Performance

Report

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| Name: | Baptistcare Gracehaven |
| Commission ID: | 7914 |
| Address: | 2 Westralia Gardens, ROCKINGHAM, Western Australia, 6168 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 30 January 2024 to 31 January 2024 |
| Performance report date: | 22 March 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 4919 Baptistcare Gracehaven |

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 Gracehaven (**the service**) has been prepared by A. Kasyan, 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 (performance assessment) – 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 1 March 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **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 2 Requirement (3)(e)**

* Ensure review of the effectiveness of care occurs including through reassessment following incidents, changes and deterioration of consumers.

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

* Ensure each consumer’s high impact and high prevalence risks are managed effectively including assessment and management of pain, wounds, ongoing refusal of care, falls and infections.

**Standard 7 Requirement (3)(c)**

* Ensure staff are competent in performing their roles including in assessment and delivery of clinical care. Ensure effective systems are implemented to monitor staff competency.

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

* Ensure the service effectively implements and applies the organisation’s risk management framework. Ensure ongoing monitoring of staff practice in relation to the management of risks associated with consumer care and the use of an incident management system.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Not Compliant |

Findings

As this requirement has been found non-complaint, the overall rating for this Standard is non-compliant.

The assessment team found care and services are not reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The assessment team reviewed files of 4 consumers including 3 consumers who passed away between August and December 2023 and for whom the service submitted incidents to the Commission under Serious Incident Response Scheme (SIRS). There was lack of documentation in reviewed consumers’ files regarding reviews of care and services in response to incidents and changing circumstances affecting consumers’ needs, goals and preferences.

Four consumers’ files showed care and services were not reviewed in response to ongoing refusal of care and post incidents of infection, falls with serious injuries, pressure injuries, change in mobility status and post hospital return.

Interviews with management showed they have undertaken root cause analysis of the incidents reported under SIRS scheme and investigation recommended a number of service improvements including in relation to timely review of consumer care. However, not all of the recommendations have been implemented or reviewed for effectiveness in relation to one of the SIRS incidents, and management did not provide records of actions or outcomes in relation to the second incident.

In response to the assessment team’s findings, the provider acknowledged some deficiencies and outlined plans for improvement. However, the provider disagreed with certain findings of the assessment team regarding the review of care and services when incidents impact on the needs, goals or preferences of the consumer.

The provider acknowledges that care and services were not reassessed for effectiveness for two of the named consumers and their ongoing refusal of care was not escalated and addressed as was expected. The provider acknowledges one of the named consumers had experienced neglect due to the failure to recommence medication as directed by their physician on return to the service following hospitalisation. The improvement actions were commenced in December 2023 and included medication training, toolbox outlining communication process for medication changes and clarification on expectations for Registered Nurses completing doctor’s rounds.

The provider acknowledges the second consumer’s care plan, assessments and ongoing refusal of care was not reviewed for effectiveness resulting in acute deterioration. The improvement actions include training to staff and an establishment of an assessment and care planning plan for continuous improvement to ensure care plans remain current and aligned with the changing care needs of consumers.

However, the provider expressed disagreement that care plans were not updated for consumers when required and clarified care plans are automatically updated when assessments are completed. The completed date on care plans is not the date the care plan was last reviewed. The care plan is automatically reviewed and updated when a consumer is reassessed, and information is updated in an assessment form.

Additionally, the provider disagreed one of the named consumer’s care was not reviewed following a change in mobility status and post hospitalisation. The evidence in the provider’s response showed referrals to appropriate health professionals and updates to the consumer’s care plan.

I acknowledge the provider’s response and corrective actions proposed and taken in response to ineffective reviews of two consumers’ care reported under SIRS scheme to ensure care and services are reviewed timely and effectively for all consumers. However, while recognising the service’s efforts to address the issue, the improvement activities require monitoring and time to establish efficacy.

I acknowledge the provider’s clarifying information about the process of updating consumer care plans following completion of assessments.

The provider asserts the third consumer’s care plan was reviewed for effectiveness following a change in mobility status and post hospitalisation and provided evidence of referrals to appropriate health professionals and subsequent updates to the consumer’s care plan. Whilst I acknowledge referrals were completed, documentation shows this did not occur until after the consumer developed three pressure injuries and after two weeks since the consumer’s return from hospital and a significant change in their mobility.

Furthermore, apart from the repositioning charts included in the response as evidence of prevention of the risk of pressure injuries, there were no other information or evidence to demonstrate reassessment of the consumer’s individual risk of developing pressure injuries based on their changed mobility status and other new risk factors that could have contributed to pressure injury risk.

Multiple consumers’ care and services were not reviewed for effectiveness when the consumer’s condition changed and when incidents happened compromising consumers’ safety and leading to ineffective management of risks. The improvement activities have not been fully implemented and imbedded.

For the reasons outlined above, I find requirement (3)(e) non-compliant.

# 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

As this requirement has been found non-complaint, the overall rating for this Standard is non-compliant.

The assessment team found the service did not demonstrate effective management of high impact or high prevalence risks. A review of 4 consumers’ records, including of three consumers who passed away between August and December 2023 showed ineffective management of risks associated with their behaviour, falls prevention and post fall management, pain, medication, pressure injuries, and infection.

Four consumers’ files showed the service did not implement timely and effective actions to manage risks associated with ongoing refusal of care resulting in consumer deterioration in health and adverse outcomes. Medication related risks for one consumer were not managed effectively resulting in the failure to administer medication for a prolonged period of time harming the consumer.

Despite the increased pain levels associated with an injury, one of the sampled consumers was not administered analgesia prior to activities of daily living resulting in unmanaged pain, discomfort and distress. Pain levels were not consistently monitored, and effectiveness of interventions was not evaluated.

The service did not conduct assessment of risks to determine whether a consumer was able to effectively manage a urine containment system and no strategies were documented and provided for staff to assist them to manage the consistent refusal of care. The consumer developed sepsis and died. Whilst root cause analysis of the incident was undertaken and a number of recommendations for improvement have been suggested, not all of the recommendations had been completed at the time of the performance assessment.

Lack of effective strategies and proactive actions to manage risks of recurrent infections resulted in 4 infections developed in a 4-month period by one of the sampled consumers who currently reside at the service. Whilst the service implemented a new urine containment system, documentation showed it was not effective resulting in urine leakage.

Documentation shows staff do not consistently record wound measurements or descriptions of pressure injuries in line with the organisational policy, and do not monitor or evaluate wound healing progress. A review of one consumer’s wound management plan showed multiple occasions where dressing change was delayed by up to 3 days.

Staff do not record neurological observations in line with the policy on fall management and do not complete visual observation charts in line with consumer care plan.

In response to the assessment team’s report and findings, the provider acknowledged most of the deficiencies and outlined plans for improvement. However, the provider disagreed with certain findings of the assessment team regarding the management of falls risk and recurrent risk infection associated with a urinary containment system.

The provider asserts risk of falls are identified and managed effectively. The named consumer who sustained two falls was reviewed by the multidisciplinary team in a timely manner and falls preventative strategies were implemented which is supported by relevant evidence.

The provider acknowledges staff non-compliance with documenting observations and expressed commitment to commence an implementation of specific functions in the electronic care management system to support clinical staff to complete planned tasks and respond to clinical alerts.

The provider disagreed one of the named consumer’s pain was not managed effectively and provided pain charts and evidence of administration of pain-relieving medication on “as required” basis.

I acknowledge the provider’s response and corrective actions proposed and taken in response to ineffective identification and mitigation of risks associated with refusal of care, medication management, wound assessment and management. However, while recognising the service’s efforts to address the issue, the improvement activities require monitoring and time to establish efficacy.

Furthermore, I find infection related risks are not assessed and mitigation strategies not implemented in a timely manner based on the evidence presented in the assessment team’s report showing a named consumer developed 4 infections within 4 months. Whilst the provider responded by providing additional information in relation to management of urinary containment system, it did not address the issues raised by the assessment team about recurrent infections and lack of risk mitigation actions implemented by the service to prevent its recurrence.

Whilst the provider asserts risk of pressure injuries was managed effectively, I am persuaded by the assessment team’s finding that there was no documented evidence to demonstrate reassessment of the consumer’s individual risk of developing pressure injuries which resulted in development of three pressure injuries.

Lastly, the provider asserts that risk associated with pain are managed effectively as demonstrated in pain charts and medication administration records. However, a review of pain charts shows incomplete assessment of pain and evaluation of the pain-relieving intervention effectiveness.

For the reasons outlined above, I find requirement (3)(b) 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

As this requirement has been found non-complaint, the overall rating for this Standard is non-compliant.

The assessment team found the service did not demonstrate the workforce is competent and has the relevant skills and knowledge to perform their roles effectively. Staff do not follow medical/clinical directives, care plans, policies and procedures as well their job description’s responsibilities.

Several consumers and representatives said they do not have confidence in the agency staff skills and felt that some staff are not competent and provided examples of why they felt this way. Examples included staff leaving medications in consumer room without ensuring its ingestion and not administering time sensitive medications as prescribed.

Wound care documentation showed staff did not always correctly identified staging of the pressure injuries and did not consistently followed directives in care plan in relation to clinical care.

Staff were not competent in identifying consumer deterioration and medication management which the service identified through undertaking root cause analysis of SIRS incidents. Staff do not report all medication incidents as per the policy and staff who are subject to medication errors on multiple counts have not had performance management as required by the organisation’s policies and procedures.

In response to the assessment team report and findings, the provider acknowledges the service has been required to utilise agency nursing and care staff to provide care for consumers. Deficiencies in undertaking assessments and following required processes have not been undertaken as expected mostly where the service was required to utilise agency staff.

The provider states regular and casual staff are provided with education and training to ensure they are competent, and a system is in place to monitor staff performance. The provider outlined strategies to manage and minimise any impacts on care where agency staff is used. To ensure agency registered nursing staff are clear of the expectations of each shift, a duty statement has been developed to clearly outline tasks required.

The provider recognises improvements required as identified through the assessment team’s report and provided continuous improvement plan and activities which are being implemented to address the deficits. Improvements include comprehensive staff training in relation to clinical deterioration, wounds and medication management.

I acknowledge the provider’s response and corrective actions proposed and taken in response to staff lack of knowledge and competency in relation to clinical deterioration, wound management, and medication management. However, while recognising the service’s efforts to address the issue, the improvement activities require monitoring and time to establish efficacy.

In coming to my finding in relation to this requirement I have considered my findings in Standard 3 requirement (3)(b) which shows three consumers who passed away between September and December 2023 suffered significant adverse outcomes, including death. Staff lack of knowledge or competency to perform their roles effectively was identified by the service as one of the contributing factors in relation to two serious incidents.

Whilst the provider attributes deficiencies in undertaking assessments and providing safe care to high usage of agency staff, it is the responsibility of the provider to ensure that all staff, whether permanent or temporary, are adequately trained and supervised to provide safe and effective care.

For the reasons outlined above, I find requirement (3)(c) 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

As this requirement has been found non-complaint, the overall rating for this Standard is non-compliant.

The assessment team found the service did not demonstrate the risk management and incident management system is effective in managing high impact risks to consumers including in relation to behaviour management, pain management, prevention of pressure injuries, infection related risks and clinical deterioration.

Staff are not consistently following the organisation Incident Management Policy. Incidents are not always identified and recorded, remain incomplete for extended periods of time, and senior clinical and management staff and organisation management do not have oversight of these incidents.

The service could not demonstrate recommendations of the root cause analyses completed following 2 serious incidents were completed, evaluated for effectiveness, and embedded into processes and practices to mitigate the risk of harm to all current and future consumers.

The service collects clinical incident data on a monthly basis related to high impact high prevalent risks to consumers and utilise an audit and benchmarking tool to track and trend clinical incidents. However, this data is not effectively used to identify trends and mitigate risks to consumers, such as there was not sufficient evidence to demonstrate the spike in medication incidents between October and November 2023 was identified by the service and causative factors were addressed.

While three incidents reported under SIRS were investigated and root cause analyses were conducted by the organisation’s Clinical Governance Specialist, the service could not provide evidence all the recommendations for these serious incidents had been implemented or evaluated for effectiveness.

In response to the assessment team’s report, the provider acknowledges the service has had a significant turnover of clinical staffing and whilst understands that this is the organisation’s responsibility to mitigate operational gaps, highlights that this has played a significant role the monitoring and influence on quality of care.

The service has implemented a process that pairs a member of the Clinical Governance team with a site to meet weekly and assist services to report incident data and trends, support continuous improvement, analyse trends and share learnings.

The site has a designated Clinical Governance Specialist who has commenced meetings with the current agency Clinical Manager to go through the incident reports to ensure that the Incident Management policy is followed. Furthermore, the provider commenced continuous improvement activities including on pain management and education, wound care and pressure injury management, clinical deterioration and escalation of care.

I acknowledge the provider’s response and corrective actions proposed and taken in relation to this requirement and particularly risk management systems for managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system.

However, while recognising the service’s efforts to address the issue, the improvement activities require monitoring and time to establish efficacy. The deficits in staff practice were over a significant period of time and impacting multiple consumers’ safety, health and well-being including leading to severe adverse outcomes.

For the reasons outlined above, I find requirement (3)(d) 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)