Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | BaptistCare Morven Gardens Centre |
| Commission ID: | 0484 |
| Address: | 5-19 Morven Road, LEURA, New South Wales, 2780 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | on 2 September 2024 |
| Performance report date: | 24 October 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 500 BaptistCare Morven Gardens Centre |

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 Morven Gardens Centre (**the service**) has been prepared by Katrina Platt, 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 (performance assessment) – non-site report was informed by a non-site assessment and review of documentation
* the provider’s response to a section 67 request for further information received on 30 August 2024
* the performance report dated 21 June 2024 for the Assessment Contact (performance assessment) conducted on 9 May 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |

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

# 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 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| 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

Requirement 2(3)(e) was Not Compliant following an Assessment Contact conducted on 9 May 2024. An Assessment Contact (non-site) was conducted on 2 September 2024 to reassess the Requirement, and included additional information requested from the approved provider.

The plan for continuous improvement identified appropriate and sustainable actions to ensure consumer care and services were regularly reviewed. Policies and procedures for consumer deterioration and incident management were comprehensive and supported early identification, assessment, documentation and communication of consumer deterioration. Staff guidance in associated work instructions provided clear descriptions of workforce responsibilities and practice direction and recognised incident evaluation and monitoring. The education plan documented an extensive training program provided to staff which included neurological observations, risk assessments, behaviours and behaviour charts, pain and pressure injury assessment and care plan documentation.

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