Baptistcare Bethel

Performance Report

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ALBANY WA 6330  
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**Commission ID:** 7206

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Site date:** 3 September 2020

**Date of Performance Report:** 23 December 2020

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **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 Commission’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 1 October 2020.

# STANDARD 3 Non-compliant Personal 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

The Assessment Team assessed Requirements 3(3)(a) and 3(3)(b) as part of this assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team has recommended both Requirements are not met. Based on the Assessment Team’s report and the Approved Provider’s response I consider both Requirements are Non-compliant. The reasons for my decisions are detailed under the specific Requirements below.

### 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.*

While the Assessment Team found the service has a suite of policies and procedures that guide practice for personal and clinical care that includes the minimisation of use of restraint they also found the service was unable to demonstrate that it uses best practice in relation to the appropriate use of chemical restraint. For one consumer a chemical restraint is administered to manage their behavioural symptoms of dementia in a way that is not in line with best practice. The service could not demonstrate the chemical restraint was used as a last resort and other non-pharmacological strategies were trialled prior to its use.

The Assessment Team based this finding on the following evidence:

* A consumer with diagnoses including Alzheimer’s dementia and memory impairment is prescribed an antipsychotic medication to be administered as required (PRN) for the management of behaviours.
* The consumer has a restraint authority in place that has been reviewed as per the service’s policy every 12 weeks with the most recent review undertaken in August 2020. The restraint authority assessment indicates the interventions in place to use prior to administering the medication to manage challenging behaviours include reassurance, a drink, checking for signs of pain and massage.
* The consumer was administered the PRN medication eight times within a five-week period for ‘agitation and behaviours’. However, progress notes indicate that only on one occasion during that period was the consumer offered a drink when they displayed agitation. The progress note entry did not indicate other non-pharmacological strategies were used prior to the administration of the medication, nor did they record the effectiveness of the medication.

On 1 October 2020 the Approved Provider submitted their response to the Assessment Team’s report acknowledging the above finding and maintaining non-pharmacological strategies are consistently used by all staff prior to the administration of chemical restraints however, the use of these strategies has not been appropriately documented by clinical staff.

The Approved Provider delivered training to clinical staff in September 2020 in relation to the correct and appropriate documentation of assessments, interventions and evaluations of care being delivered. Further documentation and care planning training was provided to all clinical staff in October 2020. Clinical documentation will be monitored by senior clinical staff to ensure the training results in sustained improvements in staff practice. Hub meetings attended by all staff have been recommenced (after being discontinued due to COVID-19 restrictions) to encourage sharing of consumer needs and current care challenges to ensure care remains effective and appropriate.

I acknowledge the Approved Provider’s proactive approach to address the identified deficits by providing training and reintroducing a previously effective regular team meeting to discuss consumers’ care needs and resolve concerns promptly. Despite the action taken the evidence shows the service could not demonstrate a chemical restraint was used as a last resort for one consumer, and other strategies were trialled prior to its use, at the time of the assessment contact visit.

For these reasons I find Baptistcare Bethel Non-compliant with Requirement 3(3)(a).

### 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 found the service updates their workforce on relevant legislation and best practice standards for managing high impact and high prevalence risks when caring for consumers through regular training, updates to policies and procedures and staff meetings.

While the Assessment Team found the organisation has documented best practice guidelines and tools to prevent and manage high impact and high prevalence risks to consumers, these are not consistently followed by the workforce, impacting consumers.

The Assessment Team found the service did not demonstrate an effective system and process were in place for prompt identification, effective assessment and monitoring of pressure injuries for one consumer, and the service did not demonstrate effective processes were in place to ensure expiry date checking of medications occurs to reduce consumers’ risks associated with severe hypoglycaemia. In addition, the afternoon handover process in one section of the service was not consistently effective in providing the workforce with sufficient information to ensure they can respond promptly and appropriately to high impact and high prevalence risks to consumers.

The Assessment Team based these findings on the following evidence:

* Information from staff and progress notes indicated a consumer with pre-existing impaired mobility showed signs of general decline over a two-month period in early 2020.
* The organisation’s Pressure Injury Prevention and Management policy directs staff to reassess a consumer when there is a significant change in their health status and develop a care plan outlining individual strategies to prevent and manage the risk of pressure injuries.
* There was no reassessment of this consumer’s pressure injury risk or review and update of their care plan for nine months despite their general decline and the development of a pressure-related injury. When this assessment was completed additional pressure minimisation strategies were added to the consumer’s care plan.
* While progress note entries included reference to the use of pressure relieving strategies additional to those listed on the Braden assessment, records do not confirm these additional strategies were consistently implemented to prevent pressure-related injuries.
* When staff first identified a pressure injury on the consumer’s heel the wound was classified as a deep tissue injury measuring 30mm by 50mm. Over the next four months the pressure injury deteriorated further.
* Clinical staff were not consistent in how they assessed the consumer’s heel pressure injury. Over a two-week period, the wound was classified as a suspected deep tissue injury, a stage 1 pressure injury, a stage 2 pressure injury and unstageable. Records of how the wound appeared at each assessment did not consistently correspond with the best practice wound descriptors used to help clinicians determine the stage of a pressure injury. Incorrect assessment results in incorrect treatment increasing the risk of ongoing damage.
* The Assessment Team found both Glucagon kits, used to provide urgent treatment of a severe hypoglycaemic episode, had expired. Ineffective Glucagon could put a consumer’s life at risk.
* Care staff working in a specific area of the service reported they did not consistently receive a handover at the beginning of an afternoon shift.

On 1 October 2020 the Approved Provider submitted their response to the Assessment Team’s report acknowledging the Assessment Team’s findings relating to pressure injury prevention, assessment and management, and expired medication.

The Approved Provider delivered toolbox training to staff in September 2020 in relation to pressure risk assessment, pressure management and wound assessment including measurements and photographs. Additional formal training was provided to clinical staff in October 2020 in relation to wound care, pressure area care, pressure wound management and associated care planning. This training will occur six monthly and documentation, including wound assessments, will be monitored by senior clinical staff to ensure the training results in sustained improvements in practice. All consumers have had full body skin assessments completed and care plans have been reviewed and updated in relation to pressure injury prevention as required. Senior clinical staff will oversee audits of medication to ensure expiry dates are checked and that all medication is within date.

The Approved Provider explained the current afternoon handover process for care staff and the positive impact it has had on reducing consumer incidents as care staff go straight to the floor. While the Approved Provider maintains care staff have access to current consumer information on iCare, in handover files and through verbal handover from clinical staff as required for more recent events and changes, they have provided toolbox training sessions to all staff reminding them of where this information can be found.

I acknowledge the Approved Provider’s proactive approach in addressing the identified deficits as detailed above. In relation to concerns raised about the afternoon handover process I accept the Approved Provider’s explanation and have not been presented with evidence to show this has had an adverse impact on consumers.

Despite action taken in relation to pressure injury prevention, wound care and monitoring medication expiry dates evidence shows the service did not effectively manage these high impact risks and no remedial action had been taken to address these deficits prior to the assessment contact visit occurring.

For these reasons I find Baptistcare Bethel Non-compliant with Requirement 3(3)(b).

# 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.

**Standard 3 Requirement (3)(a)**

* Ensure all clinical staff can demonstrate their understanding of the requirement to implement non-pharmacological behaviour management strategies prior to administering medication prescribed for this purpose.
* Ensure all clinical staff can demonstrate their understanding of the requirement to assess and document the effectiveness of non-pharmacological and pharmacological behaviour management interventions to guide future care planning.
* Ensure a process is in place to monitor clinical staff compliance with the above actions to determine if training has been effective in achieving sustained improvements in practice, and if not, implement additional measures.

**Standard 3 Requirement (3)(b)**

* Ensure all clinical staff demonstrate their understanding of the requirements of the service’s Pressure Injury Prevention and Management policy.
* Ensure clinical staff compliance with the service’s Pressure Injury Prevention and Management policy is monitored to ensure training has been effective in achieving sustained improvements in practice, and if not, implement additional measures.
* Ensure clinical staff demonstrate their understanding of accurate wound assessment processes, including measuring, photographing and documenting.
* Ensure relevant staff demonstrate their understanding of the process used to monitor and replace medication that has or is close to expiring.
* Ensure staff compliance with checking and replacing expired medication is monitored to ensure practice improves.

# Other relevant matters

**Standard 8 Requirement (3)(c) - regulatory compliance**

The Assessment Team identified the service does not consistently evaluate the effectiveness of existing behaviour management strategies used to support consumers who are involved in incidents that are not reported under the ‘discretion not to report’ area of legislation. While the service completes documentation and other assessments (including pain) to investigate triggers for behaviour, it does not always evaluate the effectiveness of the behaviour management strategies in place within 24 hours of the incident occurring.

I encourage the Approved Provider to review this area of practice and take remedial action as deemed appropriate to ensure all aspects of the legislated reporting requirements are met.