Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Baptistcare Moonya Nursing Home |
| Service address: | 59 Ipsen Street MANJIMUP WA 6258 |
| Commission ID: | 7915 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Assessment Contact - Site |
| Activity date: | 15 August 2023 |
| Performance report date: | 15 September 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 Moonya Nursing Home (**the service**) has been prepared by M Roach, 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.

# 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 and representatives
* the provider’s response to the assessment team’s report received 5 September 2023
* the performance report for a site audit conducted from 28 February 2023 to 2 March 2023
* the service’s compliance history against the Quality Standards.

# Assessment summary

|  |  |
| --- | --- |
| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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. | Compliant |

Findings

Deficiencies were identified following a site audit conducted from 28 February 2023 to 2 March 2023 as the service did not demonstrate assessment and planning processes were effective in identifying risks associated with behaviours and chemical restrictive practice. The assessment team’s report for the assessment contact – site, conducted on 15 August 2023, described improvement actions undertaken by the provider to successfully address the previous non-compliance, including:

* The improvement of consumer admission process to ensure all risks are identified as soon as possible on admission to the service and are incorporated into the consumer’s care plan; an audit of this admission process is being planned to ensure the improvements have been sustained.
* The monitoring mechanism of management review all chemical restraint usage to ensure consultation and authorisation documents have been completed in conjunction with the consumer and their representatives.
* The delivery of restrictive practice associated staff training and education.

The assessment team was satisfied that the service has an effective assessment and care planning process to consider care related consumer risks and inform safe and effective care delivery. All consumers and representatives interviewed were satisfied with the care they receive, and some confirmed their engagement in the care planning including risk consideration. Sampled assessment and care planning documents showed risks to the consumer’s safety, health and well-being are identified and assessed, using validated assessment tools. These risks were relating to consumers’ cognition, infection, sensory decline, skin/pressure area, falls, behaviour support, chemical restraint and living environment. Strategies to mitigate the risk/s have been discussed with the consumer and/or their representatives and detailed in their care plan. Staff were observed providing safe and effective behaviour support that is consistent with individual consumer’s care plan to manage the identified risk.

Based on the evidence summarised above, I find Requirement 2(3)(a) compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |

Findings

Deficiencies relating to safe and effective management of chemical restraint and behaviour support were identified following a site audit conducted from 28 February 2023 to 2 March 2023. The assessment team’s report for the assessment contact – site, conducted on 15 August 2023, described improvement actions undertaken by the provider to successfully address the deficits identified previous, including a review of all restrictive practice and delivery of staff training. The assessment team also included relevant improvement action under Requirement 2(3)(a) which is the monitoring mechanism of management review all chemical restraint usage to ensure consultation and authorisation documents have been completed in conjunction with the consumer and their representatives.

However, the assessment team was not satisfied that safe, effective and tailored skin and wound care had been provided to a named consumer and recommended this Requirement as not met. The assessment team brought forward the following information:

* There was no evidence of comprehensive skin integrity assessment following the identification of a stage 2 pressure injury in late March 2023.
* The pressure injury deteriorated between 5 June 2023 and 16 June 2023.
* A second wound adjacent to the initial pressure injury had developed on 12 June 2023. Although this wound had been assessed and documented, staff failed to follow best practice or the service’s the wound documentation process to create a new wound chart.
* Effective and tailored skin care was not provided as referral to and review by an allied health professional for pressure relieving equipment only occurred following the pressure injury deterioration in mid-June 2023 despite known skin interiority risk and needs since March 2023.
* The named consumer voiced satisfaction with the pressure reliving equipment in use. The pressure injury was improving at the time of the assessment contact – site.

The provider included following information and supporting evidence in their written response to the assessment team report:

* The pressure injury was developed prior to the consumer enter the service. Comprehensive skin integrity assessments were completed by using validated assessment tools when the pressure injury was identified in March 2023.
* Tailored intervention to support the consumer’s skin and wound needs and personal preference was in place following the assessments completed in March 2023, including allied health review to ensure appropriate chair positioning, mattress and device to support the consumer’s skin integrity needs.
* The provider acknowledged that staff did not follow standard process in a period of June 2023 as the service experienced 2 significant outbreaks between May and July 2023. However further assessments and interventions, includes allied health’s inputs, were implemented in late June 2023 to support the consumer’s skin and wound care needs.
* The provider is consulting the consumer and their representative and work with a multipipeline team in managing the consumer’s skin and wound needs to optimise the consumer’s health and wellbeing. The pressure injury continues to improve.
* The provider had conducted an internal wound management and skin integrity review in July 2023 and identified inconsistences around wound management process as staff may not have effectively monitoring consumer skin integrity and escalate concerns in a timely manner when consumers were isolated during the recent 2 significant outbreaks. Improvement actions that had been implemented include mandatory staff training on pressure injury prevention and infection control, provide quick reference for pressure area care and equipment to all staff, daily audit of progress notes and include wound/ skin integrity concerns as a standing meeting agenda for discussion.

In considering relevant information from the assessment team’s report and the provider’s response, I found the provider’s detailed response with corroborating evidence regarding the safe and effective skin and wound care delivery for the named consumer between March and early June 2023 compelling, these include the completion of comprehensive assessments following the identification of the pressure injury. Whilst I acknowledge the deficits included in the assessment’s report relating to staff failed to follow best practice and the service’s standard practice for a period in June 2023, I place weight on information in both the assessment team’s report and the provider’s response demonstrating the named consumer’s wound is healing. I also place weight on other clinical and care areas that were safe and effectively managed such as restrictive practice and behaviour support. Further, the provider’s response and the service’s compliance history showed their willingness and ability to address deficiencies and implement improvement actions to deliver improved clinical and personal care that is best practice, tailored to consumers’ needs and optimise their health and well-being.

Based on the evidence and reasons summarised above, I find Requirement 3(3)(a) compliant.

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