Performance

Report

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| Name: | Baw Baw Views |
| Commission ID: | 4581 |
| Address: | 1C Haigh Street, MOE, Victoria, 3825 |
| Activity type: | Site Audit |
| Activity date: | 3 September 2024 to 5 September 2024 |
| Performance report date: | 15 October 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 23483 Baw Baw Views |

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 Baw Baw Views (**the service**) has been prepared by Kate Hemsley, 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 was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The provider did not submit a response to the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Staff demonstrated an understanding of consumers’ identity and diversity, and described how they treated consumers with dignity and respect. Consumers mostly confirmed they were treated with dignity and respect, however one consumer advised staff sometimes communicated to each other in languages other than English when providing personal care. This issue had been raised with management and a memorandum was sent to all staff to ensure staff spoke the consumer’s primary language when providing care. Care planning documentation reflected consumers’ diversity and background.

Consumers advised consumers’ identity and cultural backgrounds were valued, and staff provided care which was consistent with their cultural preferences. Care planning documentation evidenced the consumer’s cultural backgrounds and life stories were captured. Policies and procedures were in place to support staff to identify the cultural needs of consumers, and provide culturally safe care and services.

Care planning documentation evidenced consumers’ choices regarding how their care was to be delivered, who was involved in their care and their relationships of importance. Consumers stated consumers were supported to make and communicate decisions about their care and maintain their personal relationships. Staff were familiar with consumers’ personal choices.

Staff demonstrated an understanding of the risks associated with consumers’ choices, and the strategies in place to promote their safety. Consumers confirmed consumers were supported to take risks to live the best life they can. Care planning documentation demonstrated risks were identified by the use of assessments, and the strategies to mitigate risks had been discussed with consumers and their representatives.

Consumers reported they received current information regarding their care and services. Staff described how they adapted their communication style to ensure information was effectively communicated to consumers living with cognitive or sensory impairments. The monthly activity calendar and menus were observed to be displayed in consumers’ rooms.

Staff described how they maintained the confidentiality of consumers’ information by ensuring discussions were held in private. The electronic care management system was observed to be locked when not in use, and staff closed consumers’ doors when providing daily living support.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers confirmed risks to consumers’ well-being were considered and captured during the assessment and planning process and informed the delivery of safe and effective care and services. Care planning documentation evidenced validated assessment tools were utilised to identify risks and inform the development of care and service plans. Staff detailed the initial and ongoing assessment and care planning process, and were aware of the key risks to consumers.

Care planning documentation reflected consumers’ current needs, goals and preferences, including advance care directives. Staff described how consumers’ end of life wishes were captured during their initial entry to the service and reviewed during care and service plan reviews. Consumers advised staff regularly discussed their needs, goals and preferences, inclusive of their end of life wishes.

Representatives confirmed they were involved in the assessment and planning of consumers’ care. Care planning documentation evidenced an ongoing partnership between consumers, representatives, medical officers and allied health professionals in the assessment, planning and review of consumers’ care and service plans. Staff described how they initiated assessment and planning conversations with consumers and representatives through in person and telephone discussions.

Staff outlined their roles to document and communicate assessment outcomes with consumers and representatives. Care planning documentation evidenced assessment and planning outcomes were communicated with consumers and representatives in a timely manner. Representatives stated they received a copy of the consumer’s care and service plan.

Care planning documentation evidenced care and service plans were reviewed for effectiveness on a regular basis and in response to changes in the consumer’s circumstances. Staff described the processes to reassess consumers’ care and service plan during regular reviews. Policies and procedures were in place which guided the 3 monthly review of consumers’ care and services.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives confirmed consumers received safe and effective care which met their needs and optimised their health and well-being. Staff demonstrated an understanding of consumers’ clinical care needs, and the strategies in place to ensure the delivery of best practice care, including in relation to restrictive practices, pain management and wound care. Care planning documentation evidenced care directives were individualised and tailored to the consumer’s needs.

Consumers confirmed risks to the consumer’s well-being were effectively managed, and appropriate risk mitigation strategies were in place. Staff were aware of the high impact risks to consumers, and the strategies to promote their safety. Care planning documentation evidenced the effective management and monitoring of consumers’ high impact or high prevalence risks.

Care planning documentation for a consumer receiving palliative care evidenced the consumer’s pain and comfort was managed. Staff described how they delivered end of life care to consumers by providing regular continence, oral and eye care, and providing emotional and spiritual support. Policies and procedures were in place to guide staff practice in relation to the delivery of end of life care.

Consumers advised staff were responsive to identifying and managing deterioration in the consumer’s condition. Staff described the signs and symptoms they would look for which may indicate deterioration in the consumer’s condition, and advised the actions they would take to escalate their concerns. Care planning documentation evidenced deterioration or changes in the consumer’s condition were recognised and escalated in a timely manner.

Staff advised information regarding the consumer’s condition was communicated during regular meetings, referrals and handovers. Consumers confirmed the consumer’s needs and preferences were effectively communicated between staff. A documented handover process was utilised to communicate information relating to the consumer’s condition between staff.

Consumers and representatives confirmed they had appropriate access to allied health professionals and specialist providers of care. Staff described their roles and responsibilities in relation to the referral process, and clinical staff confirmed access to all relevant clinical referral networks as needed. Care planning documentation recorded referrals made to allied health and other specialist services in response to changes to the consumer’s condition.

Consumers and representatives expressed satisfaction with the management of COVID-19 and other related infection control practices. Staff confirmed they had received infection prevention and control training and were observed to be washing their hands prior to delivering care and services. Management outlined their COVID-19 and influenza vaccination program and described how staff are guided by policies and procedures.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers described how services and supports met their needs, goals and preferences and optimised their well-being and quality of life. Staff were familiar with the daily living needs and preferences of consumers, and described how they supported consumers to engage in activities which optimised their well-being. Care planning documentation outlined consumers’ preferred activities of interest.

Staff described how they supported consumers when they were feeling low by providing individualised emotional supports and facilitating video calls with their families. Care planning documentation identified the supports required for consumers to maintain their emotional, spiritual and psychological well-being. Consumers advised services and supports promoted their emotional, spiritual and psychological well-being, and they could attend church services.

Consumers said they felt encouraged to participate in activities of interest within the service and greater community, build friendships and maintain personal relationships. Staff described how they supported consumers to do things of interest to them, including within and outside the service community. Consumers were observed being assisted by staff to attend bus trips and maintain social relationships. Care planning documentation detailed consumers’ preferred daily living activities and personal relationships of importance.

Staff advised they were informed of updates regarding the consumer’s condition, needs and preferences through handovers, reviewing the electronic care management system and by speaking with Registered Nurses. Consumers and representatives advised information regarding consumers’ condition, needs and preferences were effectively communicated between staff. The electronic care management system was accessible to staff and external organisations where responsibility for daily living care and services was shared.

Care planning documentation confirmed consumers were referred to external organisations and individuals to meet their needs. Staff outlined the referral process utilised to enhance the daily livings supports provided to consumers. Consumers were satisfied with the referrals received to support their daily living needs.

Consumers mostly provided positive feedback regarding the quality, variety and quantity of their provided meals, however two consumers raised concerns regarding the temperature of their meals and the quality of the vegetables, meat and soup. Management were aware of consumers’ concerns and demonstrated continuous improvement activities and engagement with the consumers to adjust meals to align with consumers’ needs and preferences. Care planning documentation captured consumers’ dietary needs and preferences, and staff advised this information was communicated. Consumers were observed to receive meals in accordance with their dietary requirements, and the kitchen was noted to be clean.

Consumers confirmed their equipment was safe, clean, well maintained and suitable for their use. Staff advised shared equipment used for lifestyle activities was cleaned and sanitised after each use. A range of leisure and lifestyle equipment was observed to be clean, suitable and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers advised they found the service environment to be welcoming and comfortable and consumers’ rooms were personalised with consumers’ photographs and artwork. The service environment was observed to be clear of hazards and easy to navigate, with directional signage displayed to assist consumers and visitors.

Staff described cleaning and maintenance processes and explained how consumers are supported to access indoor and outdoor areas, including consumers subject to environmental restrictive practices. Consumers and representatives confirmed the service environment was clean, well maintained and comfortable, and consumers could move freely through indoor and outdoor areas. The cleaning schedule was up to date, and staff were observed to clean consumers’ rooms, communal areas and high touch points.

Consumers advised fittings were well maintained. The reactive and preventative maintenance schedule evidenced equipment, furniture and fittings, including hoists, call bells and bedroom furniture were routinely serviced, and maintenance tasks rectified promptly. Staff outlined how maintenance issues were electronically documented and monitored to maintain oversight.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives confirmed they were comfortable and supported to provide feedback and make complaints. Management advised consumers and representatives were supported to provide their complaints through meetings and surveys. Feedback forms and submission boxes were observed to be accessible throughout the service.

Consumers advised they knew of the available external advocacy and complaint support services and said contact details for such services were included in the consumer handbook. Information regarding advocacy supports, including the Commission, were observed throughout the service. Staff were familiar with the complaint advocacy and translations services, and advised information was displayed on communal noticeboards.

Staff described how they would practice open disclosure in response to feedback and complaints by acknowledging the complaint, providing an apology, investigating the issue and advising the consumer and representative of the outcome. The complaints register evidenced feedback and complaints were investigated and resolved utilising open disclosure practices. Consumers confirmed their complaints were responded to appropriately, and staff practiced open disclosure.

Representatives stated their feedback and complaints were reviewed and led to care and service improvements. Management confirmed all feedback and complaints were trended, analysed and reviewed monthly to ensure improvement opportunities were identified. Complaints documentation evidenced complaints were recorded, analysed and incorporated into continuous improvement activities.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Management demonstrated their workforce exceeded the regulatory care minute requirements for clinical and care staff. Consumers and representatives advised there were enough staff to meet the care needs of consumers in a timely manner. Staff confirmed there were sufficient staffing levels to provide care to consumers, and any vacant shifts due to unplanned leave were consistently filled.

Consumers and representatives confirmed staff were king, caring and respectful when providing care. Staff demonstrated an understanding of consumers’ identity and preferences, and spoke of consumers in a respectful manner. Management advised staff received annual mandatory training on the Code of Conduct to ensure respectful care was provided to consumers.

Consumers reported staff were skilled and competent to perform their roles. Personnel records evidenced staff had the required checks and registrations for their respective roles. Position descriptions outlined the competencies, qualifications, registrations and responsibilities for each role. Management advised new staff attended an orientation program and were provided with buddy shifts to ensure they could effectively perform their roles.

Staff confirmed they received annual mandatory training on various topics, including incident management, restrictive practices, open disclosure and infection prevention. Training records evidenced 91% of staff had completed their mandatory training and competencies, with outstanding completions attributed to staff on leave. Management maintained oversight of mandatory training completion rates and provided staff with additional training when required.

Management advised staff performance was monitored through observations, feedback and performance appraisals, and staff were provided with further training in the event underperformance was identified. Staff confirmed they received probationary and ongoing performance reviews, and could request additional training and support. Appraisal data evidenced all staff had completed scheduled performance or probationary appraisals.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers advised the service was well run and confirmed their involvement in the evaluation of their care and services. Management reported consumers and representatives were actively engaged in the evaluation of care and services through the completion of feedback forms, surveys and participation in various meetings, and outlined their actions to form a Consumer Advisory Body. Consumer meeting minutes evidenced consumers were encouraged and supported to be engaged in the evaluation of their care and services, with consumer feedback used to enhance the delivery of care and services.

Management outlined how the organisational structure supported the accountability of the governing body, and advised they provided regular care and clinical reports to the governing body to ensure their oversight. The governing body was comprised of clinical and non-clinical members to ensure a mix of skills and experience to deliver quality care and services.

Staff confirmed they had access to the necessary information to perform their roles through the electronic care management system and the intranet. Management advised they operated with an annual budget, however the governing body was supportive to approve additional expenditure to improve consumer care and services, such as the purchase of bariatric equipment. Management described the systems in place to record and trend feedback and complaints, and they were utilised to inform improvement opportunities. Regulatory compliance changes were monitored by the governing body and communicated throughout the service as required.

Risk management systems considered high impact or high prevalence risks associated with the care of consumers, informed through policies, procedures, monitoring and reporting processes. Staff described assessment and risk management processes which supported consumers to live their best life by ensuring risks were considered, discussed with consumers and representatives and risk mitigation strategies were implemented. Staff could describe their reporting responsibilities in the event they suspected elder abuse or neglect, and the reportable incident register evidenced reporting to the serious incident response scheme (SIRS) in accordance with legislated timeframes.

A clinical governance framework was supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff explained how policies, procedures, and training within the framework informed care delivery and described how use of restraint is minimised, open disclosure practiced and their roles and responsibilities during infectious outbreaks. Reporting demonstrated information regarding infections, antibiotic usage and restraint was analysed, trends identified, and information used to improve delivery of care and services.

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