Performance

Report

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| Name of service: | BaptistCare Morven Gardens Centre |
| Service address: | 5-19 Morven Road LEURA NSW 2780 |
| Commission ID: | 0484 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 2 November 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 Morven Gardens Centre (**the service**) has been prepared by Kathryn Spurrell, 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 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.
* 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 | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers said they are always treated with dignity and respect and felt accepted and valued by staff. Staff were able to describe what treating consumers with dignity and respect means in practice and what they would do if they thought a consumer’s dignity was not being respected. Staff explained how they respect and promote cultural awareness in their everyday practice. The service’s training records show the organisation provides education in dignity and risk and policies and procedures have an inclusive, consumer-centred approach to delivering care and services.

Consumers said staff members delivering care and services understand their needs and preferences and know what to do to make sure they feel respected, valued, and safe. Staff could describe how they adapt the way care and services are offered so they are culturally safe for each consumer. Policies, procedures, and guidelines have an inclusive, consumer-centred approach to care and service delivery.

Consumers considered the service supports them to make decisions affecting their health and well-being and confirmed they can change these decisions at any time. Consumers gave examples of being supported to make informed choices about their care and who is involved in their care. The service supports consumer choice and independence and explained how an agreement is reached if they can’t meet a consumer’s choice.

Consumers advised they are involved in decisions involving risk. Staff were able to describe examples of how the organisation has supported consumers to have choice and control, including when choice involves risk. The service conducts a risk assessment with every consumer who wants to take risks using a standard risk assessment tool and decisions regarding risk are documented in the consumer’s care file.

There was evidence of accurate, timely and relevant communication of information by staff and management. Consumers are involved in meetings and are encouraged to ask questions about their care, and make choices and get information about risks, possible outcomes and options when making decisions involving balancing risk and their quality of life.

Consumers said the service protects the privacy and confidentiality of their information and they are satisfied care and services are undertaken in a way that is respectful of their privacy. Consumer information is kept in the electronic care planning system requiring a password to access. A privacy policy was sighted outlining how the service maintains and respects the privacy of personal and health information for the consumers. Staff explained how they knock and ask for permission before entering a consumer’s room and always close the door when attending personal care or any other private service to the consumers.

# 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)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | 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

Care planning documents show assessment and planning processes identify consumers’ needs, goals, preferences and consider relevant risks, as well as advance care and end of life planning if the consumer wishes. Consumers advised the service considers risk with them during assessment and planning to make sure care and services are safe and effective.

Consumers and their representatives confirmed they are involved in assessment and planning discussions, information is explained to them, regular case conferences occur, and they may access copies of care plans. Care plans reflected recommendations and directives from allied health professionals, medical officers, and specialist services.

All consumers and representatives sampled said they are notified when there are changes in the consumer’s clinical or cognitive health or when incidents occur such as falls, development of pressure injuries, medication changes or incidents.

The staff were aware of the reporting system and were aware of the different types of incidents to be reported. Care plans reflected reviews occur when deterioration or changes to consumers’ health and well-being are identified. Incident data is reviewed to identify strategies to minimise risk and make improvements.

# 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)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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

Consumers and representatives said consumers receive adequate, tailored care. Care planning documentation demonstrated individualised care that is safe, effective, and customised to the consumer’s specific needs and preferences, staff demonstrated an understanding of their role in preventing pressure injuries, such as attending to regular position changes and regular monitoring of skin for consumers who are at risk of developing pressure injuries.

The service has policies and procedures in place to support the delivery of care provided, such as personal care, wound management, restrictive practices, falls prevention, skin integrity and pressure injury prevention. Consumers subject to restrictive practices have relevant consent, monitoring, and review.

Consumers and representatives said the service effectively managed high impact and high prevalence risks. The service was able to demonstrate risks for each consumer, including life choices, falls and diet choices, are effectively managed.

Care and services plans contain information on consumers’ end of life care in line with the consumer’s end of life care needs, goals, and preferences. For the consumers sampled, their care planning documents contained advance care planning information, including choices and end of life preferences. Staff say they attend to consumer mouth care, skin care, repositioning, and personal hygiene to prioritise comfort and dignity during end-of-life care.

Care plans and progress notes reflected staff identify and respond to deterioration or changes in consumers’ condition. Staff access best practice resources to assess changes in consumers’ health, function, and capacity. Consumers say they are confident members of the workforce will identify a change in their condition, and they are able to respond appropriately. Consumer records show changes in consumers’ care needs are recognised and responded to in a timely manner.

Consumers and representatives felt the organisation coordinates their personal or clinical care well, they are fully informed, their personal or clinical care is consistent, and they benefit from the service coordinating multiple agencies working together and sharing information about them. Staff described how information is shared through verbal handover, care plans and electronic notifications.

Care planning documents reflected timely referrals and input from a range of health professionals. Consumers said the service has referred them to appropriate providers, organisations, or individuals to meet their changing personal or clinical care needs and they are satisfied with the referral processes.

Staff said they received training on how they minimise infection related risks and manage outbreaks. Staff described their understanding of appropriate use of antibiotics and were aware of antimicrobial stewardship policy and processes to support appropriate administration of antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| 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 |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers are supported to maintain independence and do the things they want to do to improve their independence, health, well-being, and quality of life. The needs and preferences of consumers are documented in a care plan and staff were able to describe how they access these records to assist consumers to stay well and healthy and do as much for themselves as possible. Documentation reflects strategies and options to deliver services and supports for daily living reflecting the diverse needs and characteristics of consumers.

Consumers described the support provided for their emotional and spiritual well-being, including celebrating days meaningful to their culture or religion, and consumers are supported to share their life experiences with others.

Consumers said they are supported to participate in activities of their choice within and outside the service, and to maintain social and personal connections. Staff could describe how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections.

Care staff described how the organisation tells them about a consumer’s condition, needs, goals and preferences as they relate to their own roles, duties, and responsibilities. Consumers said the organisation coordinates their care needs well and they benefit from different organisations working together and sharing information about them.

Referrals are made to other services and providers to optimise consumers’ well-being. The service provided evidence they regularly review the individuals, organisations, or providers to whom they refer consumers to make sure their services remain safe and effective and to ensure quality care and services are being delivered.

Consumers and their representatives said they were satisfied with the quality, quantity and variety of meals provided. Consumers’ dietary needs and preferences are listed. Staff described how consumers are involved with menu planning through meetings, and how food safety requirements are met.

Consumers had access to suitable equipment and felt safe during use. Staff said they have access to necessary equipment, ensure it is safe and report maintenance requirements. Management described how the organisation plans and follows maintenance and cleaning routines for equipment. The service has suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment and there is evidence equipment is used, stored, and maintained appropriately.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers felt comfortable and safe in the service and had a sense of belonging and independence. The Assessment Team observed the service to be clean and well-maintained, with spacious courtyards and undercover seating areas with well-maintained outdoor furniture. Clear signage as well as pictures to assist wayfinding along with floor markings to assist consumers to the dining room areas were observed. Design elements maintain an environment enabling consumers to move around freely, both indoors and outdoors.

All service areas are regularly cleaned in line with a schedule and the service environment was free of hazards and obstructions, with any unsafe outdoor environments closed for repairs. Consumers were observed moving freely within and outside of the service environment. The Assessment Team sighted the reactive maintenance schedule where staff, consumers and representatives can report any maintenance issues they may have.

The Assessment Team observed the furniture, fittings, and equipment at the service to be safe, clean, well-maintained, and suitable for the use and needs of the consumers. Consumers and representatives said the equipment and furniture at the service is safe and suitable for their needs.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 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

Consumers confirmed they are encouraged and comfortable giving feedback and making complaints. The service informs consumers of how to make complaints and empowers them to do so. Complaints can be verbal, in writing or emailed, and they can be anonymous, mandatory training is provided to staff on the management of feedback and complaints.

Consumers said they are provided with information on advocacy, language services and ways to raise and resolve complaints. Management provided an overview of translation services, advocacy and specialist services made available to consumers. Printed material is provided to consumers and representatives on admission and is reinforced through flyers, posters, and resident meetings.

The service demonstrated it takes appropriate action in response to complaints and uses a process of open disclosure when things go wrong. An interconnected electronic system facilitates an effective feedback and complaints management process that is supported by policy, procedures, work instructions and staff and consumer training.

There are systems in place to record and trend consumer input, and reports and meeting minutes demonstrate feedback and complaints are used to improve service. Improvements are discussed with consumers at monthly meetings.

# 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)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring, and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated adequate staffing levels and mixes to meet the needs of the consumers. Consumers said staff interactions were very caring and respectful and staff were observed being kind and gentle with consumers. Management and staff were able to describe how they ensure there are enough staff to provide safe and quality care by having a base roster designated by classification of staff member and is designed to cover care needs of their consumers.

All consumers and representatives said staff are kind, gentle and caring when providing care. Staff were observed to always greet consumers by their preferred name, use the consumer’s preferred names when speaking about them to the Assessment Team, and the consumer's preferred name had been used in care planning documentation. Staff demonstrated they were familiar with each consumer's individual needs and identity. Management stated the service has a suite of documented policies and procedures to guide staff practice, and which outline care and services are to be delivered in a respectful, kind, and person-centred manner.

Staff have position descriptions for their roles that align with their duties and detail competencies, skills, and qualifications. Staff said they receive comprehensive training to improve their skills. The service has processes to monitor training completion and training records showed staff had completed mandatory training.

Staff performance is measured through annual performance appraisals. Staff have a performance appraisal regularly, including during their probation, and information from the performance appraisals is used to guide the service’s education and staff development program. Management maintains records of staff completing performance appraisals and follows up with staff who have missed an appraisal.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

Consumers and representatives sampled stated they are confident the service is run well, and they are satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff were able to describe the ways in which consumers are encouraged to be engaged and involved in decisions about changes to the service.

The organisation has implemented systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive and quality care and services. The governing body and executive management have developed corporate strategic priorities for the next five years. The service has effective governance systems in place relating to information management, financial and workforce governance. Continuous improvement occurs, including information derived from feedback and complaints.

The service has an effective risk management system in place to identify and manage risks to the safety and well-being of consumers. Management was able to describe how incidents are analysed, used to identify risks to consumers and inform improvement actions. The organisation uses integrated management systems data to collect, report and use benchmarking to streamline the organisation as well as monitoring service compliance and best practice.

The organisation’s clinical governance framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process through accessible policies, procedures and guidelines. Management receives automatic notifications of all incidents and ensure correct process is followed. Open disclosure was evident in progress notes and incident reports.

The service has a clinical governance framework and staff described their responsibilities under the framework regarding antimicrobial stewardship, minimising the use of restrictive practices and applying open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)