Performance

Report

**1800 951 822**

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| Name of service: | BaptistCare Warabrook Centre |
| Service address: | 14-24 Casuarina Circuit WARABROOK NSW 2304 |
| Commission ID: | 0515 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
| Activity date: | 23 November 2022 to 25 November 2022 |
| Performance report date: | 10 January 2023 |

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 Warabrook Centre (**the service**) has been prepared by M. Nassif, 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.

# 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 and representatives felt staff are kind and caring and treat them with dignity and respect and understood their identity, culture and diversity. Staff said they ensure consumers are treated well and spoke of the caring approach they use when addressing consumers. Care planning documents identified consumers background, personal preference, identities, and cultural practices.

Consumers and representatives described how consumers’ care and services are delivered with the understanding of their needs and preferences while ensuring they feel respected, valued, and safe. Care planning documents outlined the service records consumers’ emotional, spiritual, and cultural needs and preferences. The service had strategic documents, including policies and procedures, have an inclusive, consumer-centred approach to organisational practices and care and service delivery.

Consumers and representatives said the service supports consumers to make and communicate decisions affecting their health and well-being and they were given choices about who is involved in their care and services, and they were able to maintain these relationships. Staff provided examples of how they assist consumers to make choices to achieve their outcomes and these were reflected in care planning documentation.

Consumers said they are supported by staff to take risks to enable them to live their best lives. Staff described risks taken by consumers and explained the strategies in place to support risk-taking. Care planning documents included risk assessments undertaken by the service and signed by consumers and representatives.

Consumers and representatives said information relating to consumer care and services is provided to them in a way that is clear, easy to understand and enables them to make informed decisions. Noticeboards were observed throughout the service displaying information on menus, the monthly activity calendar, and the next food focus meeting. Some representatives said that they would appreciate more communication and consultation from the management team however no impacts on consumers was identified.

Consumers said they felt the service protects their privacy and confidentiality, and their personal information is respected. Staff were observed knocking on doors before entering consumers rooms, consumers confidential care planning documents were secured at nurse’s stations, and computers used to access consumer data on the electronic data management system was password protected.

# 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

Consumers and representatives said they were happy with the services management of identified risks. Staff described the care planning process including initial and ongoing risk assessments, and how it informs the delivery of care and services. Care planning documents evidenced the service conducts assessments and planning, taking into consideration risks to consumers.

Consumers and representatives said staff discussed with them advance care directives and end of life planning if the consumer wishes. Care planning documents evidenced the current needs, goals and preferences of consumers are documented and end-of-life preferences are included. Staff and management demonstrated an understanding of consumers’ individual needs and preferences and could describe how they approach end of life and advance care planning conversations.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they involve consumers and representatives in the assessment and planning process and consumers and representatives confirmed they were involved.

Consumers and representatives said they are kept up to date and informed about consumers’ planning and assessments and care planning documentation is readily available. Care planning documents evidenced they were reviewed every 6 months or earlier if any changes to a consumer’s condition is recognised or any incidents occur.

# 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

The Service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following an Assessment Contact in March 2022. Evidence in the site audit report dated 23 to 25 November 2022 supports that the Service has implemented improvements to address the non-compliance and is now compliant with both Requirements.

Consumers and representatives provided positive feedback and said they were happy with the care provided and felt consumers’ personal and clinical care needs were met. Care planning documents reflected individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Staff and management described consumers’ individual needs, preferences, the most significant personal and clinical care and how these were delivered in line with their care plans.

Consumers and representatives said they were happy with the management of consumers’ high impact or high prevalence risks. Staff and management identified and described risks and related management for individual consumers. Care planning documents identified high impact/high prevalence risks had been identified and effectively managed by the service.

Consumers and representatives said consumers completed an Advance Care Directive with their end of life wishes and preferences included. Staff described how they support consumers end of life processes and the service maximises comfort and dignity to align with consumers wishes. Care planning documents reflected consumer’s needs, goals and preferences of consumers end of life care including comfort care.

Care planning documents demonstrated identification of, response to, deterioration or changes in consumers’ condition and health status. Staff and management described how they identify signs of deterioration and the processes for communicating and escalating concerns. Consumers and representatives provided positive feedback in relation to the responsiveness of the service when there is a deterioration in the consumer's condition, health, or ability.

Care planning documents demonstrated progress notes, care and service plans and handover reports, provide adequate information to support effective and safe sharing of consumers' information to support care. Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff. Staff said information relating to consumers’ conditions, needs and preferences is documented and communicated where the responsibility for care is shared.

Consumers and representatives said timely and appropriate referrals to other health professionals occur. Staff described the process for referring consumers to other health professionals and care planning documents evidenced referrals to other health supports and services such as physiotherapy, geriatrician and occupational therapist.

Consumers and representatives said they are satisfied with infection control practices, and staff described how they minimise infection and monitor consumers for infections. The service had policies and procedures on antimicrobial stewardship and infection control that guides staff practice, and explains how the service will prepare for, identify, and manage any outbreaks.

# 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 and representatives said they receive safe and effective service and support for daily activities that meet their needs, goals and preferences. Staff demonstrated an understanding of what is important to consumers and what they like to do. Care planning documents reflected this and included information about the services and support required by consumers to optimise their quality of life, health, well-being and independence.

Consumers said their emotional, spiritual, and psychological needs are supported by staff and volunteers who provide one-on-one support. Care planning documents contained information about consumers’ emotional and spiritual or psychological well-being and how staff can support them. Staff said that they engage with consumers the best way they can, using various methods appropriate for each consumer.

Consumers and representatives confirmed consumers actively engage within and outside of the service environment, to maintain connections and to do the things of interest to them. Staff provided examples of how consumers were supported to maintain relationships, including scheduling contact with family and friends via video calls, phone and email. Care planning documents included information about how consumers participate in the community and stay connected with friends and family.

Consumers and representatives reported information about the consumers daily choices, needs and preferences is communicated within the service and with others where responsibility of care is shared. Staff described how changes in consumer care and services are communicated through both verbal and documented handover processes and updated on care plans. Care planning documents provided adequate information to support the delivery of effective and safe care.

Consumers and representatives said they are connected and referred to other organisations and providers as needed and per request. Staff said that for each consumer, they explore individual community ties and facilitate ways of enabling the consumers to keep them. Care planning documents reviewed were found to reflect the involvement of others in the provision of support.

Consumers and representatives said they are satisfied with the variety, quality and quantity and temperature of meals. Staff were observed to be assisting, encouraging, and offering choices with meals. Staff were knowledgeable about consumer’s preferences and dietary requirements. Care planning documents noted consumers’ dietary needs, dislikes, allergies, and preferences.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean, and well maintained. Consumers confirmed this to be the case and staff and consumers described the process for reporting faulty equipment.

# 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 said they liked their rooms and the features the service environment offers and the service feels like home. Staff were observed welcoming families and visitors to the service. Consumers are encouraged to decorate their rooms with personal belongings which are important to them such as their furniture, photographs, and artwork.

The service environment was observed to be clean, comfortable, well maintained and enables consumers to move around freely both indoors and outdoors. Staff described the process for cleaning, documenting, reporting, and attending to maintenance issues, and regular cleaning audits and preventative maintenance reports were observed.

Consumers and representatives said furniture, fittings and equipment were safe, clean, well maintained and suitable for their needs. Cleaners were observed cleaning consumers rooms, common areas, furniture, and high frequency touch points and follow a daily and weekly schedule. Maintenance staff described and demonstrated how maintenance is scheduled and carried out for routine, preventative, and corrective maintenance requirements.

# 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 and representatives felt supported to provide feedback or raise complaints during discussions at meetings and verbally to both management and staff, and by surveys, emails or using feedback forms. Staff and management described the processes in place to encourage and support feedback and complaints which aligned with consumer and representative feedback.

Consumers and representatives described the various ways in which they can voice concerns, provide feedback, and make a complaint both internally and externally. Staff were aware of how to access interpreter and advocacy services. Information on advocacy services available to consumers was displayed around the service.

Consumers and representatives said the service responded appropriately to their concerns in a timely manner and apologises when things go wrong. Staff and management demonstrated an understanding of open disclosure. The service’s complaints register demonstrated the use of open disclosure and timely management of complaints in accordance with the services complaints management and open disclosure policy.

Consumers and representatives stated they have seen how feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how consumers feedback and complaints gathered from meetings and surveys, have resulted in care and service improvements. The service demonstrated that feedback and complaints are trended analysed and used to improve the quality of care and services.

# 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

Consumers and representatives said they felt there were not enough staff, that staff were rushed, however consumers said they received the care and support they need from staff in a timely manner. Staff said they would like extra staff rostered to support consumers who require a 2 person assist, but acknowledged they are supported by floating staff when required. Management said the number and mix of staff on the roster is working well, they are recruiting more staff to fill vacant shifts and staff work extended shifts across the service to cover leave. Call bell data confirmed most call bells and responded to in a timely manner.

Consumers and representatives said staff were gentle and caring when providing care. Staff were observed interacting with consumers and described consumers’ individual needs, preferences, and identity.

Consumers and representatives felt staff are competent and were confident that staff are skilled to meet their care needs. Management described the process to ensure that staff are suitable for, and competent in their role through the recruitment process. Documentation demonstrated staff have appropriate qualifications, knowledge, checks and experience to perform their duties.

Consumers and representatives were satisfied staff are adequately trained and equipped to do their jobs. Training records and documentation containing evidence of the completion of current mandatory training demonstrated the workforce is trained, equipped, and supported to deliver the outcomes required by these standards. Staff said online training and other specialised training is provided to staff on request.

Management and staff described how staff performance is reviewed annually and management provided an example of how they maintain regular assessment and monitoring of staff’s performance through performance review and provided support through a performance improvement plan when required. Staff acknowledged completion of their 2022 performance 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 considered the service is well run and they were engaged in the development, delivery and evaluation of care and services through resident meetings, food focus groups, feedback forms and surveys. Staff and documented evidence demonstrated that consumers are engaged and supported in providing decisions and input on service delivery.

Management described how the governing body promotes a culture of safe, inclusive, and quality care and services is accountable for their delivery. Staff described how clinical data, quality initiatives, feedback and incident reviews and audits are discussed and reported at monthly meetings, and how the management team informs the Board who evaluate these services, to benchmark performance of all services and address wider trends.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management explained how the service is supported by effective financial management systems and discussed expenditure to support changing needs of the consumers.

The service had a risk management system and practices that includes high impact and high prevalent risks, abuse or neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Management and staff described these systems and practices and what it meant for their day to day work.

The service had a clinical governance framework that included policies and practices that cover antimicrobial stewardship, minimising use of restraint and open disclosure. Staff are trained in these policies and described their relevance to their work.

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)