Performance

Report

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| Name: | Baptistcare William Carey Court |
| Commission ID: | 7267 |
| Address: | 450 Bussell Highway, BUSSELTON, Western Australia, 6280 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 6 February 2024 to 7 February 2024 |
| Performance report date: | 15 March 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 5431 Baptistcare William Carey Court |

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 William Carey Court (**the service**) has been prepared by M Glenn, 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:

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* the assessment team’s report for the assessment contact (performance assessment) – site, the report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response to the assessment team’s report received 29 February 2024. The provider’s response includes commentary and supporting documentation relating to the issues raised by the assessment team.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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:
  + identify, manage, monitor and provide appropriate care relating to high impact or high prevalence risks, including nutrition and hydration, urinary retention and restrictive practices, specifically chemical restraint;
  + use restrictive practices in line with legislative requirements, including ensuring regular review; and
  + in response to changes in consumers’ health and condition, implement appropriate monitoring and management strategies and review and evaluate effectiveness.
* Ensure policies, procedures and guidelines in relation to 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 clinical risks.

**Standard 7 requirement (3)(c)**

* Ensure staff competency, skills and knowledge are assessed, monitored and tested to ensure staff are competent to undertake their roles, specifically management of risks relating to consumer care.

**Standard 8 requirement (3)(d)**

* Review the organisation’s risk management processes in relation to responding to abuse and neglect and managing and preventing incidents.
* Ensure incident reporting is in line with the organisation’s process, and include actions to be taken, risk mitigation strategies and evidence of open disclosure. Ensure appropriate investigation is undertaken, including identification of underlying causes to prevent future risks from reoccurring.
* Ensure investigations into incidents consider all causative factors to enable tailored actions to be identified and implemented.

# 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. | Not Compliant |

Findings

The assessment team found consumers with high impact or high prevalence risks associated with their care are not consistently monitored or managed and recommended requirement (3)(b) not met. The assessment team’s report highlights six consumers.

Consumer A had a fall and sustained a fracture in December 2023. In the 24 days following return from hospital, Consumer A was taking minimal diet and fluids, had reduced urinary output, and was experiencing a change in condition. Food and fluid monitoring was not commenced and urinary output was not monitored when Consumer A removed an indwelling catheter and it was not reinserted. Management said improvements have been made following Consumer A’s passing, including staff training and implementation of a resource folder.

Consumer B experienced unplanned weight loss between January to February 2024 following removal of a feeding tube in mid-December 2023. The weight loss followed a previous unplanned weight loss over the previous three months. Despite losing weight, strategies to prevent or mitigate risks associated with further weight loss were not implemented. From August 2023, Consumer B has also had a total of five falls requiring hospital transfer on at least three occasions, with two involving head strike. On return from hospital after an unwitnessed fall in January 2024, observations or monitoring was not undertaken in line with organisational policy. While Consumer B continues to have medical episodes affecting balance, coordination and cognition, most recently in January 2024, risk of falls has not been effectively managed and care plan strategies have not changed since August 2023. In January 2024, Consumer B is also noted as having an area described as sore, inflamed, red, and very swollen, with acute pain. Pain was not monitored nor pain charting completed until 10 days later, when Consumer B’s pain score was six and described as acute with anxiety. The representative was concerned the service did not act following Consumer B’s complaints of acute pain. Fifteen days post fall, the representative took Consumer B for an x-ray which showed no fracture.

Consumer C had unplanned weight loss over three months. Actions to prevent or minimise further weight loss were not implemented. Additionally, organisational policy was not followed as observations or monitoring is not recorded following a fall in December 2023 and another in January 2024.

Wound specialist advice has not been sought despite Consumer D’s two wounds being present for more than six months and increasing in size, and another wound developing in October 2023. Consumer D said they had terrible pain when staff touch the area, including during wound care. The representative said for the past two weeks, Consumer D has said they have terrible pain in the area and was observed wincing and calling out in pain when walking. No pain has been recorded during wound care, and pain charts have not been completed in line with the wound policy. A pain assessment completed in January 2024 indicates no pain.

Risks associated with long-term usage of psychotropic medications has not been effectively managed for two consumers. Despite the medications not being listed as a treatment of their diagnosed conditions, including dementia, Alzheimer’s, depression and insomnia, attempts to minimise use of the medication have not been implemented. The medications have not been identified as chemical restraint, have not been used as a last resort and for the least amount of time and the consumers have not been effectively monitored. Rationale forms for both consumers shows the general practitioner (GP) has deemed the medication is not used to influence behaviour and is prescribed for diagnosed conditions. The form does not indicate what diagnosed condition the medication is for. Clinical management said they follow the GP’s rationale when determining if a psychotropic medication is used as a chemical restraint.

The provider did not agree with the assessment team’s findings. However, I find high impact or high prevalence risks, specifically relating to monitoring and management of nutrition and hydration and urinary retention for Consumer A and use of restrictive practices for another consumer were not effectively managed.

In their response, the provider states Consumer A’s nutrition and hydration risks were managed, but acknowledged room for better documentation and communication. The GP was contacted following Consumer A pulling the catheter out for a third time and continued deterioration, with recommendations to not reinsert the catheter and to visually monitor urine output. The response also states no formal food and fluid monitoring was implemented as Consumer A’s goal of care was for comfort and conservative management rather than restorative management. However, there is no mention of this goal of care in the supporting documentation included in the provider’s response. Progress notes show the catheter was inserted while Consumer A was in hospital due to unsuccessful trial of void on two occasions. However, on return to the service, no formal processes were implemented to monitor Consumer A’s risk of urinary retention, including monitoring of fluid intake and urinary output. Progress notes include infrequent notations relating to urinary output, with only a total output of 2900ml recorded in progress notes entries over a 12 day period. Low urinary output was noted eight days post return from hospital, where the catheter was pulled out at 6.00am with no evidence of urine output at 10.30am. The catheter was reinserted at 10.40am with continuing low output noted. Infrequent notations relating to urinary output are noted for the next four days, with Consumer A described as having a temperature, pale and vomiting the day prior to their passing. A progress note eight days post return from hospital states Consumer A appears dry and has had minimal oral intake over the last week. While poor oral intake is noted throughout progress notes from return from hospital, formal monitoring of oral intake was not implemented which would have provided the service with consolidated, ongoing oversight of Consumer A’s intake and enabled appropriate and timely measures to be taken in response. Additionally, while a progress note five days post return from hospital states Consumer A started choking on fluid offered, a trial of thickened fluids is only noted to have been implemented four days later.

The provider acknowledges chemical restraint use documentation relating to one highlighted consumer was an oversight and a full audit has been conducted to review medications and ensure all diagnoses are completed. The provider states despite this oversight, regular GP and medication reviews occurred. However, for this consumer, I find use of a psychotropic medication has not been recognised as a restrictive practice or managed and monitored in line with legislative requirements. The psychotropic medication prescribed is not a recognised treatment of the consumer’s diagnosed conditions as noted on the rationale forms for justification of the medication’s use. While progress notes included in the provider’s response show review by the GP has occurred on 16 occasions over a seven month period, reference to the psychotropic medication is only noted on one occasion in January 2024 where the GP notes the medication has helped with the consumer’s anxiety. This does not demonstrate that the necessity for the use of the psychotropic medication has been regularly monitored, reviewed and documented or that consideration has been given to minimise the use of the restrictive practice, in line with legislation. Additionally, while a restrictive practice authorisation has been completed subsequent to the assessment contact, there is no evidence to demonstrate informed consent, that is information about the effects, risks and use of the chemical restraint has been discussed with the nominated representative. I do, however, acknowledge supporting documentation in the provider’s response which shows, for one consumer, a psychotropic medication is prescribed on an as required and not regular basis as noted by the assessment team. The provider states the regular order for this particular medication was ceased and changed to as required and the medication has not been administered to the consumer in the last 12 months. If this is the case, the service, in consultation with the GP, should consider if this medication is still required as an as required order.

In relation to Consumers B, C and D, based on the provider’s response, I consider risks relating to unplanned weight loss, pain, and wounds have been effectively identified, monitored and managed.

Supporting documentation included in the provider’s response shows Consumer B’s medical condition, including weight and nutritional intake have been regularly reviewed and monitored by the GP and dietitian since March 2023. In conjunction with feeding tube nutrition, Consumer B was also consuming small amounts of oral intake. It is noted in July 2023 that the goal was to cease the feeding tube nutrition in the future, and for Consumer B to gain weight prior to this occurring. Consumer B’s weight remained relatively stable prior to removal of the tube in November 2023. While Consumer B has lost approximately 5kg since removal of the feeding tube, this loss is not unreasonable; the loss was planned for and weight and nutritional intake continues to be monitored. I find the risks relating to Consumer B’s nutrition and hydration were considered and ongoing monitoring of Consumer B’s health pre and post removal of the feeding tube has occurred. I cannot make a determination of completion of observations following a fall in January 2024 as the assessment team’s report and supporting information in the provider’s response does not include related documentation. However, progress notes show appropriate post falls management was implemented, including assessment, identification of injuries, notification to the GP and representative, and regularly monitoring of Consumer B’s condition for 72 hours post the incident. The area of injury was identified following the fall and monitored, with no pain noted in the 72 hours post the fall. Pain to the area was noted eight days post the incident, at which time appropriate actions were taken, including notification to the GP and representative and commencement of antibiotics. While the assessment team note Consumer B has medical episodes, there is no indication these are linked to incidence of falls.

Weight charting shows Consumer C’s weight has remained relatively stable since entry in November 2022. While a loss is noted from December 2023 to February 2024, this loss is not unreasonable considering an acute illness in December 2023. The provider’s response outlines a range of actions taken in February 2024 in response to Consumer B not gaining weight as quickly as expected following the illness. In relation to post falls management, the provider’s response includes neurological observations charts completed following both falls, and while observations for December 2023 have not been undertaken in line with the frequency outlined in policy, there is no impact to Consumer C noted. Following a fall in January 2024, progress notes show appropriate post falls management was implemented, including monitoring for pain, consulting with the GP and representative, and regularly monitoring Consumer C’s condition for 72 hours post the incident.

Supporting documentation included in the provider’s response shows Consumer D’s medical condition, wounds and related experience of pain have been regularly reviewed and monitored by the GP since May 2023. A specialist review with subsequent scans occurred in August 2023 and is surgery pending. I acknowledge feedback from Consumer D stating they had terrible pain, including during wound care. However, this is not supported in documentation. Of 21 GP reviews over a nine month period, seven indicate Consumer D has no pain; a notation in relation to the area on a comprehensive medical assessment dated December 2023 states ‘surprisingly not sore’; and GP notes following a review of Consumer D during the assessment contact indicates Consumer D does not want pain killers but will write something up on an as required basis. Subsequent to the assessment contact, a pain assessment has been completed, and in response to Consumer D’s reluctance to report pain, additional strategies and processes have been implemented.

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

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |

Findings

The assessment team recommended requirement (3)(c) not met as staff were not effectively managing and monitoring high impact high prevalence risks relating to nutrition and hydration, falls and pain, and did not have a clear understanding of legislative requirements relating to use of psychotropic medications. The assessment team referenced related consumer care highlighted in requirement (3)(b) in Standard 3. Additionally, registered staff did not demonstrate competence in incident management and open disclosure in line with the incident management policy which requires them to report incidents and for the most appropriate senior staff member to complete an investigation; approximately 12 incidents remain unfinished. Despite staff training and policies and procedures on incident management and mandatory reporting, staff did not demonstrate competence in understanding their responsibilities to report a serious incident of an unexpected death which occurred in December 2023. Recommendations from a root cause analysis completed to identify and address deficiencies include staff receiving a training pack to improve competency. Only three of 17 registered staff have completed the training, and eight staff have received the training pack.

The provider did not agree with the assessment team’s findings. The provider’s response indicates confidence in staff management of high impact or high prevalence risks. In relation to use of a psychotropic medication for one consumer, regular GP reviews mitigate the oversight of this consumer, and this did not impact their care, and staff have a clear understanding of chemical restraints, including legislative requirements. The provider has confidence that registered staff are competent in incident management, follow procedure and are competent in open disclosure and investigation of incidents. In relation to training packs, these were distributed five days prior to the assessment contact.

However, I find the workforce was not sufficiently competent or had the knowledge to effectively perform their roles, specifically in relation to management of risks relating to consumer care. Risks related to Consumer A’s care, specifically food and fluid intake and urinary retention were not recognised or appropriately managed and monitored to enable issues to be identified and appropriate, timely action to be taken. Over a 12 day period, progress notes include multiple entries from care staff showing Consumer A had limited oral intake. There are no related notes documented by registered staff for nine of the 12 days and formal food and fluid intake monitoring processes were not implemented. Additionally, while a registered nurse notes low urine output following reinsertion of a catheter, no formal monitoring of urinary output ongoing was implemented.

I have also considered use of a psychotropic medication for one consumer has not been recognised as a restrictive practice or managed and monitored in line with legislative requirements. The provider’s response indicates subsequent to the assessment contact, a review of all consumers has occurred with no additional concerns noted. However, for the consumer highlighted, the provider asserts the medication has been regularly reviewed. This assertion is not supported by the GP notes included in the provider’s response and suggests a lack of understanding of legislative requirements relating to use of restrictive practices.

I do not, however, consider there to be systemic issues relating to staff understanding and competence with serious incident reporting processes. The evidence suggests this was related to one staff member. I have, however, considered the resulting root cause analysis, in my finding for requirement (3)(d) in Standard 8. In relation to incidents, the evidence does not suggest a lack of staff competence, rather the evidence indicates systems and practices to monitor and manage incidents and related risks are not effective. As such, I have also considered this evidence and the provider’s response in my finding for requirement (3)(d) in Standard 8.

For the reasons detailed above, I find requirement (3)(c) in Standard 7 Human resources non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Not Compliant |

Findings

The assessment team recommended requirement (3)(d) not met as an effective system for managing high impact high prevalence risks associated with consumers’ care, specifically consumers highlighted in requirement (3)(b) of Standard 3, was not demonstrated. Risks relating to nutrition and hydration, infection, changed behaviours, falls with injury, pain, and use of psychotropic medication are not effectively managed or monitored and staff are not always following policies. The risk management system has not recognised and rectified these issues.

Clinical incidents for November 2023 and 30 January 2024 show staff are not consistently following the incident management policy. Approximately 12 incidents are ‘unfinished’. Some incidents are completed but not finalised and closed, others are not complete and do not include actions to be taken, risk mitigation strategies or evidence of open disclosure. The incident management policy directs the clinical lead to ensure all incidents have evidence of an investigation being completed, with documentation of any underlying causes, and how systems and practices have been implemented to prevent future risks from reoccurring. This is not consistently occurring. Clinical management said outstanding clinical incidents are mainly skin tears, however, the assessment team identified incidents relating to skin tears, medications, wounds, choking, and falls. Management said outstanding incidents are usually closed out at the end of the month, and although they have not been finalised, incident numbers have been captured on the clinical incident monthly reporting data.

A root cause analysis was conducted in response to an unexpected death in December 2023. The analysis found the registered nurse did not document signs of a possible fracture, clinical deterioration may not have been discussed with the consumer’s family and the incident was not reported as a serious incident. The investigation did not identify deficiencies in the management and monitoring of risks relating to the consumer’s nutrition and hydration, or infection relating to the consumer removing a catheter. Recommendations for improvement include producing a training pack for staff, however, not all relevant staff have completed the training package. The ‘head office review’ component of root cause analysis has not been completed to determine whether the actions recommended are appropriate, if the matter is to be escalated, or other appropriate steps are to be taken to mitigate further risks to other consumers.

The provider did not agree with the assessment team’s recommendation. In relation to management of high impact or high prevalence risks, the provider referenced their response for Standard 3 requirement (3)(b). The provider confirms all incidents are managed in line with policies and procedures. The provider acknowledges 12 incidents were left open; these incidents were reviewed with actions taken, however, the final review is to be completed by the clinical manager to ensure immediate and remedial actions taken have been effective. The root cause analysis was included in the provider’s response, and subsequent to the assessment contact, the majority of staff have obtained and completed the training packs.

I acknowledge the provider’s response. However, I find effective risk management systems and practices, specifically in relation to management of high impact or high prevalence risks, and management and prevention of incidents were not demonstrated.

I acknowledge final review for the 12 incidents is pending, however, the incidents identified date from November 2023 to January 2024. I have also considered the assessment team’s evidence stating some of the incidents have not been completed and do not include actions to be taken, risk mitigation strategies or evidence of open disclosure. This is not in line with policy and does not demonstrate appropriate investigation has been undertaken, including identification of underlying causes to prevent future risks from reoccurring. I find this has not ensured opportunities for improvement or risks to consumers’ health and well-being are minimised and/or eliminated in a timely manner.

While I acknowledge a root cause analysis has been conducted in response to Consumer A’s unexpected death in December 2023, not all causative factors have been considered. This includes staff not implementing appropriate measures to formally monitor Consumer A’s urinary output following a failure of trial of void during their hospital stay or following removal of the catheter; and not monitoring progress note notations in relation to poor oral intake and implementing appropriate monitoring and strategies. Improvements related to these causative factors are not included in the analysis plan. Additionally, while improvements in the analysis include providing staff education on documentation of deteriorating residents, this too is not reflected in training package noted in the analysis action plan.

I do not, however, consider the evidence presented demonstrates deficiencies in the organisation’s overall risk management systems and practices as they relate to high impact high prevalence risks. I have considered the issues raised for individual consumers in my finding for requirement (3)(b) in Standard 3. I have also considered there is evidence to demonstrate consumers are supported to live the best life they can, with risks related to consumers’ choice monitored.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-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)