Performance

Report

**1800 951 822**

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| Name: | BaptistCare Morven Gardens Centre |
| Commission ID: | 0484 |
| Address: | 5-19 Morven Road, LEURA, New South Wales, 2780 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 May 2024 |
| Performance report date: | 21 June 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 500 BaptistCare Morven Gardens Centre |

**This performance report**

This performance report for BaptistCare Morven Gardens Centre (**the service**) has been prepared by E Woodley, 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) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 29 May 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **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

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.

* Requirement 2(3)(e) – the provider must demonstrate care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals, or preferences of the consumer. Incidents are comprehensively investigated, including to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.

# Standard 2

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| 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. | Not Compliant |

Findings

The Quality Standard is not compliant as one of the five specific Requirements has been assessed as not compliant.

Consumers and representatives interviewed by the Assessment Team generally reported satisfaction with the assessment and planning of their care and services. However, the Assessment Team found care and services were not consistently reviewed for effectiveness when circumstances change and incidents impact on the needs, goals, or preferences of consumers. For example, the effectiveness of planned pain assessment and monitoring was not always reviewed following incidents or changes in consumer’s condition, and behaviour management interventions were not consistently reviewed following incidents.

The Assessment Team found incidents were not consistently investigated to identify contributing factors to enable comprehensive assessment of consumer’s needs and interventions to prevent reoccurrence. This included following medication incidents, identification of possible mental health concerns, wounds, falls, and behaviours for several consumers sampled.

The provider’s response to the Assessment Contact report included evidence of incident reporting with some investigation. However, for these incidents there was limited consideration of strategies to prevent further incidents and review of care and services in response. The provider’s response identifies continuous improvement action implemented following the Assessment Contact. This includes staff education and training, provision of incident investigation and root cause analysis tools, and implemented internal auditing processes.

While the provider has commenced some continuous improvement in response to the Assessment Contact, this has not been evaluated to be effective in ensuring care and services are comprehensively reviewed for effectiveness following incidents and changes in consumer condition, including to identify interventions to prevent further incidents. I find Requirement 2(3)(e) is not 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the seven specific Requirements has been assessed and found compliant.

Consumers and representatives interviewed by the Assessment Team generally provided positive feedback about the personal and clinical care provided to consumers. Overall, the Assessment Team found consent for the use of psychotropic medications was documented as per legislative requirements and documentation stated the risks of the psychotropic medication are explained to consumers and/or their representatives. Care and service documentation generally reflected assessment of consumers who have responsive or changed behaviours, and behaviour management strategies and interventions are documented. The provider’s response to the Assessment Contact report includes additional information regarding the indication for prescribed psychotropic medications for several consumers named in the Assessment Contact report, and regarding the service’s processes for behaviour monitoring. While for one consumer, review of care including behaviour management interventions were not reviewed following identified behavioural incidents, I have considered this in my assessment of Requirement 2(3)(e).

However, review of care documentation by the Assessment Team indicated management of pain and unplanned weight loss was not consistently best practice, and tailored to consumer needs to optimise health and well-being. Documentation reviewed by the Assessment Team did not demonstrate pain was monitored regularly or at times when pain was indicated for consumers. For one consumer, the Assessment Team found response to their unplanned weight loss was not effective and tailored to their needs.

The provider’s response to the Assessment Contact report includes additional information regarding the service’s processes for pain assessment and monitoring, including monitoring that was attended for consumers identified in the Assessment Contact report. While pain monitoring processes for individual consumers were not always reviewed following incidents or changes in their condition, I have considered this in my assessment of Requirement 2(3)(e). Overall, there was no negative feedback received from consumers or representatives regarding pain, and for most consumers the provider’s response demonstrated pain management strategies were in place. For the consumer who experienced unplanned weight loss, the provider’s response demonstrates this had been identified prior to the Assessment Contact with action taken in consultation with the representative and dietician to manage this.

Considering the feedback in the Assessment Contact report, and the provider’s response to the Assessment Contact, I am satisfied that consumers are receiving safe and effective personal and clinical care. I find Requirement 3(3)(a) is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. Two of the five specific Requirements have been assessed and found compliant.

The Assessment Team found that the service demonstrated the workforce is competent and supported by the management team to deliver care in line with the Quality Standards. Overall, consumers and representatives interviewed by the Assessment Team expressed satisfaction with care and services provided and felt staff were competent, know consumers well, and are respectful and responsive to consumer needs. Representatives interviewed felt confident staff have the qualifications and training to effectively meet the needs of the consumers.

The service has a suite of competency assessments that staff are required to complete, with ongoing review and supervision processes, and there are opportunities for staff to complete formal qualifications in aged care. The service has an onsite educator who is responsible for ensuring staff training and education is tailored to the needs of the service, with consideration of the consumer cohort and clinical indicators. The service has an orientation and onboarding program for new staff that includes buddy shifts. Interviews with staff, and documentation reviewed, demonstrated staff have received training in areas relevant to the Quality Standards including the serious incident response scheme and the Aged Care Code of Conduct. Staff interviewed could describe what their responsibilities are in relation to reporting and responding to incidents within the scope of their role.

I am satisfied that the workforce is competent, qualified, and knowledgeable, and the service has sufficient recruitment, training and support processes to deliver the outcomes required by the Quality Standards. I find Requirement 7(3)(c) and Requirement 7(3)(d) are compliant.

# Standard 8

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| Organisational governance | |  |
| 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

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The Assessment Team found the organisation has risk management systems and practices that include trending and analysis of risk at a service and organisation level, clinical indicators, and reporting structures to the governing body to ensure they are informed to make decisions on risk management. These measures have been effective in relation to identifying and responding to abuse and neglect, and supporting consumers to live the best life they can. However, the Assessment Team found the organisation’s risk management systems had not ensured robust management and prevention of incidents, including an effective incident management system. The organisation had identified areas for improvement in their incident management system, including review of interventions to prevent further incidents, prior to the Assessment Contact. The organisation had commenced some work to improve incident management and outcomes at the service. However, for consumers sampled the Assessment Team found deficiencies remained in the investigation of incidents and review of interventions to prevent reoccurrence.

The provider’s response to the Assessment Contact report provides additional information about action implemented prior to the Assessment Contact to improve incident investigation and management at the service. This includes a corrective action plan that incorporated review of incident documentation, internal auditing, visits to the service by organisation quality teams, and staff training. The provider’s response identifies that monitoring and evaluation of the effectiveness of this action was still underway during the Assessment Contact, with further action planned in response to the Assessment Contact.

I am satisfied the organisation’s risk management systems had identified the deficiencies in the service’s incident management system prior to the Assessment Contact. The organisation had implemented action in response, and was in the process of monitoring and evaluating this action to ensure effectiveness. While action taken had not yet been demonstrated to be effective for consumers sampled, I have considered this in my assessment of Requirement 2(3)(e) regarding incidents not consistently being investigated to identify interventions to prevent reoccurrence. I consider the organisation has systems and practices that ensure effective oversight, identification of deficiencies, and response to, the management of high impact and high prevalence risks, identification and response to abuse and neglect, support for consumers to live their best life, and incident prevention and management. I find Requirement 8(3)(d) is compliant.

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)