Baptistcare Graceford

Performance Report

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**Commission ID:** 7176

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Site date:** 27 August 2020

**Date of Performance Report:** 7 January 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| 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 16 September 2020.

# STANDARD 3 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 Requirement 3(3)(b) within this Standard. No other Requirements within this Standard have been assessed.

The Assessment Team have recommended this Requirement is not met. Based on the Assessment Team’s report and the Approved Provider’s response I find this Requirement Non-compliant. The reasons for my decision are detailed 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 not all consumers high impact or high prevalence risks were effectively managed.

While the Assessment Team found the service conducts assessments, develops care plans, and seeks guidance from specialist services they found it did not:

* Re-assess a consumer’s skin integrity and risk of pressure injury when a pressure injury was identified on 26 May 2020. The last pressure risk assessment was completed in August 2019, and the most recent skin integrity assessment was completed on 5 April 2020.
* Evaluate pressure injuries to monitor risk of further deterioration and ensure strategies to assist in healing were implemented according to the consumer’s care plan. A pressure injury increased in size between May and August 2020.
* Monitor a consumer’s overall health and well-being to ensure it was being effectively managed, specifically in relation to returning a consumer to bed after lunch to relieve pressure on their buttocks.
* Implement the treatment orders of a specialist within a timely manner, including clarifying inconsistent orders.
* Ensure a medical practitioner’s directives to monitor weights more frequently than monthly and monitor fluid intake were followed.
* Monitor pain appropriately when prescribed PRN analgesia was being administered frequently (22 times in the 27 days prior to the assessment contact visit) and did not monitor the effectiveness of a newly prescribed topical anti-inflammatory treatment after it was commenced on 14 August 2020.
* Monitor risks associated with social isolation for a consumer with a significant hearing impairment.

On 16 September 2020 the Approved Provider submitted their response to the Assessment Team’s report inclusive of additional information and evidence relevant to the identified concerns.

In relation to a consumer’s skin integrity and risk of pressure injury not being re-assessed when pressure injuries developed, the Approved Provider identified an error in the wound descriptor on the wound assessment document. The clinician assessing the wound described it as a stage two pressure injury to indicate it was an open wound and clarified later in the document that it was an ulcer related to peripheral vascular disease. The Approved Provider maintains the consumer has no pressure injuries therefore a repeat pressure risk assessment was not required. The Approved Provider has reminded clinical staff not to use pressure injury classifications if wounds are not the result of unrelieved pressure.

In relation to a lack of monitoring resulting in a pressure injury increasing in size, as above, the wound was incorrectly described as a pressure injury. As the ulcer was related to peripheral vascular disease the increase in size could not be attributed to insufficient monitoring and poor pressure relieving strategies.

In relation to a second consumer who developed pressure injuries and was not being returned to bed after lunch to aid in relieving pressure, the Assessment Team’s report indicates the consumer does not have a preference to return to bed and likes to stay in their wheelchair to visit their spouse in another part of the facility later each afternoon. The Assessment Team’s report also indicates this consumer’s skin integrity was assessed two days before the unannounced assessment contact visit which prompted liaison with the continence advisor and review by the occupational therapist, also prior to the assessment contact visit, to review their continence aid and seating options to further minimise pressure. The Approved Provider’s response also includes evidence of the consumer stating their preference is to remain in their wheelchair after lunch.

In relation to staff not commencing treatment prescribed by a specialist in a timely manner, records submitted by the Approved Provider show the specialist’s letter was dated 13 August 2020 and stamped as received by the service (via normal post) on 19 August 2020. Additional records show the following sequence of events:

* 20 August - The specialist’s letter was uploaded into the electronic record management system and the medical practitioner was asked to review and consider the specialist’s recommendations.
* 21 August - The medical practitioner reviewed the consumer and prescribed the treatment.
* 25 August - The medication was received from the pharmacy and commenced.

The Approved Provider’s submission included a letter from the consumer’s medical practitioner who indicated the delay in commencing treatment was not unreasonable and had no adverse impact on the consumer. While some staff told the Assessment Team the treatment had not been commenced as they did not know where to apply it records submitted by the Approved Provider confirm the treatment commenced two days before the assessment contact visit.

In relation to a consumer with a severe hearing impairment, at risk of social isolation, the Approved Provider submitted records of the consumer’s participation in 92 of 95 activities, including active, passive, group and individual sessions, between 1 June and 30 September 2020. The consumer most frequently participated in group cognitive activities (15 times – including bingo, quizzes, word games, table games and cards), group exercises (23 times), group outside walking (15 times) and individual sessions with a volunteer on 16 occasions. The Approved Provider acknowledged the family conference due to be conducted in March 2020 (last conducted in March 2019) was postponed due to COVID-19 lockdown requirements and submitted evidence of this conference being re-scheduled for September 2020. The Approved Provider also submitted evidence of arrangements being made to have hearing assessments conducted for relevant consumers, which had previously been postponed, also because of COVID-19 restrictions.

In relation to medical directives to weigh two consumers more frequently than monthly, the Approved Provider’s submission correctly asserted one consumer gained less weight in 2020 than was indicated in the Assessment Team’s report. The Approved Provider’s response confirmed the medical practitioner has since reviewed this consumer and directed staff to weigh monthly in line with the consumer’s preference. In relation to the second consumer the Approved Provider’s submission shows they were weighed weekly, except for one occasion when there was 13 days between weights, during which the consumer gained 600 grams. To prevent repeat omissions of this nature the Approved Provider has updated carer handover sheets which now include details of specific directives to be followed.

In relation to a medical directive to monitor the fluid intake of a consumer to ensure they do not consume more than 1500 millilitres per day, records show staff recorded partial intake on three days in July and August. The Approved Provider indicated the consumer had been unwell and was receiving palliative care from early 2020, and submitted records confirming this. The service assumed this meant intake monitoring was not required however did not have this clarified by the consumer’s medical practitioner until after the assessment contact visit.

In relation to the absence of assessment and escalation when PRN analgesia is used frequently, the Approved Provider’s submission included the consumer’s most recent medical review 13 days prior to the assessment contact visit, acknowledging the use of PRN medication and advising “…no changes required…”. The Approved Provider submitted eight reports of the consumer removing their schedule 8 analgesic patch between April and August 2020, and a record of Abbey Pain assessments completed every two to three days between 20 July and 25 August 2020 confirming frequent assessment to ensure the consumer’s pain management interventions remained effective despite the patch being removed on occasion.

In relation to the absence of monitoring when a topical anti-inflammatory treatment was prescribed to be applied twice daily from mid-August 2020, and the absence of a new pain monitoring chart as directed by the service’s pain policy, the Approved Provider’s response indicated the existing Abbey pain assessment record confirms the consumer’s pain continued to be assessed at least once every one to two days from that date until the day of the assessment contact visit, and occasionally two times each day, after schedule 8 PRN analgesia was administered. While records show staff were evaluating the effectiveness of the PRN analgesia, and on all occasions the consumer was noted to be more comfortable post administration, there are no records confirming staff were specifically assessing the effectiveness of the new topical anti-inflammatory treatment.

Having considered the Assessment Team’s report and the Approved Provider’s response I consider the weight of evidence indicates high impact risks associated with the care of three consumers were not effectively managed.

In relation to the consumer who was referred by clinical staff to a specialist due to non-healing wounds, there was a four-day delay in the supply and application of a cream recommended by the specialist and prescribed by the medical practitioner. The Approved Provider has not indicated there was a supply issue causing a delay in the commencement of the medicated cream. I find it reasonable to expect that considering the referral was made to the specialist several weeks before the specialist’s recommendation of medicated cream was prescribed by the medical practitioner, clinical staff should have ensured the medicated cream was commenced in a timelier manner to support healing of the consumer’s wounds.

In relation to the decision not to follow medical directives to monitor a consumer’s fluid intake daily to ensure no more than 1500mls of fluid were consumed, the Approved Provider has indicated there was a period of time earlier in the year where the consumer was unwell and the fluid restriction may have ceased during this period and a medical officer directed that the consumer was to continue on palliative measures. However, the Approved Provider’s response does not provide evidence that the fluid restriction was ceased. After the assessment contact, the medical practitioner reviewed the consumer’s fluid restriction and directed that the consumer could have unrestricted fluid intake and to review the consumer in one week’s time. However, considering the consumer’s diagnoses of congestive cardiac failure, peripheral oedema and existing chronic lower leg wounds, and the consumer’s recent history of renal failure and acute kidney injury, I find it reasonable that clinical staff should have reviewed the fluid restriction in a more timely manner to ensure the consumer’s chronic conditions, potentially affected by fluid intake, were being effectively managed and in accordance with the consumer’s preference.

In relation to the consumer who had ongoing episodes of acute pain which was treated with ‘as required’ pain medication on 22 occasions in 27 days where the consumer was noted to complain of pain, was restless, crying and grimacing, I find it reasonable that staff should have been formally monitoring and assessing the consumer’s pain to assist with review and evaluation of the current pain regime. While I acknowledge the medical practitioner did review the consumer during the 27 days, the note does not support that the consumer’s ongoing use of ‘as required’ pain medication was specifically reviewed in the context of the consumer’s signs and symptoms of pain. The Approved Provider submitted evidence that the consumer was reviewed by the medical officer after the assessment contact and was subsequently prescribed a higher dose of regular pain medication.

For the reasons detailed above I find the service Non-compliant with this Requirement.

# STANDARD 8 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 Assessment Team assessed Requirement 8(3)(d) within this Standard. No other Requirements within this Standard have been assessed.

The Assessment Team have recommended this Requirement is not met. Based on the Assessment Team’s report and the Approved Provider’s response I find this Requirement Non-compliant. The reasons for my decision are detailed 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.*

The Assessment Team found the service was able to demonstrate they have effective risk management systems and practices associated with identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

While the Assessment Team found the service has a documented risk management framework and clinical staff have access to assessment and monitoring tools to identify risk and document management strategies, they also found effective care was not consistently provided, monitored or evaluated. The Assessment Team found the service did not effectively manage risk associated with:

* Implementing the treatment orders of a specialist within a timely manner.
* Ensuring a medical practitioner’s directives to monitor weights more frequently than monthly and monitor fluid intake were followed.
* Ensuring appropriate pressure care was provided to a consumer to minimise the risk of pressure-related injuries on their buttocks.
* Monitoring pain appropriately when prescribed PRN analgesia was being administered frequently.

On 16 September 2020 the Approved Provider submitted their response to the Assessment Team’s report inclusive of additional information and evidence relevant to the identified concerns.

In relation to implementing the treatment orders of a specialist within a timely manner, records submitted by the Approved Provider show the specialist’s letter was dated 13 August 2020 and stamped as received by the service (via normal post) on 19 August 2020. Additional records show the medical practitioner reviewed the consumer and prescribed the treatment on 21 August and the medication was received from the pharmacy and commenced on 25 August. A letter from the medical practitioner indicated the delay in commencing treatment was not unreasonable and had no adverse impact on the consumer.

In relation to medical directives to weigh two consumers more frequently than monthly, the Approved Provider’s submission and evidence correctly asserted one consumer gained 800 grams between April and August 2020, not seven kilograms as indicated in the Assessment Team’s report. The Approved Provider’s response confirmed the medical practitioner has since reviewed this consumer and directed staff to weigh monthly in line with the consumer’s preference. In relation to the second consumer the Approved Provider’s submission shows they were weighed weekly, except for one occasion when there was 13 days between weights. To prevent repeat omissions of this nature the Approved Provider has updated carer handover sheets which now include details of specific directives to be followed.

In relation to a medical directive to monitor the fluid intake of a consumer to ensure they do not consume more than 1500 millilitres per day the Approved Provider indicated the consumer had been unwell and was receiving palliative care from at least early March 2020, and submitted records confirming this. The service assumed this meant intake monitoring was not required however did not have this clarified by the consumer’s medical practitioner until after the assessment contact visit.

In relation to a consumer who developed pressure injuries and was not being returned to bed after lunch to aid in relieving pressure, the Assessment Team’s report indicates the consumer does not have a preference to return to bed and likes to stay in their wheelchair to visit their spouse in another part of the facility later each afternoon. The Assessment Team’s report also indicates this consumer’s skin integrity was assessed two days before the unannounced assessment contact visit which prompted liaison with the continence advisor and review by the occupational therapist, also prior to the assessment contact visit, to review their continence aid and seating options to further minimise pressure. The Approved Provider’s response includes evidence of the consumer stating their preference is to remain in their wheelchair after lunch.

In relation to the absence of assessment and escalation when PRN analgesia is used frequently, the Approved Provider’s submission included the consumer’s most recent medical review 13 days prior to the assessment contact visit, acknowledging the use of PRN medication and advising “…no changes required…”. The Approved Provider submitted eight reports of the consumer removing their schedule 8 analgesic patch between April and August 2020, and a record of Abbey Pain assessments completed every two to three days between 20 July and 25 August 2020 confirming frequent assessment to ensure the consumer’s pain management interventions remained effective despite the patch being removed on occasion.

Having considered the Assessment Team’s report and the Approved Provider’s response I consider the management systems and practices in relation to high impact risks associated with the care of three consumers were not effective as medical directives and service procedures were not followed by staff and monitoring processes did not detect this. The evidence confirms:

* A prescribed treatment was not obtained and commenced until four days after the prescription was written and provided to staff.
* A medical directive to restrict a consumer’s fluid intake to 1500mls was not followed and staff did not seek medical review to confirm if this was appropriate.
* A pain monitoring chart was not commenced when a newly prescribed topical anti-inflammatory cream was commenced.

There is no evidence of monitoring processes detecting these inconsistencies and of remedial action being taken prior to the assessment contact visit occurring.

For the reasons detailed above I find the service Non-compliant with this Requirement.

# 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.

# Other relevant matters

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

* Ensure staff demonstrate their understanding of the requirement to order prescribed medication and commence treatment promptly.
* Ensure staff demonstrate their understanding of the requirement to promptly escalate their suggestions for amendments to clinical monitoring regimes to medical practitioners for their consideration and review.
* Ensure staff demonstrate their understanding of the requirement to promptly update care plans to reflect all new medical directives.
* Ensure staff demonstrate their understanding of the requirement to monitor the use of PRN analgesia and escalate for medical review for consideration of introducing or increasing a regular analgesia dose to minimise breakthrough pain.
* Ensure staff demonstrate their understanding of the requirement to follow policy and procedure in relation to assessing pain and monitoring and evaluating the effectiveness of analgesia.

**Standard 8 Requirement (3)(d)**

* Ensure there are effective systems and processes in place to monitor staff compliance with policies and procedures.