Performance

Report

**1800 951 822**

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| Name of service: | Baptistcare Moonya Nursing Home |
| Service address: | 59 Ipsen Street MANJIMUP WA 6258 |
| Commission ID: | 7915 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 November 2022 to 9 November 2022 |
| Performance report date: | 22 December 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 Moonya Nursing Home (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

# Material relied on

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

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the performance report dated 10 June 2021 for the Site Audit undertaken from 22 February 2021 to 25 February 2021.

The provider did not respond to the Assessment Team’s report for the Assessment Contact – Site.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 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

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate each consumer was treated with dignity and respect. Specifically, one consumer’s preference not to have care attended by male staff was not supported.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed care plans to ensure consumer preferences are documented, implemented processes to enable additional oversite by the Clinical manager, and improved systems to ensure better support for new staff.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Interactions with consumers by staff and management were observed to be respectful and dignified. Staff were knowledgeable about specific preferences of sampled consumers. The feedback log did not include any complaints about staff treatment of consumers. Consumers and representatives said consumers are treated with dignity and respect.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| 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

Requirements (3)(a) and (3)(e) were found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate:

* assessment and planning processes were effective in identifying risks associated with the care of consumers and informed the delivery of safe and effective care and services; and
* care and services were reviewed regularly when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, recruited a Care manager, engaged a wound specialist, implemented processes to ensure ongoing review of consumers’ clinical care plans, and implemented monthly weight loss monitoring.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was able to demonstrate assessment and planning processes consider risks to consumers’ health and well-being and inform delivery of safe and effective care, and care and service reviews are undertaken regularly, in response to incidents or when circumstances change.

In relation to Requirement (3)(a), sampled care plans utilised validated risk assessment tools to identify risks to consumers’ health and well-being. Where risks were identified, goals and interventions were documented to inform care delivery. Staff were knowledgeable about sampled consumers’ risks and associated interventions. Clinical meeting minutes show regular discussion is occurring with the multi-disciplinary team in relation to risks identified through assessment and planning processes.

In relation to (3)(e), sampled care plans showed regular review of care and services, including in response to deterioration or incidents. Staff described the assessment and planning process when an incident occurs or changes to consumers’ condition is identified, including reviewing and updating care plans, and informing the consumer and/or representative. Representatives said they were informed of changes to care needs in a timely manner.

Based on the information summarised above, I find the service compliant with Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Requirements (3)(a), (3)(b) and (3)(f) were found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate:

* consumers were receiving safe and effective care, specifically in relation to wounds, weight loss, pain and falls;
* effective management of high impact or high prevalence risks associated with the care of consumers, specifically in relation to wounds, weight loss, refusal of care, infections and falls; and
* referrals to specialists were undertaken in a timely manner in response to falls, weight loss, pain and complex wound care.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, recruited a Care manager, improved clinical care meeting processes, engaged a wound specialist, and implemented monthly weight loss monitoring.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was able to demonstrate each consumer gets best practice and tailored care that optimises their health and well-being, high impact or high prevalence risks associated with the care of consumers are effectively managed, and referrals to other providers of care and services are timely and appropriate.

In relation to Requirement (3)(a), consumers and representatives were satisfied consumers’ receive best practice and tailored personal and clinical care that supports their well-being. Staff provided examples of how they provide safe and effective, best practice and tailored care, including in relation to pain, catheter management, wounds and restrictive practices. Care plans demonstrated safe and effective care in relation to wounds and restrictive practices.

In relation to Requirement (3)(b), consumers and representatives said staff provide safe and effective care to consumers, and were satisfied high impact or high prevalence risks were being effectively managed. Staff were knowledgeable about consumers’ risks and associated interventions. Documentation showed care and services are reviewed following identification of risk, and these risks were being effectively managed, including in relation to fluid intake, falls, diabetes, weight loss and wounds.

In relation to Requirement (3)(f), consumers and representatives confirmed consumers have access to a wide range of professionals when they need them. Eight consumer files sampled showed timely referrals to other providers of care, including Medical officers, Physiotherapists, Dietitians, Speech pathologists, Podiatrists and Dementia Support Australia. Consumer files also showed assessment and input from other providers of care is an embedded practice in clinical care processes. Staff demonstrated an awareness of referral processes.

Based on the information summarised above, I find the service compliant with Requirements (3)(a), (3)(b) and (3)(f) in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | |  |
| 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 (3)(c) was found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate services and supports for daily living assisted each consumer to do things of interest to them.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, employed a Lifestyle coordinator, completed and/or planned lifestyle assessments for all consumers, and staff training and education.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was able to demonstrate services and supports for daily living assist each consumer to participate in their community within an outside the organisation’s service environment, have social and personal relationships, and do things of interest to them. Consumers were satisfied with the lifestyle activities and said they are supported to do the things they want to do. While one consumer was noted to have limited engagement in activities, there was no evidence indicating the consumer or representative was dissatisfied. Consumers were observed to be attending the community to spend time with friends and/or family. The lifestyle program is informed by consumers’ preferences gathered through assessment and planning processes, and includes cognitive and mobility therapy. Participation in lifestyle activities is documented and monitored.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 4 Services and support for daily living.

# 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 |
| 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 |

Findings

Requirements (3)(a) and (3)(c) were found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate:

* the number and mix of the workforce enabled the delivery and management of safe and quality care and services; and
* staff were competent in identification and management of pressure injuries and weight loss.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, implemented an incentivised recruitment strategy, recruited additional staff, implemented processes to ensure better clinical oversight and support to staff, upskilling of care staff, and implementation of a six-monthly probation period.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was able to demonstrate the number and mix of staff enables the delivery and management of safe and quality care and services, and their workforce is competent and have the qualifications and knowledge to effectively perform their roles.

In relation to Requirement (3)(a), consumers and representatives were satisfied with the number and mix of staffing, and said staff respond to consumers’ requests for assistance in a timely manner. Staff felt there are enough staff to meet consumers’ needs. Call bell data for October 2022 showed the majority of call bells are answered within five minutes.

In relation to Requirement (3)(c), consumers and representatives were satisfied staff have the knowledge and skill to perform their roles. Documentation showed staff are identifying risks associated with consumers’ health and well-being, such as pressure injuries, and are implementing appropriate strategies to mitigate the risk. Management said they track staff competency through review of clinical incidents and observation. All staff have relevant qualifications and registrations to perform their role.

Based on the information summarised above, I find the service compliant with Requirements (3)(a) and (3)(c) in Standard 7 Human resources.

# 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 |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirements (3)(c) and (3)(d) were found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate:

* effective organisation wide governance systems relating to information management, workforce governance or regulatory compliance;
* effective risk management systems and practices relating to managing high impact or high prevalence risks associated with the care of consumers.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed care plans and incident data, implemented changes to handover processes and clinical team meetings, and recruited Clinical manager to provide clinical oversite.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was found to have effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints, and effective risk management systems and practices in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents.

In relation to Requirement (3)(c), staff confirmed they have access to the information they need to perform their role, including consumer information, and policies and procedures. Management reported, and the service’s Plan for continuous improvement showed, opportunities for improvement are identified following incidents and near misses, feedback and complaints, internal audits and accreditation assessments. Management was able to provide examples of how the organisation has supported the service to make additional purchases outside of the allocated budget. The service has a People and culture team to support all aspects of the workforce. Staff have job descriptions outlining their roles and responsibilities, and regular performance reviews are undertaken with all staff. The service has processes to keep up to date with legislative changes and act on complaints in a timely manner.

In relation to Requirement (3)(d), documentation showed, and staff confirmed, validated assessments and standardised tools are used to identify risks to consumers, and these risks and associated management strategies are discussed at Clinical team meetings. Policies and procedures are in place to guide staff in management of risks, including in relation to consumer choice. Staff were able to describe processes following incidents, and documentation showed all incidents were reviewed to identify areas for improvement. Management review all serious incidents and report as required under the Serious Incident Response Scheme.

Based on the information summarised above, I find the service compliant with Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance.

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)