BaptistCare Warabrook Centre

Performance Report

12-24 Casuarina Circuit
WARABROOK NSW 2304
Phone number: 02 4903 6800

**Commission ID:** 0515

**Provider name:** BaptistCare NSW & ACT

**Assessment Contact - Site date:** 7 March 2022

**Date of Performance Report:** 5 April 2022

# Performance report prepared by

E Woodley, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the Assessment Contact - Site report received 31 March 2022.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumers’ experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care and service records and interviewing consumers, representatives and staff about safe and quality care and service delivery. The Assessment Team also examined other relevant documents.

Overall, consumers and representatives interviewed by the Assessment Team considered that consumers receive personal care and clinical care which is safe and right for them.

Although the feedback from consumers and representatives was very positive in relation to the care the consumers receive, the Assessment Team identified deficits in regard to chemical restraint, and wound and pain management for sampled consumers. Documentation reviewed and discussions with management and care staff show the organisation’s related policies and procedures and best practice guidelines are not being followed. For the consumers sampled, personal and clinical care has not been tailored to their needs and has not optimised their health and well-being regarding wound management.

The Assessment Team identified gaps in the management of high impact and high prevalence risks associated with the care of consumers sampled. This includes consumers weight monitoring and management, catheter care, bowel and behaviour management. The organisation’s policies and procedures were not consistently followed.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

Although the feedback from consumers and representatives was very positive in relation to the care the consumers receive, the Assessment Team identified deficits in restrictive practice, wound and pain management. The Assessment Team identified that for consumers prescribed chemical restraint, staff are not implementing organisational policy including obtaining a current authorisation from the consumer or substitute decision maker, and demonstrating the administration of chemical restraint is a last resort after non-pharmacological interventions are evaluated as ineffective. For one consumer with chronic pain, the Assessment Team identified minimal pain monitoring to optimise the consumer’s health and well-being. Documentation reviewed by the Assessment Team indicated inconsistencies in wound management evaluation, assessment and treatment for consumers sampled.

The approved provider’s response includes some additional information regarding the clinical monitoring and documentation for consumers identified in the Assessment Contact report. The approved provider’s response acknowledges the gaps identified in the Assessment Contact report and outlines continuous improvement actions commenced since the Assessment Contact. This includes staff education and training, review of all restrictive practices in place including completion of consent forms and updating of behaviour support plans. For the consumers identified in the Assessment Contact report, the approved provider demonstrated assessment and review of their care and services have occurred, including with specialist services as required.

While the approved provider’s response demonstrated some additional clinical monitoring and documentation for consumers, overall, at the time of the Assessment Contact the service did not demonstrate consumers consistently received clinical care that was best practice, tailored to their needs, and optimised their health and well-being.

I find this requirement is Non-compliant.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team identified deficits in the identification and management of high impact and high prevalence risks associated with the care of some sampled consumers. Documentation reviewed by the Assessment Team did not support that the service is effectively monitoring consumers weight and identifying any consumers at risk of unintended weight loss. Five consumers were identified to have lost weight, with minimal or no intervention or monitoring to manage this risk. For one consumer, the management of their catheter and bowel management has not been effective in minimising associated risks.

For the consumer identified in the Assessment Contact report with gaps in their catheter and bowel management, the approved provider’s response included some additional information that demonstrated while documentation had some inconsistencies, overall management of these risks was generally effective.

The approved provider’s response identifies that for some consumers, unintended weight loss had been identified prior to the Assessment Contact and some interventions were implemented. However, this was not consistent for all consumers identified in the Assessment Contact report, or interventions were not effective in managing the risk of further weight loss.

While the approved provider demonstrated that some high impact or high prevalence risks associated with the care of consumers were identified, and some strategies in place at the time of the Assessment Contact, this was not consistent for each consumer, or effective in managing associated risks.

I find this requirement is Non-compliant.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

### 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.*

The approved provider must demonstrate:

* Consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being.
* Restrictive practice processes are best practice, including used as a last resort, and with informed consent from the consumer and/or representative.
* Prevention and management of consumer wounds is in line with the organisation’s policies and optimises consumer’s health and well-being. This includes that wounds are appropriately assessed, managed, and monitored.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The approved provider must demonstrate:

* The high impact or high prevalence risks associated with the care of each consumer are effectively identified and managed.
* Interventions to minimise high impact and high prevalence risks are reviewed for effectiveness.
* The service has implemented all continuous improvement actions identified in their response.