Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Baptistcare Moonya |
| Service address: | 59 Ipsen Street MANJIMUP WA 6258 |
| Commission ID: | 7064 |
| Approved provider: | Baptistcare WA Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 November 2022 to 9 November 2022 |
| Performance report date: | 22 December 2022 |

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 Moonya (**the service**) has been prepared by J Renna, 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 on 30 November 2022; and
* the performance report dated 8 June 2021 for the Site Audit undertaken from 22 February 2021 to 25 February 2021.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Non-compliant |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Non-compliant** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 2 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to initiate assessments, develop and/or update care plans, and regularly review consumers’ care and service needs.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

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

* Ensure staff have the skills and knowledge to:
  + to provide appropriate care relating to wounds and skin integrity;
  + develop and/or implement appropriate pain management strategies and monitor effectiveness of strategies to ensure impact to the consumer is minimised; and
  + ensure information relating to consumers’ personal and clinical care needs is documented and effectively communicated to others.
* Ensure policies, procedures and guidelines in relation to management of 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 of high impact or high prevalence risks.

**Standard 4 Requirement (3)(c)**

* Ensure consumers’ services and supports for daily living are reflective of their current condition and needs.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate assessment and planning included consideration of risks associated with swallowing and sexual assault for two consumers, to inform the delivery of safe and effective care and services.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, review of clinical care plans.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was unable to demonstrate assessment and planning processes were effective in identifying risks to the consumer’s health and well-being, and developing a care plan that informs the delivery of safe and effective care. For example:

* Consumer A did not have an assessment of their sacral pressure injury until two weeks after it was identified. Assessments were not undertaken, and interventions were not documented, to guide staff in providing safe and effective care to the consumer, who screams in pain and grimaces during personal care.
* Assessment and monitoring did not occur to ensure effective pain management for Consumers A and B.

The provider acknowledges the Assessment Team’s findings. The provider’s response included additional information to demonstrate actions were taken in relation to Consumer A’s pressure injury and Consumer A and B’s pain, prior to the Assessment Contact. These actions include, but are not limited to:

* Consumer A was reviewed by an Enrolled nurse and referred to an Occupational therapist the day, and seven days after, the sacral pressure injury was identified respectively. The consumer’s pain was reviewed by a Physiotherapist and Medical officer from 10 days after the sacral pressure injury was identified, and ongoing reviews occurred. Interventions to minimise the consumer’s pain and promote wound healing were implemented.
* Consumer B has a history of medication refusal, and their choice and dignity were being respected.

No evidence was provided to support the above assertions. The provider’s response also includes evidence demonstrating actions taken and/or planned, to address deficits identified by the Assessment Team. These include, but are not limited to, staff education and training, and care and service reviews. I acknowledge actions taken by the provider to rectify issues identified by the Assessment Team.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which demonstrates at the time of the Assessment Contact, assessment and planning did not consider risks to consumers’ health and well-being to inform the delivery of safe and effective care and services.

I have considered that despite Consumer A having a sacral pressure injury, interventions to promote wound healing were not documented for two weeks after the wound was identified to guide staff in the delivery of safe and effective care. I have also considered that the consumer was screaming in pain and grimacing when receiving personal care, however, their pain was not assessed, and interventions were not documented to guide staff in effective pain management. While the provider maintains actions were taken to ensure pain and wound monitoring occurred, and appropriate interventions were provided, there was no evidence provided to support this claim.

I have also considered Consumer B’s pain was not monitored or assessed to ensure effective pain management. While the provider asserts the consumer has a history of medication refusal, there was no evidence indicating the effectiveness of non-pharmacological pain management strategies were monitored or that they were documented to guide staff in managing the consumer’s pain.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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) was found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 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 sexual assault and choking.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, recruited a Clinical nurse manager to oversee all clinical care, included clinical and lifestyle staff in clinical care meetings to review risk, and engaged a wound specialist.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was unable to demonstrate high impact or high prevalence risks associated with the care of each consumer is effectively managed. For example:

* Risks associated with Consumer A’s wounds have not been effectively managed.
  + There was no evidence indicating pressure relieving interventions had been implemented following identification of a sacral pressure injury, until two-weeks later, following a review by the Occupational therapist.
  + Interventions recommended by the Occupational therapist were not consistently followed, as staff were not monitoring the consumer’s time in their wheelchair, and their left footplate position had not been corrected.
  + The consumer was observed sitting in their chair from 9:30am to 4:00pm, and staff said they remain in their chair until their afternoon shower.
* Consumer A has had one administration of pain medication in a three-month sampled period, despite records demonstrating they scream in pain and grimace during personal care.
  + An assessment undertaken in July 2022 identifies the consumer experiences chronic pain.
  + Documentation shows Consumer A has as required analgesia, heat and cold packs, and massage.
  + Despite progress notes showing the consumer screams during care, only one administration of as required analgesia has been recorded. Additionally, the consumer is not receiving massage, as staff said they scream on touch.
  + Despite Consumer A experiencing pain during care delivery, the consumer’s pain has only been monitored whilst resting.
  + Four staff and the representative confirmed the consumer is in pain during care delivery.
  + The consumer was reviewed by a Medical officer on 7 November 2022 and was commenced on regular paracetamol. Progress notes state the consumer will be monitored.
* Pain associated with Consumer B’s fracture and sore arm is not being effectively managed.
  + Consumer B said they are in constant pain, and they do not like taking their prescribed medication as it ‘burns their stomach cruel’. Staff confirmed the consumer is in pain.
  + There is no evidence indicating non-pharmacological strategies had been trialled to manage Consumer B’s pain.

The provider acknowledges the Assessment Team’s findings. The provider’s response included additional information to demonstrate actions were taken in relation to Consumer A’s pressure injury and Consumer A and B’s pain, prior to the Assessment Contact. These actions include, but are not limited to:

* Consumer A had pain management interventions in place prior to the Assessment Contact, however, these were not fully transcribed into their care plan. Consumer A was reviewed by an Enrolled nurse and referred to an Occupational therapist the day, and seven days after, the sacral pressure injury was identified respectively. The consumer’s pain was reviewed by a Physiotherapist and Medical officer from 10 days after the sacral pressure injury was identified, and ongoing reviews occurred. Interventions to minimise the consumer’s pain and promote wound healing were implemented.
* Consumer B has a history of medication refusal, and their choice and dignity were being respected.

No evidence was provided to support the above assertions. The provider’s response also includes evidence demonstrating actions taken and/or planned, to address deficits identified by the Assessment Team. These include, but are not limited to, staff education and training, and care and service reviews. I acknowledge actions taken by the provider to rectify issues identified by the Assessment Team.

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

In relation to Consumer A’s pressure wound, I have considered that whilst there is no evidence indicating wound healing or deterioration, interventions recommended by the Occupational therapist were not implemented, which places the consumer at risk of wound deterioration.

In relation to Consumer A’s pain, I acknowledge the service self-identified the consumer was experiencing unmanaged pain and prior to the Assessment Contact, arranged for regular paracetamol to be administered. I also note that due to the timing of the Assessment Contact, it was difficult to determine whether these measures were effective. However, I have considered that the consumer was experiencing chronic pain since July 2022, and documented interventions were not being implemented or monitored for effectiveness. I have also considered that it took four months for the service to arrange regular analgesia, despite staff knowing and progress notes showing that the consumer screams and grimaces during personal care.

I have also considered Consumer B’s pain was not being effectively managed. While the provider asserts the consumer has a history of medication refusal, there was no evidence indicating non-pharmacological pain management strategies were implemented to manage the consumer’s pain.

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 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Non-compliant |

Findings

Requirement (3)(c) was found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate consumers were supported to do things of interest to them.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, employed a Lifestyle coordinator to oversee the lifestyle program, staff education and training, and scheduled/completed lifestyle assessments.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was unable to demonstrate services and supports for daily living assist each consumer to participate in their community within and outside the service environment, have social and personal relationships and do the things of interest to them. For example:

* Consumer A’s lifestyle assessment and care plan states they like word games, quizzes, bingo and Tai chi, however, staff said the consumer has experienced a cognitive decline and can no longer participate in these activities. The representative said Consumer A can no longer join in any activities. Consumer A was not recorded as having attended any activities from 15 to 29 September 2022. Activities recorded in October 2022 show staff tried to engage the consumer in the physiotherapy program on two occasions, but they are unable to move their leg. During the Assessment Contact, the consumer was not observed attending any activities, despite bingo, quizzes and Tai chi being held. No other support is provided to Consumer A.
* Consumer B has not attended any activities since August 2022, despite their lifestyle records showing they would like meaningful engagement and listing a variety of activities they want to attend. Despite the consumer’s preference to attend social and community outings, documentation showed they only attended two outings in the 10 weeks prior to the Assessment Contact, one of which was to attend a medical appointment. Staff said Consumer B stays in their room and does not come out for meals. The consumer said they are sick of their four walls.

The provider disagreed with the Assessment Team’s findings, and maintains services and supports for daily living leading up to the Assessment Contact were adequate for Consumers A and B. The provider’s response included additional information to support their assertions. These include, but are not limited to:

* Explanation that while Consumer A has cognitive decline, they are still able to make and communicate decisions regarding lifestyle choices. An Activity table was provided to demonstrate Consumer A participates in activities almost daily. This document contradicted the Assessment Team’s assertions that Consumer A did not participate in activities during the Assessment Contact and staff attempted to engage the consumer only twice during October 2022. The Activity table provided is not a system document with a time-stamp, rather a table that has been pasted into the provider’s response.
* Explanation that Consumer B chose to remain in their room following a fall in August 2022, and staff were respecting their wishes. An Activity table was provided to demonstrate Consumer B attended one spiritual activity and one outing to the hospital on 1 November 2022 and 4 November 2022 respectively.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and the provider’s response, which demonstrates at the time of the Assessment Contact, services and supports for daily living did not assist each consumer to participate in their community within and outside the service environment, have social and personal relationships and do the things of interest to them.

I have considered that the service did not tailor and coordinate services and supports for Consumers A and B, in order to optimise their well-being and quality of life.

In relation to Consumer A, while the provider’s response includes an Activity table which contradicts the Assessment Team’s assertions, I have placed weight on statements by the representative and staff that their documented activities are no longer suitable to their needs. This is supported by Consumer A’s lack of engagement in activities, which was observed by the Assessment Team throughout the Assessment Contact, and demonstrated in activity records for September and October 2022.

In relation to Consumer B, I have placed weight on statements by the consumer that they are sick of their four walls, and by staff who said the consumer does not come out of their room. Documentation showed the consumer has not attended any activities since August 2022, despite their documented preferences to undertake a variety of other activities. While the provider maintains the consumer’s preference to stay in their room was being respected, their response did not include any evidence demonstrating other meaningful interactions were trialled to maintain their health and well-being.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate the number and mix of the workforce were sufficient to enable the delivery of safe and quality care. Specifically, staffing shortages resulted in a lack of monitoring and support for consumers with changed behaviours, reduced supervision for consumers at risk of choking, and lack of support for consumers who were feeling isolated.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, implemented an incentivised recruitment strategy, and recruited additional staff, including a Clinical manager, Physiotherapist, Lifestyle coordinator, Registered and Enrolled nurses, and carers.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was able to demonstrate the workforce is planned to enable, and the number and mix of the workforce deployed enables, the delivery and management of safe and quality care and services. No consumers or representatives were dissatisfied with staffing numbers, and all stated staff respond to consumers’ requests in a timely manner. Staff reported there is enough staff to meet consumers’ needs. Call bell data showed a majority of call bells are responded to within five minutes.

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

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |

Findings

Requirements (3)(c) and (3)(d) were found non-compliant following a Site Audit undertaken from 22 February 2021 to 25 February 2021, as the service was unable to demonstrate:

* effective organisation wide governance systems relating to information management, workforce governance and regulatory compliance; and
* effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, and supporting consumers to live the best life they can.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed clinical care plans, strengthened handover processes, conducted incentivised recruitment campaign, implemented incident review processes and clinical team meetings, and recruited a Clinical manager.

At the Assessment Contact conducted on 8 November 2022 to 9 November 2022, the service was found to have effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints, and effective risk management systems and practices in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents.

In relation to Requirement (3)(c), staff confirmed they have access to the information they need to perform their role, including consumer information, incidents, and policies and procedures. Management reported, and the service’s Plan for continuous improvement showed, opportunities for improvement are identified following incidents and near misses, feedback and complaints, internal audits and accreditation assessments. Management was able to provide examples of how the organisation has supported the service to make additional purchases outside of the allocated budget. The service has a People and culture team to support all aspects of the workforce. Staff have job descriptions outlining their roles and responsibilities, and regular performance reviews are undertaken with all staff. The service has implemented a recruitment program and has a system in place to ensure the right number and mix of staff are deployed. The service has processes to keep up to date with legislative changes and act on complaints in a timely manner.

In relation to Requirement (3)(d), documentation showed, and staff confirmed, validated assessments and standardised tools are used to identify risks to consumers, and these risks and associated management strategies are discussed at Clinical team meetings. Policies and procedures are in place to guide staff in management of risks, including in relation to consumer choice. Staff were able to describe processes following incidents, and documentation showed all incidents were reviewed to identify areas for improvement. Management review all serious incidents and report, as required, under the Serious Incident Response Scheme.

Based on the information summarised above, I find the service compliant with Requirements (3)(c) and (3)(d) in Standard 8 Organisational governance.

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)