Baptistcare Bethel

Performance Report

2 Bethel Way
ALBANY WA 6330
Phone number: 08 9842 3263

**Commission ID:** 7206

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Site date:** 9 March 2021

**Date of Performance Report:** 8 June 2021

# 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

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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 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 provider’s response to the Site Audit report received 12 March 2021.

# 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 consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

The Assessment Team identified that ongoing issues remain in the service in relation to the effective identification and risk management of the development of pressure injuries. The service was also unable to demonstrate effective clinical care for one consumer, specifically in relation to diabetes management and review by the general practitioner in response to changes in the consumer’s needs. Furthermore, the Team identified that environmental restraints were not reviewed.

On the other hand, the service demonstrated improvements have been effective in addressing some of the deficits identified in a previous Assessment Contact at the service. This included previous gaps in medication management, processes related to wound documentation, and the management of chemical restraint according to best practice.

The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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.*

The Assessment Team reviewed a sample of consumer documentation and identified care was not consistently safe, effective, or tailored to the needs of a consumer, with particular concerns regarding diabetic management, weight monitoring, and environmental restraints.

One sampled consumer with diabetes was identified by the Assessment Team to have had a recent four-day period where the consumer’s blood glucose levels were repeatedly outside the parameters documented in their directive for blood glucose monitoring. However, the consumer’s progress notes did not indicate that staff managed the care according to the organisation’s policy for diabetes management. Staff also did not adequately implement the directive for the consumer to be referred to the GP when abnormal blood glucose levels occur; although staff had notified the GP of the circumstances via fax, they did not follow up after receiving no response over two days. This consumer had also exhibited other symptoms of concern and their analyses were faxed to the GP with no response, and staff similarly did not follow up to ensure the consumer’s well-being. This same consumer also gradually lost weight over a few months and the consumer’s representative stated that the consumer appeared to be ‘weaker lately’, but weight monitoring charts were incomplete, and there was no consideration given to monitoring food and fluid intake to ensure the current care provided was tailored to their needs.

The Assessment Team identified that the service has environmental restraints in place that are not managed to best practice. Although consent has been received, the Team did not identify that the service reviews the use of these environmental restraints, nor are their use recorded in the service’s restraint register.

On the other hand, the Assessment Team found the service to have satisfactorily improved in medication management and use of chemical restraints, which were identified deficits in a previous Assessment Contact at the service.

The provider has since responded that they will review procedures, policies, environmental restraints in place, and residents currently on diabetes management to ensure best practice is maintained. Further training will also be provided to staff. Regarding the consumer with concerns identified, the provider has noted actions completed or to be actioned to address deficits in their care.

Based on the evidence at the time of assessment, I find this requirement 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 reviewed a sample of care documentation and identified that the service was able to demonstrate it effectively manages high impact risks associated with falls and behaviour management. However, the Assessment Team did not identify the service effectively manages the risk of pressure injury, which was a concern similarly identified in a previous Assessment Contact at this service.

Although the Assessment Team identified that the service has since addressed the risk of pressure injuries for consumers sampled in the previous Assessment Contact, they noted the service was unable to demonstrate that it has similarly managed these risks for other consumers. For example, the Assessment Team identified two consumers who were identified as being a high risk for developing pressure injuries, however, staff failed to identify pressure injuries during its early stages; one consumer has since acquired a stage 2 pressure injury, and another consumer has an unstageable wound with its first identification occurring at stage 3. Investigation by the service into the care of these consumers had found that the causes related to staff not checking skin during activities of daily living, care staff may lack awareness concerning the subject area, and clinical staff did not understand the staging of pressure injuries.

The provider has since responded that they will implement further training in pressure injuries and skin integrity to all staff, complete comprehensive reviews and assessments of all consumers with a pressure injury, conduct wound audits and regular checks of residents at high risk to pressure injury, and other relevant actions.

Based on the evidence at the time of assessment, I find this requirement 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.*
* Ensure staff demonstrate appropriate diabetic management for consumers, including following directives from health professionals and internal policies regarding diabetes management.
* Ensure there is a process to review environmental restraints for consumers.
* Ensure care for consumers is monitored and optimised to ensure it remains tailored to their needs and well-being, including follow up with a GP (where appropriate) if there are changes to a consumer’s needs.

### Requirement 3(3)(b)

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

* Ensure all clinical staff are trained regarding skin integrity and associated care, and they understand the early identification of pressure injuries and their interventions.
* Ensure care staff receive basic training to develop their awareness of skin integrity management.
* Ensure all consumers at high risk of pressure injuries are assessed and regularly reviewed to ensure early identification of pressure injuries can occur.