Performance

Report

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| Name of service: | Village Baxter - Manor |
| Service address: | 8 Robinsons Road FRANKSTON SOUTH VIC 3199 |
| Commission ID: | 4267 |
| Approved provider: | Baptist Village Baxter Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 February 2023 to 10 February 2023 |
| Performance report date: | 24 March 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 Village Baxter - Manor (**the service**) has been prepared by K. Reed, 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.
* the Approved provider’s response received 28 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers were treated with dignity and respect, and their culture and diversity valued. Staff were familiar with consumers’ backgrounds and preferences, and how these impacted on their care. Staff were observed speaking caringly and respectfully to consumers, sitting with consumers and being attentive when assisting consumers with their meals. Information on consumers’ rights was displayed at the entrance and in prominent areas of the service. Care planning documents contained information about consumers’ past and present interests and preferences.

Consumers received care and services that were culturally safe. Consumers’ cultural needs and preferences were captured during entry to the service and recorded in care planning documents. The service had policies and procedures to align with dignity and respect for the consumers.

Consumers were supported to exercise choice and independence regarding how their care and services were delivered, and to maintain connections and relationships. Staff described ways they supported consumers to exercise choice on a day-to-day basis, such as consumers preferences for female staff to assist with activities of daily living. Care planning documents identified the consumers’ individual choices regarding how care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

Consumers were supported to take risks which enabled them to live their best lives. The service undertook risk assessments for consumers who wished to take risks. Care planning documents evidenced the service supported consumers to make informed choices about their care and any accompanying risks. The organisation had policies and procedures which outlined its risk management system to guide staff practice.

Consumers and representatives were provided information that was accurate, current and easy to understand, and enabled them to exercise choice. Staff described ways in which information was provided, including for consumers who may have difficulty communicating or living with cognitive impairments.

Consumers’ privacy was respected, and their personal information kept confidential. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locked unattended staff rooms, password protection of computers and knocking on doors prior to entering the consumers’ room.

# 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 were satisfied with the care and services provided. Staff described the assessment and care planning process, and how it informed delivery of care and services. Consumer files evidenced a comprehensive assessment and care planning processes to identify needs, goals and preferences. Staff had a shared understanding of the assessment and planning processes, including the consideration of individual risks for consumers. Advance care planning and end of life planning were included and updated as the consumer’s care needs changed.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. This was reflective of consumer and representative feedback.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Care planning documents were reviewed bi-monthly, or earlier if any changes to a consumer’s condition was recognised or any incidents occurred.

# 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 received personal and clinical care that was right for them and met their needs and preference. The service had processes in place to guide staff on restrictive practices, skin integrity and pain management. Restrictive practices were managed in line with legislative requirements. Care documentation confirmed staff were using strategies and clinical management policies and procedures to guide and deliver effective and individualised care.

Care planning documents identified high impact and high prevalence risks were effectively managed by the service, and strategies were implemented to minimise risks. Consumers and representatives were satisfied risks were well-managed. The service had a number of policies and procedures to inform staff as to the management of high impact and high prevalence risks.

Care planning documents confirmed consumers who were nearing end of life, had their dignity preserved and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service partners with the Local palliative care provider with end-of-life care. Consumers confirmed their end of life preferences, needs and goals had been discussed and recorded.

Staff said they recognised and responded to deterioration or changes in consumers’ conditions and reported or escalated these as relevant. Care planning documents supported deterioration was identified and strategies were applied if relevant to improve consumers’ conditions. This corroborated with consumer and representative feedback. The service had registered staff rostered 24 hours per day and access to after hours clinical and medical assistance.

Progress notes, care and service plans, and handover reports provided adequate information to support effective and safe sharing of consumers' information to support care. Staff described how information and up-to-date conditions, needs, and preferences were documented in the service’s electronic care management system.

The service had a network of approved individuals, organisations and providers they referred consumers to. Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers. Consumers confirmed referrals were made in a timely manner and in consultation with the consumer.

Consumers and representatives were satisfied with the service’s management of infection control practices especially during COVID-19. The service had an Infection Prevention Control lead, and policies and procedures to guide staff. Staff understood infection minimising strategies and outlined the service’s approach to minimising use of antibiotics including non‑pharmacological strategies. Staff were observed to be adhering to best practice guidelines in relation to infection control.

# 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 expressed satisfaction with the services and supports provided for daily living which met their needs, goals, and preferences. Care planning documents reflected consumers’ preferred activities, and the services and supports required to support this. Multiple lifestyle activities were observed taking place at the service. The service’s memory support unit had dedicated lifestyle staff seven days a week. Staff demonstrated an understanding of what was important to consumers and what they liked to do.

Consumers felt supported to maintain social, emotional, and spiritual connections which were important to them. Staff described additional support provided for consumers experiencing a change in mood, such as offering support and talking to consumers who were feeling low. Care planning documentation contained information about consumers’ emotional and spiritual or psychological well-being and how staff could support them.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents evidenced consumers participated in the community, pursued their interests, and maintained personal and social relationships.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers felt confident information was adequately communicated. Staff confirmed any changes to the condition, needs and preferences of the consumers was communicated through handovers and emails and recorded in the electronic care system.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community, as well as local school children to conduct activities with the consumers. Consumers confirmed they were supported by other organisations.

Consumers expressed satisfaction with the quality and quantity of the food. Care planning documents included information on dietary needs or preferences, and hospitality staff described how they were kept informed of these. Kitchen processes were observed to be organised with updated certifications. Meals were cooked freshly on site and a seasonal menu reflected different meals across the week. The service was committed to continually reviewing and improving the dining experience of consumers.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean, and well maintained. Staff said they had access to equipment they needed, and when issues were identified, they were reported to maintenance.

# 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

The service was welcoming, with sufficient light and handrails to support consumers to move independently. Consumers confirmed the service environment was easy to navigate, welcoming and homely. Consumers were observed having morning tea, meals and socialising together in the lounge areas.

Consumers and representatives said the service environment was safe, clean, well maintained, and enabled consumers’ free movement within and outside of the service. All areas of the service were observed to be safe, well-serviced, and maintained at a comfortable temperature. Staff supervised consumers from the memory support unit to access outdoors areas and consumers were observed in courtyard areas enjoying the sunshine during the site audit.

Consumers felt safe when staff used equipment with them. The service had a preventative and reactive maintenance program. Furniture, fittings, and equipment were observed to be safe, clean, and suitable for the use and needs of the consumer.

# 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 were supported to provide feedback and make complaints. To improve the delivery of care and services, management advised the service had an online tool to manage feedback, alongside the monthly consumer meetings. Feedback forms, collection boxes, and links to the online feedback system were available throughout the service.

Consumers and representatives were aware of and had access to advocates and other methods for raising and resolving complaints. External resources including advocacy and language service were available, and information on accessing advocacy or interpreter services were available around the service. Observations confirmed brochures for advocacy services, external complaints and language support services were on display.

The service had processes to follow when feedback or a complaint was received including the use of open disclosure and an apology when things went wrong. Documentation and consumer feedback confirmed, the service acted in a timely manner responding to complaints and an open disclosure process was applied. Consumers and representatives confirmed the service responded in a timely and appropriate manner when feedback was provided.

The service had systems in place to record and trend complaints, feedback, compliments, and suggestions. All feedback and complaints were reviewed and used to improve the quality of care and services. Consumers provided feedback that surveys, meeting and feedback was used to improve the care and services they received.

# 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 ensured the allocation of staffing was adequate to meet the care and service delivery needs of consumers. Consumers and representatives confirmed there was sufficient staff to meet consumers’ needs, and staff responded promptly when assistance was required. Members of the workforce said staffing levels were sufficient to respond to consumers care needs in a timely manner.

The workforce interacted with consumers in a kind and caring manner, and staff were respectful of each consumer’s identity, culture, and diversity. Consumers, representatives and observations confirmed, staff were treating consumers kindly, and addressed them by their preferred name. Organisational documentation promoted a culture of kind and respectful care.

Consumers and representatives felt staff were competent, and confident they were skilled to meet their care needs. Staff were suitable for, and competent in their roles. Recruitment and orientation processes were comprehensive ensuring suitable and qualified staff were employed by the service.

All members of the workforce said they were trained, equipped and supported to deliver safe and effective care. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

Staff confirmed biennial performance appraisals were conducted, and management was actively engaged in observing the performance of staff. Records confirmed staff performance was monitored effectively. The service had policies and procedures which support the management of staff performance and provided instruction to management when issues in performance were identified.

# 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 said the service was well-run and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Consumers and representatives were engaged through a variety of ways, including meetings, surveys, audits, care planning consultations, feedback forms, and directly with the service’s workforce.

The service had governance systems in place to support effective consumer engagement, service delivery, systems development, and risk management. The service received a grant for the Board and entire leadership team to participate in a ‘Governing for reform’ coaching sessions delivered by a leading global advisory company. Management said the training had supported effective organisational governance. The service had an appropriate policy framework to ensure a culture of safe and inclusive care was maintained.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management confirmed the governing body was engaged with an external industry body to keep abreast of regulatory changes in aged care.

Risks were reported, escalated and reviewed at service level. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme. Risks related to incidents were managed with an effective on-call service, progress notes, workshops for reportable incidents, handover meetings, and senior management team meetings.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated their understanding of open disclosure, antimicrobial stewardship, and ways to minimise restrictive practices and provided practical examples.

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)