Performance

Report

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| Name: | SummitCare Baulkham Hills |
| Commission ID: | 1062 |
| Address: | 5 Bass Drive, Baulkham Hills, New South Wales, 2153 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 October 2023 |
| Performance report date: | 15 November 2023 |
| Service included in this assessment: | Provider: 8360 SummitCare Baulkham Hills (NSW) Pty Ltd  Service: 6961 SummitCare Baulkham Hills |

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 M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 3 November 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |

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 |

Findings

Consumers and representatives advised the Assessment Team that staff at the service treat them with dignity and respect, and staff demonstrated appropriate knowledge about individual consumers in their care and were able to provide appropriate detail related to each consumer’s background, identity and what was important to them. The Assessment Team observed staff interacting with consumers respectfully and with care, including gently redirecting consumers away from other consumers and discreetly assisting consumers with their mobility aids. When speaking about consumers, staff were respectful in how they referred to the consumer. The service environment is well maintained and facilitates a respectful and dignified life for consumers, with areas to sit with family and friends to have a coffee or quiet conversation both inside the building and outside in the garden areas.

However, the Assessment Team reported in their Assessment Contact report that not all consumers were receiving care that is dignified and respectful. The Assessment Team reported that some consumers are prevented from entering their bedrooms should they wish to do so due to some consumer bedroom doors being locked. The Assessment Team reported that this leads to some consumers being isolated in their bedrooms with their bedroom door closed and locked from the outside. Further, the Assessment Team reported that some consumer documentation in the service’s clinical care system was not individualised and reflective of the consumer and their situation.

In their response to the Assessment Contact report, the Approved Provider highlighted that the default setting on consumer bedroom doors is set as unlocked, however some consumers and their representatives request to lock their doors. In this scenario, the service undertakes a risk assessment prior to completing a directive for staff to lock a consumer’s door based on an agreed arrangement. The Approved Provider highlighted that the doors are always unlocked from the inside of each consumer’s room, hence allowing for easy functionality to exit the bedroom. The Approved Provider also highlighted that the service ensures continuity of care staff hence maintaining a focus on strong relationships between consumers, representatives and staff, and leading to a position where staff understand which consumers administer choice and preference to lock their door.

The Approved Provider referenced their plan for continuous improvement highlighting that improvement to consumer documentation is listed at the service, as well as advised that ongoing staff education on consumer documentation is provided, with a focus on consumer condition (physical and cognitive), and consumer current interests, goals and interventions to ensure effective care is delivered. The Approved Provider also highlighted that staff have ongoing engagement with Dementia Australia receiving external Dementia specific education and training.

After considering the Approved Provider’s response and the impact on consumers, I find the Approved Provider’s findings to be more compelling at this time in regard to each consumer being treated with dignity and respect, and with these considerations, I find the service compliant in Requirement 1(3)(a).

# 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 |

Findings

The service demonstrated a planned workforce that effectively enables delivery of safe and quality care and services. Consumers and representatives advised the Assessment Team that there are sufficient staff at the service to best support their needs and preferences. The Assessment Team reviewed consumer documentation and undertook site observations that demonstrated an effective workforce, including the number of staff and the mix of staff at the service. The organisation highlighted their ongoing monitoring and review of staffing levels to ensure consumer needs are routinely met.

The Assessment Team’s review of service call bell reports highlighted that consumer call bell requests are responded to promptly. Management explained that staffing requirements are determined by care minute requirements, however changes are made if specific consumer care needs require additional staffing.

With these considerations if find the service compliant in Requirement 7(3)(a).

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)