Performance

Report

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| Name of service: | SummitCare Baulkham Hills |
| Service address: | 5 Bass Drive Baulkham Hills NSW 2153 |
| Commission ID: | 1062 |
| Approved provider: | SummitCare Baulkham Hills (NSW) Pty LTD |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 6 January 2023 |
| Performance report date: | 7 February 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 SummitCare Baulkham Hills (**the service**) has been prepared by prepared by K. 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 so as 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 treated with dignity and respect and staff identified the unique cultural needs and preferences of specific consumers. Care planning documents captured details on consumers' identity, backgrounds and cultural diversity.

Consumers and representatives confirmed that the service recognises and respects their cultural traditions and preferences. A review of care plans confirmed that the consumer’s cultural needs are identified, and staff implement initiatives to address them. The service supports consumers with cue cards and a telephone translation program enabling staff to communicate with consumers from various backgrounds.

Consumers confirmed they are supported to maintain connections and relationships with those important to them. Care planning documentation identified individuals’ consumers want to be involved in their care and decision making. Married couples were encouraged to share rooms to maintain their intimate relationships.

Care planning documentation demonstrated that risks are assessed, and consumers are provided with information to make informed decisions. Risk assessments are completed, and a Dignity of Risk form is signed and explained to consumers and representatives to support consumers who take risks in activities of daily life. Risk mitigation strategies are implemented to ensure consumers received continued support in risk taking activities.

Representatives said they receive current information from the service, which keeps them informed of changes. Staff described how each consumer received updated information about their care when a change has occurred.

Consumers expressed their privacy is respected, and their personal information is kept confidential. The Assessment Team observed clinical procedures being performed in consumers’ rooms and in designated clinical areas. Staff said all consumers personal information is secured electronically and is password protected by staff.

# 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 were satisfied that their care is well planned and meets their needs, including their care and personal needs. Care planning documentation evidenced effective, comprehensive assessment and care planning that identified the needs, goals and preferences of consumers, including identified risks.

Staff described what is important to consumers in terms of how their care is delivered. Care plans are individualised and reflected the consumers’ individual needs and preferences. Care planning documentation confirmed that advance care directives were in place for most consumers.

Care and service plans for consumers showed integrated and coordinated assessment and planning involved all relevant organisations, individual and service providers. Staff and management described the processes in place to ensure ongoing partnership with consumers, medical and other specialist practitioners and services to assess, plan and review care and services.

Care planning documentation demonstrated that consumers and representatives are involved in developing and reviewing their care and services plan. Management confirmed that consumers and representatives are offered a copy of the consumer’s care and service plan and a copy of the care plan is provided in accordance with the consumer or representative’s preference.

Consumers reported staff communicate with them in the event of an incident or variation to their care, to seek their input to ensure safe and effective care delivery. Staff provided evidence of how they contribute to reviews and provided an overview of the review process. Care planning documentation demonstrated that care provided to consumers is consistent with care plans and a review of documentation demonstrated all care plans have been reviewed within the last three months.

# 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 confirmed they received care which meets their needs and supports their health and well-being. Care planning documentation demonstrated personal and clinical care was tailored to individual needs, and clinical risks associated with the care for each consumer such as falls, skin integrity, pain, and restrictive practices were effectively managed through assessment and care delivery.

Consumers and representative were satisfied that risks are assessed, explained and managed to reduce risk. Staff identify, assess and manage high-impact or high-prevalence risks to the safety, health and well-being of each consumer. Clinical and care staff accurately described the care provided and risks for consumers and demonstrated knowledge on restrictive practices, behaviour management and incident management.

Care planning documents reflected consumers receive end of life care in line with their. Staff have been trained in palliative care and explained how they would provide care for a consumer who is receiving palliative care, such as maintaining comfort, providing mouth care and monitoring their pain.

Staff explained a range of signs related to deterioration, including changes in mobility, cognition, mood and behaviour. Staff described processes for reporting deterioration in consumers condition and actions taken to escalate care. Care plans confirmed changes to consumers’ conditions were identified and responded to in a timely and appropriate manner. All consumers and representatives said that staff are quick to recognise and act if they are unwell, including increased support, medical reviews or transfer to hospital if required.

Staff demonstrated how information is shared when changes occur through handover and by electronic management system to review any changes such as, behaviour plans or diet changes. Consumer and representatives said that care is consistent and reliable, and information is communicated well.

Staff described how information is shared when referrals are made to individuals, other organisations and providers of other care and services. Consumer care documentation evidenced timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Observations confirmed the service followed measures to prevent and control infection, such as staff wearing personal protective equipment. Staff explained the various methods they used to promote antimicrobial stewardship and minimise infection-related risks. Care plans were observed to follow antimicrobial stewardship principles.

# 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 feel supported to participate in activities they like and are provided with safe and effective services that optimise their independence and quality of life such as volunteer visitor programs, social clubs and cooking groups. Documentation included strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.

Consumers said they feel connected and engaged in meaningful activities that are satisfying to them and described spiritual supports and visits from the local pastor and gardening programs offered onsite. Consumers care plans included information about the consumers emotional, spiritual, and psychological needs, goals and preferences.

Consumers said that they have an active social life and can follow their interests at the service. Staff described how they work with other organisations, advocates, community members and groups to support consumers follow their interests, social activities and maintain their community connections. There was evidence of how the service maintained social supports for consumers and increased opportunities for social interaction through day trips, supporting social connections and relationships and support for individual pursuits through the onsite library.

Consumers said the service coordinates their services and supports well and they benefit from different organisations working together and sharing information about them. Staff described how accurate, up-to-date, and relevant information is shared as consumers move between care settings, such as between the service and acute care.

Consumers’ care plans evidence that the organisation collaborated with other providers to support the diverse needs of consumers. Staff identified the providers they make referrals to such as optometrists, podiatrists and personal care providers and described the referral process.

Consumers said meals provided are varied and of suitable quality and quantity. Staff described how they meet consumers’ dietary needs and preferences and consumers spoke positively about the chef, and the meals offered by the service. The service demonstrated that it has processes in place to plan and deliver nutrition and hydration in line with consumers’ needs and preferences and consumers are consulted in developing menus.

Consumers said that they feel safe when they are using the equipment, know how to report any concerns in relation to maintenance of equipment and expressed satisfaction with the service provided. Equipment provided was observed to be safe, suitable, clean, 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

Staff described how consumers are supported to make the facility feel like home and maintain their independence. Consumers were able to personalize and decorate their rooms according to their preference. The service as observed to be clean and tidy and had spacious outdoor areas for consumers to move around freely and a wellbeing centre with a full-size kitchen for consumers to participate in cooking groups. There were libraries in different wings of the facility that provided a large range of book selections and a quiet place for consumers to read.

Consumers and representatives said the service environment is cleaned very well, and maintenance is done quickly, consumers were able to move freely around the facility in the loungerooms and gardens. The service was observed to be clean and well maintained with a regular cleaning audit and schedule in place for internal common areas, walkways and external areas.

Consumers and representatives said that the equipment and furniture at the service is, well-maintained, and clean. Staff said that they have access to equipment needed for consumer care. A review of maintenance records demonstrated maintenance of equipment and furniture was current.

# 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

Staff described avenues for consumers to provide feedback or make a complaint and the process they should follow in the event a consumer raises a complaint with them directly. Consumers and representatives felt encouraged, safe, and supported to provide feedback and make complaints and were aware of the processes on how to do so. The Assessment Team observed feedback and complaints forms located in the front foyer and reviewed the ‘Feedback and Complaints’ register for the period of past 12 months which demonstrated the service resolved complaints and feedback received in a timely manner.

Consumers and representatives stated they were aware of the complaints and escalation process if required and were comfortable raising concerns with management and staff. Staff demonstrated understanding of advocacy policies available for consumers. Staff were able to describe how they assist consumers who have cognitive impairment and communication difficulties. Posters on interpreter services are included in the services’ welcome pack for new consumers and the service offers TIS (Translating and Interpreting Service) for those who need it.

Consumers and representatives said staff and management addressed and resolved their concerns once a complaint or incident occurred, and they are offered an apology. Staff described the process followed when feedback or a complaint is received and confirmed complaints are escalated for investigation and follow-up.

Consumers and representatives said feedback and complaints are reviewed and used to improve the quality of care and services. The Plan of Continuous Improvement (PCI) register demonstrated, that feedback, complaints and incidents are recorded, actioned, resolved, and used to inform continuous improvement.

# 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 has a system to calculate the number of staff and the range of skills needed so the organisation can provide care and services and meet the needs of the consumers. A fortnightly roster is developed based on consumer needs most shifts were filled, and where staff were not able to attend their shift, they were replaced or reallocated.

Consumers and representatives reported that staff engaged with them in a respectful, kind, and caring manner. Staff interactions with consumers were also observed to be kind, caring, and respectful. Management advised they monitor interactions through observations and formal and informal feedback from consumers and representatives.

Consumers and representatives were confident that staff are sufficiently skilled to meet their care needs. Management provided evidence of onboarding of staff including mandatory checks and the orientation checklist for various roles. The organisation has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service.

Consumers and representatives felt staff know what they are doing. Documents evidenced staff training requirements on recruitment and on an ongoing basis to ensure staff have the knowledge to deliver the outcomes required.

Staff demonstrated an understanding of the service’s performance development processes and regular informal discussions regarding their performance and competency. Documentation reviewed confirmed performance appraisals, mandatory training and competency assessments are conducted annually

# 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 are actively engaged in the development, delivery and evaluation of care and services through resident and relative meetings, surveys and face to face discussions. Documentation evidenced that consumers are engaged and supported in providing input on service delivery and evaluation of care and services.

Management described how the governing body is involved in the delivery of care and services via clinical governance framework that establishes cascading accountability from the service manager through various committees to the governing body. The organisation drives improvements and innovations using data from internal audits, clinical indicator reports, reportable incidents data, and consumer/staff feedback.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff were able to describe key principles of the organisation-wide governance systems, such as feedback and complaints and regulatory compliance. The service has policies and procedures that detail processes around each governance system to guide staff practice.

The service has a risk management framework to monitor and assess the high impact or high prevalence risks associated with care of consumers. Staff demonstrated knowledge of risk management at the service, including key areas of risk that had been identified and are being mitigated.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated a shared understanding of restrictive practices, including the need to obtain consent, prior to using any form of restraint and monitoring restraint when in use. Staff also demonstrated a shared understanding of antimicrobial stewardship and the principles of 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)