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:** 15 March 2022

**Date of Performance Report:** 6 May 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# 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** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 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 20 April 2022; and
* the Performance Report dated 8 June 2021 for the Assessment Contact undertaken on 9 March 2021.

# 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 Standard 3 Personal care and clinical care. All other Requirements in this Standard were not assessed; therefore, an overall rating of the Standard is not provided.

Requirements (3)(a) and (3)(b) were found Non-compliant following an Assessment Contact undertaken on 9 March 2021 where it was found the service was unable to demonstrate:

* care was consistently safe, effective, or tailored to the needs of consumers, in particular in relation to diabetic management, weight monitoring, and environmental restraints; and
* effective management of high impact or high prevalence risks associated with the care of each consumer, in particular consumers at risk of pressure injury.

The Assessment Team have recommended Requirement (3)(a) met and (3)(b) not met. The Assessment Team were not satisfied the service demonstrated effective management of high impact or high prevalence risks, specifically in relation to medication management and managing risks associated with choking.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the Approved Provider’s response and find Baptistcare Bethel in relation to Baptistcare WA Limited, Compliant with both Requirements (3)(a) and (3)(b). I have provided reasons for my findings in 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.*

This Requirement was found Non-compliant following an Assessment Contact conducted on 9 March 2021. The service was not able to demonstrate care was consistently safe, effective, or tailored to the needs of consumers, specifically in relation to diabetic management, weight monitoring, and environmental restraints. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to:

* Completed an internal audit of psychotropic medication usage, including relevant diagnosis, indications and rationale and a review of the chemical restraint register was completed.
* A range of training and toolbox sessions were provided in relation to dementia awareness and management of behaviours of concern.
* Weekly clinical care meetings were implemented and include information on psychotropic medication usage, deterioration of consumers, recent incidents and a discussion of high impact or high prevalence risks for individual consumers.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Three consumers and/or representatives interviewed said they were satisfied with the care and service being provided. Consumers and/or representatives provided examples in relation to effective falls management, infection control, restrictive practices and diabetes management. Consumers interviewed in relation to pain said they had minimal to no pain and are offered analgesia, massage and heat packs.
* Four consumer files viewed showed effective management of consumers with diabetes, wounds, falls, and swallowing difficulties.
* Five consumers’ files viewed, who were prescribed as required psychotropic medication, had the need for their medication reviewed. Five consumer files viewed in relation to pressure injuries and wounds showed wounds are being monitored and are healing.
* Environmental restraints authorisations were completed for consumers residing in the memory support unit.

Based on the information summarised above, I find Baptistcare Bethel in relation to Baptistcare WA Limited, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(b) Compliant

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

This Requirement was found Non-compliant following an Assessment Contact conducted on 9 March 2021. The service was not able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, in particular for consumers at risk of pressure injury. The Assessment Team’s report provided evidence of actions taken to address deficits identified including, but not limited to:

* Education and training was provided for nursing staff on wound assessment, prevention and management.
* A communication board was implemented in the staff room to increase awareness and understanding of high impact, high prevalence risks, including wound assessment, management and prevention.
* Management implemented clinical meetings weekly to communicate high impact, high prevalence risks, psychotropic medication usage, incidents and deterioration of consumers.
* A monitoring tool was implemented to support staff in identifying changes in consumers.

However, during the Assessment Contact the Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks, specifically for consumers in relation to medication management and managing risks associated with choking. This was evidenced by;

Consumer A

* Two weeks prior to the Assessment Contact, the consumer, who has a history of pain and falls, had their medication administered as prescribed on 4 of 14 days. On the other 10 days, staff documented the consumer’s medication was withheld or refused.
* Clinical meetings show the consumer was sleepy and drowsy during the days the medications were not administered.
* Staff advised the consumer’s medication was withheld on days the consumer was drowsy.
* Progress notes showed reviews where the nurse practitioner was aware the consumer was drowsy.
* Management said they have not followed up the refusals of medications or withholding of the medications as the consumer was for comfort care.
* Consumer A had an increase in psychotropic medication dosage 10 months prior to the Assessment Contact. A restraint authorisation form was completed. The service did not document the alternatives trialled prior to the increased dose in the psychotropic medication.

Consumer B

* Consumer B experienced two episodes of choking in the 3 months prior to the Assessment Contact. Prior to the episodes, the consumer was assessed as requiring supervision and was on a modified texture diet.
* Following the initial choking episode, a review was completed which indicated a need for a review by an allied health staff. The representative advised they wished for the consumer to remain on the same type of diet. Risk documentation was completed with the consumer and strategies implemented. Six days later, the consumer experienced a further choking episode.
* Management advised the consumer was not referred to allied health staff for review at the request of the nominated representative.
* Management and kitchen staff indicated the representative had requested for the consumer’s diet to be downgraded. However, the care plan was not updated to reflect this and observations of the meal service were not undertaken by the Assessment Team.

The Approved Provider submitted a response to the Assessment Team’s report and refutes the Assessment Team’s findings. The Approved Provider asserts they were compliant with the Requirement at the time of the Assessment Contact and submitted the following information and evidence relevant to my finding:

Consumer A

* Evidence of a medical review completed five months prior to the Assessment Contact by the palliative care team in relation to the consumer’s drowsy status and a medical review by the palliative team provided recommendations for medications if the consumer were to stop swallowing.
* Records showing the consumer was reviewed following the Assessment Contact and the medical officer noted to withhold the medications if the consumer is not alert.
* Following the Assessment Contact, the consumer’s behaviour management plans were updated to reflect the refusal of medications and a medication review was completed by the pharmacist.
* Evidence indicating the consumer had a behaviour management plan outlining a range of interventions prior to the medication increase.

Consumer B

* Refuted the statement that the consumer’s diet was downgraded recently and that this was misinterpreted by staff. The response indicates the consumer was trialled on an alternative diet 7 months prior which proved unsuccessful and has subsequently remained on the same diet.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and find at the time of the Assessment Contact, the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

In relation to Consumer A, I have placed weight on the evidence which indicates the consumer was declining and palliating impacting on their clinical presentation. In addition, I have noted the consumer’s medical officer, palliative care team and nurse practitioner were all aware the consumer was sleepy and drowsy. I accept the subsequent evidence from the medical officer which recommends staff to not administer the prescribed medications when the consumer is not alert and this was the practice which was followed prior to the Assessment Contact. In relation to the psychotropic medication, I have noted and accept the Approved Provider’s view that the consumer had a behaviour management plan outlining a range of strategies prior to the increase in medication and these were implemented whilst not documented.

In relation to Consumer B, I have noted the service had a number of strategies to manage the consumer’s swallowing risk and had recommended a referral to allied health staff following the incident which the representative refused. To further support my view of effective management, I have noted the service had undertaken consultation informing the representative of relevant risks associated with the current nutrition and hydration plan. Finally, I have noted the information in the response which indicates the Assessment Team’s evidence in relation to recent changes in diet did not correspond with the evidence presented and was misinterpreted at the time of the Assessment Contact.

Based on the information summarised above, I find Baptistcare Bethel in relation to Baptistcare WA Limited, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.