Performance

Report

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| Name of service: | Baptistcare David Buttfield Centre |
| Service address: | 649 North Beach Road GWELUP WA 6018 |
| Commission ID: | 7275 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 26 April 2023 |
| Performance report date: | 08 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Baptistcare David Buttfield Centre (**the service**) has been prepared by R Beaman, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 Team’s report received 22 May 2023; and
* the Performance Report dated 23 January 2023 for the Site Audit undertaken from 12 December 2022 to 16 December 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 and effectively manage the risks associated with the development of pressure injuries in a timely manner.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |

Findings

Requirement (3)(b) in this Standard was found non-compliant following a Site Audit undertaken from 13 December 2022 to 16 December 2022 where it was found the service was unable to demonstrate it effectively managed the pain and falls for one consumer. The service has undertaken the following actions to address the deficits identified during the Site Audit, including, but not limited to:

* Registered nursing staff attended online education on pain management.
* Education on pain management and identifying and reporting consumer’s deterioration has been conducted for care partners.
* Pain policies and procedures were discussed with staff during the February 2023 clinical meeting.

The Assessment Team found during this Assessment Contact visit the service did not demonstrate effective management of high impact or high prevalence risks associated with consumer care. The Assessment Team found for three consumers, the service did not effectively manage falls, weight loss, changed behaviours and risks associated with skin integrity and the development of pressure injuries. The Assessment Team provide the following information and evidence relevant to my finding:

* Consumer A entered the service in October 2022 and between admission and April 26 2023 has experienced a more than 10kg weight loss.
* Consumer A’s weight loss is documented as 2.45kg between November 2022 and 1 December 2022 with a further loss of 3.4kg between 4 December 2022 and 4 January 2022. Consumer A was not seen by a Dietician until the end of January 2023. Consumer A had a further loss of 3kgs during February and March 2023.
* Food intake charting was inconsistently completed by staff when Consumer A has been losing weight, reflected Consumer A was not always eating the evening meal and did not consistently record the reason for not eating. Staff confirmed Consumer A does not sit still for long and is hard to assist to eat.
* Consumer A has experienced 7 falls between 24 January 2023 and 12 April 2023, with minor injuries on some occasions, including skin tears and bruising. Consumer A was last reviewed by the Physiotherapist post fall on 7 March 2023, with strategies to manage falls, including staff providing assistance and the use of a 4-wheeled walker for ambulation. However, the Assessment Team observed Consumer A on multiple occasions without the specific interventions in place, wandering without mobility aid or staff assistance. One clinical staff was not aware of interventions in place and 3 staff confirmed Consumer A wanders throughout the service day and night.
* Consumer A experienced changed behaviours impacting on Consumer A’s sleep, nutritional intake and increased falls causing pain. While Consumer A was reviewed by the Medical officer and prescribed psychotropic medication, they were not referred for review by an external dementia specialist in a timely manner. Recommendations made by the external dementia specialist included heat packs for pain management and engagement in activities, however documentation showed Consumer A did not receive heat pack therapy or engagement in activities and individual visits in accordance with recommendations.
* Management, when requested, did not provide any further information regarding the monitoring and management of Consumer A’s weight loss or nutritional intake and in relation to falls advised they discuss frequent fallers at multidisciplinary team meetings.
* Consumer B’s risk of pressure injuries were not effectively monitored or managed, and a pressure injury identified on 29 December 2022 and then recorded as healed on 16 January 2023 was then identified as an unstageable wound on 5 February 2023.
* On 25 April 2023, the wound had further deteriorated and was large in size and depth.
* Staff documented wound measurements inconsistently and were not always accurate.
* Staff encourage but advised they are not always able to put pressure relieving strategies, such as repositioning in place due to Consumer B being non-compliant.
* Consumer C’s skin integrity has not been monitored effectively and over a 5 week period 4 pressure injuries developed.
* Staff did not follow the organisation’s policy or care plan directives and undertake daily skin integrity checks and on 8 February 2023, a pressure injury to the left buttock was identified at a stage 2. Staff did not monitor or check the pressure injury or Consumer C’s skin integrity and over the 4 weeks post the first pressure injury being identified, a further 3 pressure injuries were identified to the lateral side of the left foot, left heel and right buttock.
* Consumer C has had a weight loss of 6.2kg over a 3 month period from January to April 2023. While clinical staff documented ongoing weight loss and risk of malnutrition, they did not follow organisational policy and refer Consumer C to the Dietician for review in a timely manner.
* Consumer C’s representative advised they were not satisfied with the care provided to Consumer C, specifically in relation to management of pressure injuries and weight loss.
* Management confirmed a food and fluid chart was commenced following concerns raised by Consumer C’s representative and advised the Assessment Team the Dietician would be reviewing Consumer C the day following the Assessment Contact visit.

The provider did not agree with the Assessment Team’s findings and included commentary relating to the identified deficiencies, as well as supporting information and actions taken in relation to Consumers A, B and C. In relation to deficits identified for Consumer’s A and C, the information in the provider’s response included, but was not limited to:

Consumer A:

* The provider asserts challenges with Consumer A’s weight loss was related to dentition issues and Consumer A was referred to the Dentist and a review completed on 12 December 2022. As a result of issues identified during the Dentist review, Consumer A’s dietary needs were changed the next day following dental procedures.
* Indicated interventions to manage weight loss identified by clinical staff were implemented, including a 3 day food and fluid chart, Dietician reviews on multiple occasions, regular weight reviews and updating the care plan to include Dietician recommendations. The provider included evidence to show nutritional supplements were given to Consumer A as directed by the Dietician.
* In relation to psychotropic medication administration for Consumer A, the response indicates Consumer A was admitted to the service with a high dose of antipsychotic medication and was reviewed by the Medical Officer when changes in behaviour were noted. The response includes documentation that indicates a reduction in antipsychotic medication has been actioned for Consumer A. The response also includes information that indicates the provider was monitoring Consumer A’s pain through assessments conducted from October 2022 to May 2023 where 90% of those indicated Consumer A did not have any pain.
* Indicated recommendations from Dementia Support Australia (DSA) for pain and behaviour management are included in Consumer A’s care plan, including heat pack therapy and activities and are being delivered by staff.

Consumer C

* Indicates personalised interventions to mitigate the risk of pressure injuries are included on Consumer C’s care plan.
* The Occupational Therapist reviewed Consumer C when changes were identified with skin integrity and included specific strategies to guide staff with offloading pressure to sacrum, heels, and knees.
* Wound charting information indicating Consumer C’s pressure injuries were reviewed by clinical staff and the Medical Officer and have decreased in size and are healing.
* Consumer C’s weight was reviewed monthly, discussed in a resident case conference with family in December 2022, reviewed by the Medical Officer and Dietician on more than one occasion from December 2022 to April 2023 and Consumer C’s care plan updated post reviews. The initial weight was recorded incorrectly in January 2023 and the correct weight showed the loss for Consumer C was 1.4kg and not 4.2kg as first indicated.

I acknowledge the provider’s response. However, in coming to my finding I have considered that this Requirement expects that services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. Based on the Assessment Team’s report, I find this did not occur for Consumer B, specifically in relation to risk of developing pressure injuries and timely identification.

In coming to my finding, I have considered that while Consumer B had a moderate risk of developing a pressure injury based on the skin integrity assessment completed in December 2022 and interventions included in Consumer B’s care plan post identification of the wound in December 2022, including, but not limited to, completing daily skin inspection along with inspection of skin after every attendance to personal care, a new pressure injury on Consumer B’s sacrum was not identified in a timely manner. I have considered the additional information included in the provider’s response that confirms staff identified on 5 February 2023 a pressure injury to Consumer B’s sacral area that was recorded as stage 2 and 8 days later on 13 February 2023, staff documented the wound was not improving and a referral to the Medical Officer actioned and a referral to an external wound specialist made on 14 February 2023. On 16 February 2023, the external wound specialist reviewed Consumer B’s pressure injury and recorded it as an unstageable pressure injury in the centre of a surrounding Stage 2 pressure injury with almost two thirds of the wound with a black cap. I acknowledge the service has put in place interventions, including review by external specialists to promote the healing of the pressure injury since its identification, however, find that the risks of developing a pressure injury were not effectively managed for Consumer B.

For Consumers A and C, I find the provider has been able to show they have effectively managed their high impact or high prevalence risks. In relation to Consumer A, I have placed weight on the information included in the provider’s response that shows weight loss was impacted by poor dentition and they were reviewed by a dental professional and evidence provided to show Consumer A’s care plan was updated with strategies to mitigate weight loss post review. I have also considered the evidence provided in the provider’s response for Consumer A in relation to medication and find the service referred Consumer A to the Medical Officer when clinical staff identified a change in behaviours, and through Medical officer reviews since admission, Consumer A’s psychotropic medication has been decreased each time. The provider also included evidence to show staff were monitoring Consumer A’s pain at regular intervals and this had been considered prior to medication administration. For Consumer C I have considered the information in the Assessment Team’s report and balanced this against the information included in the provider’s response and find in relation to the risk of pressure injuries, the service had in place personalised interventions to mitigate that risk and to guide staff practice along with reviews completed by the Occupational Therapist when changes were identified by staff with Consumer C’s skin integrity. The provider’s response included evidence to show Consumer C’s wounds have decreased in size and are healing.

For the reasons detailed, I find Requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)