Baptistcare David Buttfield Centre

Performance Report

649 North Beach Road   
GWELUP WA 6018  
Phone number: 08 9210 9400

**Commission ID:** 7275

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Site date:** 29 April 2021

**Date of Performance Report:** 13 August 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)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | 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 Approved Provider’s response to the Assessment Contact - Site report received 28 May 2021.

# 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed.

While the Assessment Team found that overall, consumers and representatives are satisfied with the care provided, they have recommended Requirement (3)(b) as not met because the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to management of falls, weight loss and complex wounds.

Based on the Assessment Team’s report and the Approved Provider’s response I find Baptistcare WA Limited, in relation to Baptistcare David Buttfield Centre, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### 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 was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to management of falls, weight loss and complex wounds. The Assessment Team provided the following information and evidence relevant to my finding, in relation to three consumers:

In relation to Consumer A:

* Nursing staff indicated the consumer’s leg wound was deteriorating with bone exposed.
  + The wound management plan for this wound did not identify the type of wound, nor was the dressing regime consistent with the directives provided by the residential care line (RCL) or in accordance with best practice.
  + The Assessment Team viewed one wound photograph of this wound which confirmed interviews with nursing staff that either bone or tendon was exposed.
* Consumer A has a wound on their other leg which the wound management plan does not identify the type of wound and there were no photographs of this wound.
  + The dressing regime for this wound was not consistent with the directives provided by the RCL.
* The service did not provide evidence of referral to a specialist, such as a vascular clinic for assistance with treating Consumer A’s wounds.
* Consumer A indicated their wounds cause them lots of pain and while nursing staff administer pain medications, it only provides temporary relief.
  + Management acknowledged the consumer’s wounds are painful and they required ‘as required’ pain medication prior to wound dressing changes. However, the consumer’s wound management plan does not direct staff to provide ‘as required’ pain medication prior to wound dressings.
* The consumer has lost approximately 10kgs since moving into the service in March 2021. While management reported the consumer’s weight loss is due to fluid loss resulting from medication, the Assessment Team note the consumer was only on this medication for one week in April 2021.
  + The RCL directive requested the service weigh the consumer weekly from mid-March 2021, however, this was not completed, and management reported they had not made a referral to a dietitian for advice regarding dietary strategies to aid wound healing.
* The consumer is an insulin-dependent diabetic, however, the consumer does not have a diabetic management plan.

In relation to Consumer B:

* The consumer’s falls prevention strategies are not effective as the consumer has had 16 falls in a three-month period and falls prevention strategies have not been reviewed for effectiveness.
  + Care staff interviewed indicated the consumer was a high falls risk and the consumer was ‘easier to manage’ when sitting in a wheelchair, rather than when the consumer was in bed where they become restless and try to get out of bed.
  + The Assessment Team observed the consumer to be in bed at 4.30pm, with their bed not at its lowest height. The consumer’s care plan does not indicate a preference time for settling.
  + Three falls incidents in February 2021 identified the consumer fell in the evening trying to transfer themselves back to the wheelchair.
  + Seven of nine falls incidents in March 2021 demonstrated falls occurred in the evening but the consumer’s care plan does not include the consumer is a higher falls risk in the evening.
  + While allied health suggested the consumer’s wheelchair be kept in the bathroom to minimise the risk of the consumer attempting to transfer without assistance, the incident reports note the consumer falls out of bed then crawls to the bathroom to transfer to the wheelchair.
  + Four falls incident reports in April 2021 have the same falls prevention strategies and there is no evidence the strategies have been reviewed for effectiveness.
* Staff are not trialling non-pharmacological strategies prior to the administration of ‘as required’ psychotropic medication, to ensure it is used a last resort.
  + Clinical staff said they show the consumer a video made by family when they were becoming restless which was sometimes effective, however, used ‘as required’ psychotropic medication when the consumer’s behaviour was unable to be managed. Staff continued to show the video to the consumer even when there were several documented occasions where the video increased the consumer’s agitation.
  + In March and April 2021, the consumer was administered ‘as required’ psychotropic medication on 26 occasions, and staff did not always document non-pharmacological interventions trialled prior to administration.
    - On eight occasions the medication was assessed as not effective or mildly effective, but this did not trigger a review of the medication.
  + Dementia specialists had reviewed the consumer and recommended the consumer’s pain be assessed and addressed when responsive behaviours, such as restless and agitation were presenting.
    - The care plan did not include assessment of pain prior the administration of ‘as required’ psychotropic medication and staff did not demonstrate they assessed the consumer’s pain prior to the administration of this medication.

In relation to Consumer C:

* The consumer’s weight chart showed the consumer had lost approximately seven kilograms over six months, however, there had been no referral to the dietitian when the consumer lost three kilograms in one month.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding to counter the Assessment Team’s response:

In relation to Consumer A:

* The service has continued to regularly reassess the consumer’s wounds and apply dressings as directed by the RCL nurses, with findings documented on a hard copy wound assessment and management form. This form allows four assessments to be documented and then a new form needs to be commenced, with the previous form filed in the consumer’s file.
* There are 41 wound photographs of the consumer’s wounds between 10 March 2021 and 24 May 2021. Wound photographs indicate all wound are improving.
* The medical officer has reviewed the consumer on 12 occasions since entering the service in March 2021 and found the ‘diabetes leg wound is likely to persist’. The consumer had been reviewed on two occasions by the medical officer in relation to pain prior to the Assessment Contact and nurses administer pain medication prior to wound dressing changes.
* The consumer was booked to see a dermatologist in April 2021, but these were delayed due to the family being unable to take the consumer to the appointment.
* Staff have not been completing wound documentation or photographs in accordance with the organisation’s processes, including not using the electronic care system.
* The consumer now has a diabetic management plan.
* The consumer moved into the service already prescribed medication which results in fluid loss and at the end of March 2021, nursing staff requested the medical officer to review this medication and the medication was subsequently ceased. The consumer’s weight has increased since cessation of the medication. The Approved Provider acknowledge the consumer was not referred to a dietitian to support wound healing and actions have been implemented to support a dietitian.

In relation to Consumer B:

* Several behaviour charts have been completed for the consumer in response to a variety of responsive behaviours.
* The consumer has been reviewed by the medical officer on 21 occasions in an approximate three-month period, including following falls.
* The dementia specialist report from March 2021 directs staff to conduct regular pain assessments at differing times of the day, before, during and after movement and when showing signs of agitation.
* The consumer’s care plan includes recommendations from specialists and that ‘as required’ psychotropic medications are to be used a last resort.
* Several pain charts have been completed between 1 March 2021 and 25 May 2021, with 126 pain assessments completed with regular and ‘as required’ pain medications prescribed.
* The sleep assessment does not identify when the consumer prefers to be settled in bed.

In relation to consumer C:

* A malnutrition screening tool completed on 24 March 2021 found the consumer to be low-risk of malnutrition. While the consumer was identified as having lost almost four kilograms in three-months, a review found the consumer to be eating well and on fluid restriction due to health conditions which can affect weight.
* Since the Assessment Contact, the consumer has been reviewed by a dietitian with no significant concerns identified.

The service are implementing actions in response to the Assessment Team’s finding, which include (but are not limited to):

* All wounds will be reviewed and transferred to the electronic care system, including wound photographs.
* A wound chart is to be commenced for each separate wound.
* Education will be provided to nurses in relation to wound care management and documentation, nutrition and hydration, behavioural management and pain assessment.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the improvement actions to be initiated by the service and further information provided in relation to Consumers A, B and C. However, I find at the time of the Assessment Contact, the service did not demonstrate they had effectively managed high impact or high prevalence risks associated with the care of each consumer.

In coming to my finding, I have considered that Consumer A’s significant wounds have not been dressed, assessed or monitored in accordance with specialist directives or the organisation’s wound management processes to ensure the wounds are being monitored and managed in response to changes in the wounds. While the Approved Provider asserts the RCL and medical officer have regularly reviewed the wounds and 41 wound photographs of both wounds have been taken between 10 March 2021 and 24 May 2021 indicating wounds are healing, I have relied upon interviews with staff who have indicated a wound has bone exposed and the wound was not re-dressed in accordance with RCL directives. Additionally, while the Approved Provider asserts 41 photographs have been taken across an approximately seven-week period, this does not support that photographs have been used to support effective wound assessment and monitoring and while the Approved Provider stated staff were using a hard-copy wound assessment form, this was not provided as evidence to support effective monitoring and review of the wound. I have also considered the consumer indicated their pain is not effectively managed and the care plan did not direct staff to administer pain relief prior to wound dressing changes. Additionally, the consumer did not have diabetic management plan to manage their high-risk condition of insulin-dependent diabetes and weights were not completed in accordance with specialist directives.

In relation to Consumer B, while the Approved Provider asserts several behaviour charts have been completed, with 21 medical officer reviews, this does not demonstrate that staff have effectively assessed and monitored pain in accordance with behavioural specialist directives. I have considered the consumer continues to exhibit responsive behaviours and staff continue to administer ‘as required’ psychotropic medications without documenting consideration and management of pain or trailing of alternative non-pharmacological strategies. The behavioural specialist is prescriptive as to the completion of pain assessments, but the Approved Provider has not demonstrated that pain has been considered in the first instance when behavioural responses become apparent. Additionally, the consumer continues to have ongoing falls, but the service was unable to demonstrate falls prevention strategies are reviewed for efficacy following each fall. The Assessment Team’s report indicates there are trends and common triggers for the consumer’s falls which have not been identified by the service to ensure strategies are tailored, including the consumer’s restlessness in bed and wanting to transfer back into their wheelchair from bed in the late afternoon/early evening to minimise risk associated with this consumer’s care.

In relation to Consumer C, I have considered the Approved Provider has indicated the consumer’s malnutrition risk was assessed and oral intake monitored during the consumer’s weight loss over a three-month period. While no documented evidence was presented by the Approved Provider in relation to Consumer C, I have considered the service has responded with a dietitian review to check the consumer’s status with no significant nutritional deficits identified.

For the reasons detailed above, I find Baptistcare WA Limited, in relation to Baptistcare David Buttfield Centre, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirements (3)(a) and (3)(c) in this Standard, all other Requirements in this Standard were not assessed.

The Assessment Team have recommended Requirement (3)(a) as met and Requirement (3)(c) as not met because the service was unable to demonstrate the workforce is competent and knowledgeable to effectively perform their roles.

Based on the Assessment Team’s report and the Approved Provider’s response, I find Baptistcare WA Limited, in relation to Baptistcare David Buttfield Centre, Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(c) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirements below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The Assessment Team provided the following information and evidence relevant to my finding of compliance:

* All consumers interviewed stated staff are kind and caring and generally provide care and services in a timely manner.
* Most staff interviewed confirmed there are adequate staff numbers to delivery timely and quality care.
* Staff were able to describe how staffing levels and allocations are identified based on consumers’ needs and preferences, and rosters and allocations viewed were in accordance with these examples.
* The Assessment Team observed sufficient staff numbers to provide care and services to consumers.

Based on the Assessment Team’s report and the Approved Providers’ response I find Baptistcare WA Limited, in relation to Baptistcare David Buttfield Centre, Compliant with Requirement (3)(a) in Standard 7 Human Resources.

### Requirement 7(3)(c) Non-compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found the service was unable to demonstrate the workforce is competent and knowledgeable to effectively perform their roles. The Assessment Team provided the following information and evidence relevant to my finding:

* Staff have not completed an appropriate wound management care plan with clear instructions for staff in relation a consumer with significant wounds. Wound care directives developed by senior nursing staff is not in accordance with best practice and wound specialist directives have not been included in the wound management plan.
* Documentation for one consumer does not support that staff administer ‘as required’ medications as a last resort or follow behavioural/dementia specialist recommendations before using this medication.
* Staff continue to use a behavioural management strategy for a consumer who has had this strategy identified as being ineffective and exacerbating of these behaviours on several occasions.
* In a four-month period, there were 37 medication administration and management errors attributed to staff non-compliance with policies and procedures.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding to counter the Assessment Team’s response:

* All registered nurses, enrolled nurses and medication-competent staff have completed online training modules in relation to various clinical aspects, including behavioural management training, Dementia Support Australia training, residential care line, medication management competencies, psychotropic management competencies, and nutrition and hydration.
* Training is in progress with registered staff in relation to the Serious Incident Response Scheme and the electronic care system.
* Management will undertake to provide refresher education to all staff in relation to online learning modules, which includes areas of deficiencies identified in Standard 3 Requirement (3)(b).

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the training undertaken by nursing and medication-competent staff and plan for management to undertake refresher training with relevant staff. However, at the time of the Assessment Contact, I consider the service did not demonstrate the workforce had the competency or knowledge required to effectively perform their roles. In coming to my finding, I have considered that clinical staff continued to provide a consumer with ‘as required’ psychotropic medication without consideration of the consumer’s pain in accordance with expected practice of registered clinicians and specific directives from specialists. I have also considered that staff did not complete wound documentation in accordance with the organisation’s processes or practice expected of registered clinicians. I find it reasonable that clinical staff should be identifying types of wounds, with relevant dimensions and descriptions of wounds with accompanying wound photographs to support effective wound assessment and monitoring. I have also considered the service did not identify staff are not completing wound care documentation in accordance with the organisation’s processes which were implemented in December 2020.

For the reasons detailed above, I find Baptistcare WA Limited, in relation to Baptistcare David Buttfield Centre, Non-compliant with Requirement (3)(c) in Standard 7 Human Resources.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(d) in this Standard at this Assessment Contact. All other Requirements were not assessed.

The Assessment Team have recommended Requirement (3)(d) as not met because the service was unable to demonstrate that staff practices support the risk management systems in relation to consumers living their best life and management of high impact or high prevalence risks associated with the care of each consumer.

Based on the Assessment Team’s report and the Approved Provider’s response I find Baptistcare WA Limited, in relation to Baptistcare David Buttfield Centre, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate that staff practices support the risk management systems in relation to consumers living their best life and management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* While the risk management framework is supported by regular clinical meetings and a quality governance committee at an organisational level, the ongoing use of psychotropic medications for one consumer, who also had ongoing falls and responsive behaviours, was not identified or monitored.
* Staff did not effectively monitor or manage one consumer’s chronic wounds in accordance with the service’s policies and procedures.
* A consumer reported to a staff member an allegation of financial abuse, however, this incident was not reported through the service’s incident management system for follow-up, investigation and review.
  + A staff member stated they had been informed about the allegation from another staff member and when they spoke to the consumer, they indicated there was no concern. This staff member and management confirmed there had been no incident form completed or incident investigation.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings. The Approved Provider submitted the following information and evidence relevant to my finding to counter the Assessment Team’s response:

* Staff are trained to respond effectively to incidents of abuse and to report this in accordance with legislation and organisational policies and procedures.
* Management interviewed the consumer involved in the allegation of financial abuse, who indicated they had not informed anyone about the incident.
* The incident has not been reported using the appropriate Serious Incident Response Scheme process and in accordance with the organisation’s policies and procedures.
* Risk management is reported and managed through the monthly quarterly indicators and benchmarking tools with other providers as a guide to managing systemic issues.
* Audit tool data is collected monthly or quarterly by care managers and entered in the organisation’s database for analysis, evaluation and action planning.
* The service uses evaluations from collected data through its systems and processes to develop improvements in care and services.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

I acknowledge the organisation has a framework for risk management, including identifying and responding to abuse and neglect of consumers, and management of high impact or high prevalence risks associated with the care of each consumer. However, I find that staff practices have not supported the effective implementation of this framework, including staff not acting in accordance with the service’s policies and procedures. In relation the consumer who reported an allegation of financial abuse, while the Approved Provider asserts the consumer, when interviewed on the day of the Assessment Contact, indicated they had not reported the incident, I have considered the Assessment Team’s interview with a staff member who indicated they were aware of the allegation and had spoken with the consumer. I consider this staff member did not recognise the significance of the allegation or act in accordance with relevant legislation or the organisation’s policies and procedures to respond appropriately to an allegation of abuse and to ensure the consumer’s safety and well-being.

I have also considered that while the Approved Provider asserts the service has an audit and quality indicator program to monitor performance, staff practices in relation to management of high impact or high prevalence risks are not supportive of an effective risk management framework, as staff are not completing wound care documentation in accordance with the organisation’s policies and procedures and monitoring processes did not identify the ongoing and ineffective use of psychotropic medications for one consumer.

For the reasons detailed above, I find Baptistcare WA Limited, in relation to Baptistcare David Buttfield Centre, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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.

* The service should seek to ensure:
* **In relation to Standard 3 Requirement (3)(b):**
  + Staff assess, monitor and document wound care and assessments for each individual wound and in accordance with the organisation’s processes to support effective monitoring of consumers’ high-risk wounds.
  + Staff use psychotropic medications as a ‘last resort’, exhausting all other strategies, including documentation triggers and ineffective/effective behavioural management strategies.
  + Staff provide clinical care in accordance with specialist directives to ensure minimise of risks associated with care.
* **In relation to Standard 7 Requirement (3)(c):**
  + Staff practices are monitored to ensure they meet professional practice standards and guidelines.
  + Staff work in accordance with the organisation’s systems and processes.
* **In relation to Standard 8 Requirement (3)(d):**
  + Staff act in accordance with the service’s policies and procedures, including in response to allegations of consumer abuse, and high impact or high prevalence risks associated with care to support an effective risk management framework.