Kalkarni Residency

Performance Report

Lot 456 Whittington Street   
BROOKTON WA 6306  
Phone number: 08 9642 0199

**Commission ID:** 7423

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Site date:** 5 August 2020 to 6 August 2020

**Date of Performance Report:** 19 October 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** |  |
| Requirement 3(3)(a) | 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 28 August 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 Requirements (3)(a) and (3)(b) in this Standard. No other Requirements were assessed during this assessment contact visit.

The Assessment Team have recommended Requirement (3)(a) as met. Based on the Assessment Team’s report I have found this Requirement Compliant. The Approved Provider’s submission made no reference to this Requirement.

The Assessment Team have recommended (3)(b) is not met. Based on the Assessment Team’s report and the Approved Provider’s submission I have found this Requirement Non-compliant.

The reasons for my decisions are detailed under the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 found this Requirement met. Consumers and representatives interviewed reported they are provided with safe and effective care that is tailored to consumers’ needs and optimises their well-being. Staff interviewed were able to describe care that is planned to suit consumers’ individual needs.

During interviews with the Assessment Team consumers and representatives reported their satisfaction with the care they received. Examples of this feedback includes:

* The representative of a consumer who had fallen recently said they have been provided with information frequently on what the service has done to support the consumer. They do not live near the service and were unable to visit due to COVID-19 State border restrictions. They have been provided with updates including details of medical and allied health reviews, and resulting changes to medication and supportive equipment to improve comfort and safety. They were satisfied the consumer was being provided with effective care as their needs changed.
* A consumer described how they like to be independent and staff understand this. They do not like to ask for assistance with their activities of daily living and are satisfied staff check on them frequently, and assistance is provided respectfully when they need it.
* A consumer said staff provide care at the time she likes. Their preference is to be changed into night clothes in the afternoon, a routine they have had for many years prior to coming to the service. The consumer said afternoon staff help her with this when they start their shift and settle them in their recliner chair as is their preference.
* Representatives said they visit their mother at different times, on different days and always find her well-presented and comfortable. The consumer prefers a commode by her bed and the representatives observed the commode is always emptied after use and they are satisfied their mother’s continence needs are managed. When they visited one morning they found their mother still in her nightwear. Staff said the consumer was sleeping and they did not want to disturb her. The representative was happy their mother was not woken to suit the carer’s schedule.

The organisation’s policies and procedures refer to best practice national guidance including around minimising restrictive practices and managing pain and medication safely.

The Assessment Team reviewed consumer records which confirmed safe and effective personal and clinical care is provided. Care plans contained detailed, individualised care directives to ensure staff are aware of consumers’ specific needs and preferences. Progress notes recorded details of deteriorating clinical conditions, assessment and management of symptoms identified in a post-fall assessment, referral of abnormal signs and symptoms for medical and/or allied health review, and resulting directives for future monitoring and treatment.

During interviews with the Assessment Team staff described how they provide safe and effective care specifically in relation to a consumer who likes to be independent despite deteriorating mobility and a high falls risk. Care staff described how they frequently check on the consumer as they know they do not always use the call bell to ask for assistance to go to the toilet. Care staff ensure they ask the consumer if they need to go to the toilet to prevent them waiting until it is urgent, when they are most at risk of falling, as they attempt to mobilise independently. Care and therapy staff advised they will provide another consumer with distraction activities as they lack insight into their impaired mobility and try to get up and walk without help. Therapy staff said when the consumer is engaged in activities they are less likely to want to get up, and staff can intervene quickly if they do.

The Assessment Team reviewed evidence of the service trending and analysing clinical indicator data monthly, using their findings to identify opportunities for improvement to ensure personal and clinical care remains safe and effective.

For the reasons detailed above I consider the service is Compliant with this Requirement.

### 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 overall the service demonstrated it monitors and amends care and services provision to minimise the effect of high prevalence and high impact risks to consumers such as falls, use of restrictive practices, pain, unexplained weight loss and delirium, and uses best practice guidelines and tools to guide their management processes.

The Assessment Team found the service trends and analyses high impact and high prevalence risks through their monthly review of clinical indicator data and initiates improvement activities as required.

A review of clinical incidents including falls, medications and infections they are investigated, and action is taken to address identified risks.

The exception to the Assessment Team’s findings relates to a consumer whose risks were not effectively managed. Records indicate the service did not effectively manage mobility changes and the increased risk of pressure injury in relation to a consumer following an incident that made them more reliant on staff for assistance with activities of daily living.

The consumer was transferred to hospital in June 2020 for treatment of a foot injury sustained while a family member was transferring them. Discharge instructions included the need to elevate the consumer’s foot and minimise weight bearing while the wound healed. A wound care plan was created to guide ongoing wound care. The ‘Post hospitalisation checklist’ was not completed. Consequently, relevant assessments to determine changes in care needs relating to skin integrity, mobility, pressure risk and pain where not completed, referrals to members of the allied health team were not initiated, the care plan was not modified to reflect an increased need for assistance, and there was no progress note entry summarising recent events and future care considerations.

Two weeks after the consumer was treated in hospital they fell in the bathroom while being assisted by staff. The consumer’s mobility care plan had not been updated to reflect their need for increased assistance while transferring.

On the same day as the fall in the bathroom staff identified a stage three pressure injury on the consumer’s heel. Two care staff interviewed during the assessment contact visit did not know the consumer had a pressure injury and did not know why there was a triangular wedge cushion in the consumer’s bed. Two nurses interviewed did not know the consumer was using a triangular wedge cushion in their bed, suggesting pillows should be used to reduce pressure on heels. Management advised the wedge was being used in the absence of a bed cradle, to ensure the sheet and blanket did not rest on the consumer’s injured foot and indicated it was recommended by the occupational therapist following an assessment. There were no records of the occupational therapist’s assessment and this intervention was not recorded in the consumer’s care plan.

Approximately one month after the pressure injury was identified there had been no improvement in the wound. Clinical staff advised the wound had been reviewed by an external wound care specialist who approved the current plan of care. There were no records of the wound care specialist’s review.

The Approved Provider submitted a response to the Assessment Team’s not met recommendation on 28 August 2020. The Approved Provider did not refute the Assessment Team’s findings. Their response detailed a comprehensive plan to address the identified gaps in this consumer’s care specifically, and to minimise the risk to other consumers, including:

* Clinical staff have attended training and mock practice sessions in relation to completion of assessments, care plans and other required documentation when a consumer returns from hospital.
* Toolbox training has been provided to care and clinical staff in relation to skin assessments which are to be completed during personal care, continence care and pressure area care.
* A directive has been given that all consumers are to be referred for allied health assessment post hospital discharge and care plans are to be updated with all resulting recommendations. If protective devices are recommended this information is to be communicated to care staff during shift handovers. Clinical staff are required to demonstrate the correct positioning of protective devices to care staff.
* A Care Plan Planner has been developed to formalise a regular re-assessment and care planning process. Assessments are completed in the month before the care plan review is due and the care plan review is completed by a designated clinical staff member. The planner will be used by nursing and allied health staff to prompt completion of required assessments prior to the care plan review occurring.
* All nurses have attended training on wound photography – frequency and record keeping requirements.
* Senior clinical staff have been directed to ensure external wound specialist reviews are recorded in the electronic record management system, including photographs.

I acknowledge the Approved Provider’s prompt and comprehensive approach to addressing the identified gaps in care.

Having considered the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant in this Requirement at the time of the assessment contact visit.

# 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)(b)**

* Ensure clinical staff demonstrate their understanding of the requirement to complete post-hospital assessments, care plan updates and referrals, and monitor compliance to ensure improvements in practice are sustained.
* Ensure care staff can demonstrate their understanding of the skin assessment process to be completed during the provision of hygiene, continence and pressure area care to enable pressure-related injuries to be identified early.
* Monitor care plans to ensure required routine reviews occur and post-hospital instructions are included.
* Monitor the incidence and severity of pressure injuries and consider how effectively staff are completing skin assessments and using protective devices should incidence increase.
* Monitor compliance with wound photography and record keeping requirements to ensure improvements in practice are sustained.
* Ensure clinical staff comply with record keeping requirements relating to external wound care consultant recommendations.