Baptistcare David Buttfield Centre

Performance Report

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**Commission ID:** 7275

**Provider name:** Baptistcare WA Limited

**Assessment Contact - Site date:** 8 June 2022

**Date of Performance Report:** 30 June 2022

# Performance report prepared by

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# 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** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 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 on 27 June 2022; and
* the Performance Report dated 13 August 2021 for the Assessment Contact – Site conducted on 29 April 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

The Assessment Team assessed Requirement (3)(b) in Standard 3 Personal care and clinical care. No other Requirements were assessed at the Assessment Contact.

Requirement (3)(b) was found non-compliant following an Assessment Contact conducted on 29 April 2021, as 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’s report for the Assessment Contact conducted on 8 June 2022 did not provide any evidence of actions taken to address the non-compliance and the Assessment Team has recommended the service does not meet this Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under 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.*

This Requirement was found non-compliant following an Assessment Contact conducted on 29 April 2021, as 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’s report for the Assessment Contact conducted on 8 June 2022 did not include evidence of actions taken by the service to address the non-compliance. However, the Assessment Team found the service did not demonstrate effective management of dysphagia, wound care, behaviours and pain.

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

Consumer A

* Documentation showed inconsistent wound care, irregular clinical reviews and absent records of wound dimensions relating to changes in Consumer A’s skin integrity. Following identification of the wound, an incident form and relevant assessments were not completed. Photographs taken eight months after identification demonstrated deterioration of the wound, including an increase in size, further breakdown and red and raw appearance. The consumer’s most recent skin assessment did not identify they had a wound and did not include management strategies. Staff were unable to describe strategies to manage the consumer’s wound.
* Following increased symptoms of dysphagia, Consumer A was reviewed by a Speech pathologist who recommended a number of interventions to minimise their risk of choking. These recommendations were not known by staff and had not been included in the consumer’s care plan. Staff were observed providing care to the consumer which was not in line with the Speech pathologist’s recommendations.
* Management acknowledged risks associated with the consumer’s wound and dysphagia had not been effectively managed.

Consumer B

* The service did not monitor Consumer B’s pain following cessation of pain medication, despite progress notes indicating they were experiencing increased pain on movement. While non-pharmacological pain strategies were used when the consumer was experiencing pain, the effectiveness of these strategies was not consistently reviewed or evaluated. Three staff demonstrated awareness of the consumer’s pain on movement and said they documented this in progress notes or report it to clinical staff.
* The representative expressed dissatisfaction with how the consumer’s pain has been managed and said they have raised their concerns with management on multiple occasions.
* Management acknowledged that pain charting or a pain review had not taken place when the consumer’s pain medication was ceased.

Consumer C

* Following commencement of sexual behaviours towards another consumer, it was identified Consumer C had an infection and was prescribed antibiotics. As the consumer’s behaviours continued after their infection had been treated, they were referred to Dementia Support Australia (DSA). Prior to the DSA review, psychotropic medication was prescribed to manage the consumer’s behaviour.
* Strategies to guide staff in managing the consumer’s behaviours were recommended by DSA following a review, however, these strategies were not documented in the consumer’s Behaviour management plan and Behaviour charting demonstrated they were not used to manage the consumer’s behavioural episodes.
* Four staff reported the consumer continues to display behaviours that are difficult to manage and were unable to articulate what personalised strategies are in place to manage their behaviours.

Consumer D

* Consumer D expressed dissatisfaction with management of their oedema, as staff often apply the wrong compression garment and need to be guided how to apply them correctly. The consumer was worried about infection and the inappropriate application causes them discomfort and makes their oedema worse.
* Staff were aware the consumer required compression garments, however, were unable to describe what compression garments were to be applied, as the consumer directs them.
* The consumer’s skin assessment does not identify their oedema or need to have pressure garments applied daily.

The provider did not agree with some aspects of the Assessment Team’s findings and the provider’s response includes the following information and evidence for consideration:

Consumer A

* Documentation to show an incident report, pressure injury risk assessment, pain charting, wound management plan was completed at the time Consumer A’s wound was identified.
* Nutrition and hydration assessment and Extended care plan to show risk mitigation recommendations made by the Speech Pathologist had been included at the time of, or shortly after, review.

Consumer B

* Pain charting for a five-day period, which commenced five days after cessation of the consumer’s pain medication, demonstrating the consumer experienced pain on movement. While interventions were not evaluated on every occasion, those that were had been noted to be effective.
* Pain charting for a three-day period commenced 20 days after cessation of the pain medication, demonstrating the consumer demonstrated no signs of pain on movement.
* Progress notes demonstrating two requests were made to a Medical officer to review the consumer’s pain, as they were demonstrating pain on movement. The consumer was reviewed by the Medical officer 21 and 41 days after the pain medication was ceased and was satisfied with current strategies of regular paracetamol and hot packs.

The provider’s response includes evidence of actions taken to address deficiencies identified by the Assessment Team, which include, but are not limited to, updating assessments to include current risks and management strategies, implementing a risk register, staff education and training, and process reviews.

I acknowledge the provider’s proactive response to address deficiencies identified by the Assessment Team.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, the service did not demonstrate high impact or high prevalence risks associated with the care of each consumer were effectively managed.

In relation to Consumer A, I have considered evidence in the provider’s response which demonstrates that following identification of their wound, an incident report, pressure injury risk assessment, pain charting and wound management plan were completed. However, I find that deterioration of their wound over an eight-month period indicates ineffective wound management. I have placed weight on evidence in the Assessment Team’s report demonstrating inconsistent wound care was provided, clinical reviews were irregular, and records of wound dimensions were minimal to enable effective wound monitoring and management. I have also considered that despite the wound being ongoing, the skin assessment, which was current at the time of the Assessment Contact, did not identify the wound or include management strategies to guide staff practice, and staff were unable to describe strategies used to manage the consumer’s wound.

In relation to Consumer A’s risk of dysphagia, I have considered evidence in the provider’s response demonstrating that Speech pathologist recommendations had been incorporated into the consumer’s care plan at the time of review. While the Assessment Team observed staff providing care to the consumer which was not in line with documented interventions, there is no evidence of ineffective risk management, including incidents, adverse impacts or deteriorating condition. I find this evidence is more aligned with Requirement (3)(a) in this Standard which was not assessed at the Assessment Contact.

In relation to Consumer B, I have placed weight on information included in the provider’s response indicating the service was aware the consumer was experiencing pain on movement and sought a Medical officer review on two occasions to provide medication congruent to their level of pain. However, the Medical officer determined current pain interventions were sufficient. I note the most recent Medical officer review was undertaken the day prior to the Assessment Contact, which demonstrates the service was actively taking appropriate steps to manage the consumer’s ongoing pain.

In relation to Consumer C, I have considered that strategies recommended by DSA were not implemented, which resulted in ongoing and unmanaged behaviours. Strategies used by staff to manage the consumer’s behaviours at the time of the Assessment Contact were not personalised and were ineffective. I find that psychotropic medication administered to the consumer falls within the definition of chemical restraint, as it was prescribed for the purposes of influencing their behaviour. As a result, the service did not meet its obligations under the *Quality of Care Principles 2014*, as non-pharmacological strategies were not trialled prior to administering chemical restraint.

In relation to Consumer D, there is no evidence their oedema has been ineffectively managed. While staff were unaware which compression garment should be applied, the consumer’s skin assessment did not identify the oedema to inform care delivery. As a result, I find the core deficiency is more aligned with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers, which was not assessed at the Assessment Contact.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 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 Assessment Team assessed Requirement (3)(c) in Standard 7 Human resources. As no other Requirements were assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(c) was found non-compliant following an Assessment Contact conducted on 29 April 2021, as the service was unable to demonstrate the workforce was competent and the members of the workforce had the qualifications and knowledge to effectively perform their roles, specifically in relation to medication administration and wound documentation. The Assessment Team’s report for the Assessment Contact conducted on 8 June 2022 provided evidence of actions taken to address the non-compliance and the Assessment Team has recommended the service meets this Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(c) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

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

This Requirement was found non-compliant following an Assessment Contact conducted on 29 April 2021, as the service was unable to demonstrate the workforce was competent and the members of the workforce had the qualifications and knowledge to effectively perform their roles, specifically in relation to medication administration and wound documentation.

The Assessment Team’s report for the Assessment Contact conducted on 8 June 2022 included evidence of actions taken by the service to address the non-compliance, including staff training, toolbox sessions and detailed handovers.

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

* Consumers and representatives stated they were confident staff were skilled and had relevant qualifications and knowledge to effectively perform their roles and provided examples to support their views.
* Staff reported they have received enough training and have the necessary skills and abilities to perform their roles effectively.
* Management explained that staff are recruited based on qualifications, skills and experience, have a scope of practice and are provided training relevant to their position.
* Documentation showed all staff had not completed mandatory training, however, management explained this was due to the recent COVID-19 outbreak. Management said gaps in training is identified through monthly audits, surveys, meetings, staff requests and changing needs of consumers.
* Staff were observed providing care to consumers in line with their care plan.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANTOrganisational 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 (3)(d) in Standard 8 Organisational governance. No other Requirements were assessed at the Assessment Contact.

Requirement (3)(d) was found non-compliant following an Assessment Contact conducted on 29 April 2021, as the service was unable to demonstrate risk management systems and practices were effective in managing high impact or high prevalence risks associated with the care of consumers and responding to abuse and neglect of consumers. The Assessment Team’s report for the Assessment Contact conducted on 8 June 2022 did not provide any evidence of actions taken to address the non-compliance and the Assessment Team has recommended the service does not meet this Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding under 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.*

This Requirement was found non-compliant following an Assessment Contact conducted on 29 April 2021, as the service was unable to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers and identifying and responding to abuse and neglect of consumers.

The Assessment Team’s report for the Assessment Contact conducted on 8 June 2022 did not include evidence of actions taken by the service to address the non-compliance. However, the Assessment Team found the service did not demonstrate systems and practices relating to management of high impact or high prevalence risks associated with the care of consumers were fully embedded.

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

* The service was unable to provide the Assessment Team with current data in relation to consumers who had sustained falls and required medical attention, had pressure injures and were subject to chemical restraint.
* Management said a risk register is maintained and uses a scoring system to calculate a risk score for each consumer, however, the register was unable to be located. Clinical staff were not aware the service maintained a risk register or if they could request access to it.
* An alert system is utilised on the service’s electronic documentation system (EDS) to identify high risks associated with the care of consumers, however, consumers assessed at high risk of pressure injuries, choking, falling and hypo or hyperglycaemia did not have active alerts on the EDS. Clinical staff confirmed the EDS does not alert all high risks for consumers.
* Management reported weekly clinical care team meetings are held to discuss clinical risks, however, they have not been held in the few months prior to the Assessment Contact due to COVID-19 outbreaks. Evidence was not provided demonstrating planned outcomes from these meetings or how risks associated with the care of consumers were maintained during outbreaks.

The provider did not agree with some aspects of the Assessment Team’s findings and the provider’s response includes the following information and evidence for consideration:

* During outbreaks, daily meetings were held with clinical staff and management to discuss concerns relating to risks associated with the care of consumers. Evidence was not provided to support this occurred.
* Risk register for April 2022 to demonstrate it was in place at the time of the Assessment Contact.

The provider’s response includes evidence of actions taken to address deficiencies identified by the Assessment Team, which include, but are not limited to, implementation of a new risk register, and review of consumers’ risks and associated alerts and care plans.

I acknowledge the provider’s proactive response to address deficiencies identified by the Assessment Team.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, the service did not demonstrate effective systems and practices in relation to management of high impact or high prevalence risks associated with the care of consumers.

I have considered that sound governance systems were not in place to support the delivery of care under Requirement (3)(b) in Standard 3 Personal care and clinical care, which is demonstrated by ineffective wound and behaviour management.

Governance systems, such as risk registers and clinical data were not provided to the Assessment Team at the time of the Assessment Contact, as those responsible for the care of consumers and management of their risks were unable to locate the information or were unaware of its existence, indicating it was not being regularly monitored or reviewed.

Systems in place to identify risks were not fully embedded, as all consumers identified as high risk did not have active alerts programmed in the organisation’s alert system.

Weekly clinical meetings had not been held for a few months and while I acknowledge they were placed on hold due to outbreaks, there was no evidence they had been re-introduced, despite the service not having an outbreak at the time of the Assessment Contact. While the provider’s response states daily meetings were held with clinical staff and management to discuss concerns relating to consumers’ risks during outbreaks, no evidence was provided to support this occurred or that the level of risk analysis was sufficient to effectively manage risks. Additionally, minutes of previous clinical meetings were unable to be provided to demonstrate planned outcomes in response to identified, ongoing or changing risk.

Based on the information summarised above, I find the service 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.

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

* Ensure staff have the skills and knowledge to:
* provide appropriate care relating to wound and behaviour management;
* recognise changes to consumers’ health and well-being, take appropriate action, implement appropriate monitoring processes and management strategies and initiate referrals in a timely manner to Medical officers and relevant specialists; and
* ensure care plans are accurate and reflective of each consumer’s current care and service needs.
* Ensure policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management high impact or high prevalence clinical risks.

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

* Ensure systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers are embedded and support the delivery of safe and effective care and services.