication incident approximately three months prior to the Site Audit. An incident form and an investigation was completed. No improvements were identified. During the Site Audit, the Assessment Team made a similar observation to that described in the incident.

Consumer B

* The consumer experienced an incident, an incident form and investigation was not completed.
* The consumer’s care plan contained information on strategies to support the consumer’s medical impairment which contributed to the incident.

The provider’s response indicates they disagree with the Assessment Team’s recommendation of not met and were compliant at the time of the Site Audit. The following evidence was provided:

Consumer A

* Acknowledged a medication incident had occurred and had undertaken an investigation. The service communicated with relevant persons to prevent further medication incident.
* Actions were completed to minimise the incident from reoccurring at the time.

Consumer B

* Acknowledge an incident form should had been completed and advised the staff member was new. In addition, the response indicates an investigation was completed.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find the organisation was able to demonstrate effective risk management systems and practices, including but not limited to managing 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.

In coming to my finding, I have considered the evidence which shows the service demonstrated processes to manage high impact or high prevalence risks, could demonstrate how they identify and respond to abuse and neglect of consumers and had processes for ensuring appropriate risk assessments are completed.

In relation to Consumer A, I find the service had completed an incident form, undertook an investigation and used the incident management system to prevent further incidents. In coming to my finding, I have noted the service had communicated to relevant persons in relation to the incident and undertook a range of improvements.

In relation to Consumers B, I find the service had not completed an incident form. I accept the response which indicates the staff member was new in their role and was provided further support. In addition, I have noted overall, the majority of staff have completed training on risk management.

For the reasons outlined above, I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, Compliant with Standard 8 Requirement (3)(d).

### Requirement 8(3)(e) Non-compliant

*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.*

The Assessment Team were satisfied the organisation demonstrated a clinical governance framework in relation to open disclosure and antimicrobial stewardship processes, policies and procedures. The Assessment Team were not satisfiedthe organisation demonstrated an effective clinical governance framework in relation to minimising the use of restraint. The following evidence was provided:

Consumer A

* A medication incident form showed the consumer was commenced on a psychotropic medication without relevant consultation with the consumer and/or representative one month prior to the Site Audit and was administered a single dose.
* The organisation had not trialled non-pharmacological treatments prior to commencement of the medication and did not document alternatives trialled prior to administration of one dose of medication.
* Management identified the service had not undertaken relevant assessment and planning and had informed the medical officer they wish to trial non-restrictive practices.

Consumer B

* Progress notes evidence the consumer had increasing changed behaviours and a referral to the medical officer was completed. Staff had continued to utilise behaviour support plan interventions, however, there had been no documented evaluation of their effectiveness.
* One month prior to the Site Audit, the consumer was reviewed by the medical officer and 10 days later by a medical specialist. The medical specialist recommended for an increase in the consumer’s psychotropic medication which was undertaken. The representative was not notified of the increase in medication and relevant monitoring was not completed.

Consumers C, D and E

* All three consumers wear perimeter pendants to minimise risk of leaving the service through the front door. The use of perimeter pendants has not been considered as an environmental restraint.
* Staff interviewed indicated if the three consumers attempt to leave the facility they will be redirected to the communal areas.

The provider’s response indicates they disagree with the Assessment Team’s recommendation of not met and were compliant at the time of the Site Audit. The following evidence was provided:

Consumer A

* Records confirming the organisation was aware the consumer was administered a psychotropic medication and had immediately contacted the medical officer once management were aware of the issue as they considered the medication potentially a form of chemical restraint.
* Records confirming the consumer was commenced on a range of assessments demonstrating they were aware of their responsibilities in relation to restrictive practices and chemical restraint.

Consumer B

* The response described three progress note entries where a range of strategies were trialled.
* The response indicates a record of conversation was not undertaken following the increase in psychotropic medication.
* Records confirming the consumer was monitored following the commencement of the increased does in medication.

Consumers C, D and E

* Consumer C was reviewed and their perimeter pendant was removed.
* Consumer D does not attempt to leave the service and the pendant is used to alert staff of the consumer’s whereabouts and that they redirected the consumer back to the appropriate area.
* Consumer E leaves the service and the pendant is used to alert staff that the consumer has left the service and to await the consumer’s return. In addition, the consumer is supported to go outside and is not prevented to access the outdoor area.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the organisation was able to demonstrate an effective clinical governance framework in relation to antimicrobial stewardship and open disclosure. However, the organisation was not able to demonstrate effective clinical governance framework in relation to minimising the use of restraint, specifically in relation to chemical and environmental restraints. I acknowledge the organisation has recognised and is undertaking improvements in relation to restrictive practices.

In relation to Consumer A, I find the organisation was aware of their responsibilities as demonstrated by the actions undertaken by management to contact the medical officer to consider ceasing the order and for further investigation into alternative strategies. I note, however, the consumer was administered the single dose of medication prior to the service becoming aware of the issue. In addition, the service did not document alternative strategies trialled prior to the administration of the single dose of as required medication to support effective monitoring and review.

In relation to Consumer B, I find the service did not ensure relevant consultation had occurred with the consumer and/or representative prior to increasing the psychotropic medication which was used to manage the consumer’s changed behaviours. However, I have noted the consumer was monitored following the change in medication.

In relation to Consumers C, D and E, I find the use of perimeter pendants in the manner described to the Assessment Team by staff as a form of environmental restraint. To support my view, I have considered the evidence provided from staff indicating if the three consumers attempt to leave the facility they will be redirected to communal areas of the service.

For the reasons outlined above, I find I find Baptistcare WA Limited, in relation to Baptistcare Mirrambeena, Non-compliant with Standard 8 Requirement (3)(e).

# 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 8 Requirement 8(3)(e)**

* Review processes in relation to restrictive practices to ensure restrictive practices are identified, monitored and reviewed.
* Ensure staff are aware of their responsibilities in relation to restrictive practices.