Performance

Report

**1800 951 822**

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| Name of service: | Bethanie Elanora Villas Nursing Home |
| Service address: | 37 Hastie Street BUNBURY WA 6230 |
| Commission ID: | 7854 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 10 August 2023 to 11 August 2023 |
| Performance report date: | 20 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 Bethanie Elanora Villas Nursing Home (**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;
* a Non-compliance Notice dated 18 August 2023; and
* the provider’s response to the Non-compliance Notice and assessment team’s report received 30 August 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **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 high impact or high prevalence risks associated with care are effectively managed for each consumer.

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

* Ensure the workforce is competent and have the knowledge and qualifications to perform their roles effectively, specifically in relation to managing clinical risks, including falls, pain, diabetes and incidents.

**Standard 8 Requirements (3)(d)**

* Ensure the organisation’s risk management systems and practices are effective, specifically in relation to the management of high impact or high prevalence risks associated with consumer care and an incident management system that prevents recurrence and mitigates harm to consumers.

# 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

This Requirement was found non-compliant following a Site Audit undertaken from 3 October 2022 to 5 October 2022 where the service did not demonstrate effective management of high impact or high prevalence risks, specifically in relation to falls and pain management

The service provided the following actions they had taken to address the deficits identified at the Site Audit:

* Education for staff in relation to identification of high impact or high prevalence risks to consumers’ clinical care and recognising and responding to deterioration.
* Training undertaken with clinical staff on pain management.
* Development of a quick reference guide on best practice clinical care.

At this Assessment Contact, the Assessment Team recommended this Requirement not met as the service did not demonstrate they effectively manage high impact or high prevalence risks associated with consumer care, specifically in relation to falls, pain and diabetes management. The Assessment Team’s report included the following information gathered through interviews, observation, and documentation relevant to my finding:

Consumer A

* Consumer A, who has an increased risk of pain and fractures due to their diagnosis, was not assessed for pain adequately or interventions implemented in a timely manner to manage their pain despite Consumer A’s representative raising concerns in relation to pain management.
* Between 28 July 2023 and 31 July 2023, Consumer A experienced significant pain due to two incidents (falls/near misses) on 28 July 2023 due to an inappropriate manual handling technique by staff. Staff did not report the incidents and Consumer A was not assessed for pain. As a result, their pain was not identified, and they were not provided sufficient pain relief post incidents.
* Consumer A is administered regular analgesia for pain management and is assessed for pain prior to administration of the medication. However, staff did not respond to indications Consumer A’s pain was increasing despite concerns raised by representatives and progress notes indicating pain was significant and Consumer A did not receive further interventions to manage their pain.
* Staff documented a change in Consumer A’s behaviour following the incidents on 28 July 2023. Behaviours included resisting staff and banging their hand on the wall whilst having personal care delivered. Staff documented this continued for three days until 31 July 2023 when Consumer A was transferred to hospital where it was found they had suffered two fractures.
* Staff did not escalate Consumer A’s condition or change in behaviour to the Clinical Nurse or Medical Officer for review.
* Consumer A was administered pain relief via a continuous infusion pump when they were transferred back from hospital on 3 August 2023. However, staff did not manage this pain relief appropriately and the medication ran out prior to clinical staff changing the pump over resulting in a delay in Consumer A receiving pain relief for a period of approximately 40 minutes.
* Management advised they would review the care received by Consumer A.

Consumer B

* Consumer B is assessed as a high falls risk and sustained four unwitnessed falls in a 10-day period between 14 July 2023 and 24 July 2023 which were not managed effectively. Consumer B’s falls management plan included the same interventions which were not effective, with no alternative strategies identified to prevent further falls.
* Staff did not follow the service’s policy and monitor Consumer B post fall with neurological observations as the procedures direct and they did not take the required observations.
* Management confirmed the representative raised concerns with the service about Consumer B’s frequent falls and pain management.

Consumer C

* Consumer C had a witnessed fall on 6 August 2023 while ambulating and sustained a fracture. Staff did not follow post falls procedure and monitor Consumer C’s neurological observations as directed, with a gap of almost 10 hours between observations identified.
* Progress notes post fall recorded Consumer C complained of pain that evening, and could not weight bear the following day with new acute pain to Consumer C’s right upper thigh.

Consumer D

* Consumer D had a diagnosis of insulin-controlled diabetes and passed away at the service in July 2023. Consumer D’s care plan, progress notes and incident forms confirmed staff did not consistently record blood glucose levels (BGLs) at required intervals. Staff did not escalate a decline in Consumer D’s condition despite recording fluctuating BGLs for a week prior to them passing away and did not escalate Consumer D’s condition and BGL recordings outside of their documented parameters in a timely manner.

The provider acknowledged some of the deficits identified in the Assessment Team’s report and submitted a response that included immediate actions they are undertaking and planned actions to address the deficits identified in this Requirement, including, but not limited to:

* Commencement of daily huddles with staff to identify consumers at risk and develop actions.
* Weekly care team meeting to commence.
* Providing specialist clinical support on the floor for staff.
* Reviewing progress notes with an action plan to the site.
* Education for staff on the principles of clinical risk management.

The provider acknowledges staff did not appropriately escalate both Consumer A and C’s pain with the urgency they required. The provider’s response includes additional information that shows Consumer A’s pain in the right wrist was escalated by the Enrolled nurse to the Registered nurse, analgesia administered, and a non-urgent referral to the Medical Officer. The provider acknowledges for Consumer A, the escalation of the pain for further review should have been more urgent and included in their response additional commentary and actions, including meeting with Consumer A’s representatives to discuss their concerns regarding the delay in escalating pain, identifying consumers with chronic pain to enable monitoring to ensure pain is managed, increased charting for consumers with ongoing pain management needs and provision of training for staff in identification of pain and manual handling education. The provider acknowledges clinical escalation should have been more urgent for improved pain management, earlier diagnosis and treatment of Consumer C’s injuries and submitted actions initiated following the Assessment Contact to rectify the deficits, including increased clinical support for clinical staff and engagement of external clinical support to provide that support to clinical and care staff.

In relation to Consumer B, the provider acknowledges the information included in the Assessment Team’s report in relation to there being no new interventions for the management of falls during the 10-day time frame noted in the Assessment Team’s report. However, the provider asserts they believe the interventions that were already in place for Consumer B were appropriate, they took reasonable precautions to limit any injury or harm to Consumer B, cognitive decline contributes to Consumer B’s impulsive actions and reluctance to wait for staff assistance and restiveness to assistance is also a contributing factor to falls. The provider also included actions taken and planned to address the deficits identified in relation to Consumer B which include, but not limited to:

* Identifying high falls risk consumers to identify individual issues that may contribute to falls and address those.
* Review processes to undertake falls risk assessments and construct relevant care plan interventions.
* Assess practices to manage falls incidents to identify effective and ineffective mitigation strategies.

In relation to Consumer D, the provider acknowledges that while some of the BGLs were not taken in line with the diabetic care plan, staff consistently checked Consumer D’s BGLs when they returned results outside their BGL parameters. The provider included in their response additional information and documentation that recorded from 8 July 2023 to 27 July 2023, staff took on all but three days BGLs as required. The provider also asserts an out-of-range BGL on 24 July 2023 identified a hyperglycaemic level and that information relating to insulin administration being held separately within the medication profiles resulted in the delayed treatment of this for Consumer D, however, the provider also states staff responded to this accurately when identified with increased monitoring. The provider also asserts the way information is captured in the diabetic care plans was a contributing factor and provided additional information stating the service has completed a review of all diabetic care plans as part of the outcomes of the incident investigation completed for Consumer D’s transfer to hospital.

I acknowledge the additional information, commentary, actions planned and undertaken included in the provider’s response, however, I find the provider does not effectively manage high impact or high prevalence risks associated with each consumer’s care. I have considered information included in the Assessment Team’s report in relation to all four consumers (Consumers A, B, C and D), along with the additional information, commentary and actions taken and planned included in the provider’s response and find the service did not effectively manage risks in relation to pain, falls and diabetes for those named consumers.

In coming to my finding, I have considered the information in the Assessment Team’s report for Consumers A and C which shows for both consumers, staff did not effectively monitor, identify, or respond to signs of pain resulting in both consumers experiencing increased pain, a delay in pain relief and transfer to hospital following incidents where an injury occurred.

For Consumer B, I acknowledge the information and commentary included in the provider’s response in relation to falls prevention interventions not being updated and the assertion these were not updated as there were no new interventions required, and staff took precautions necessary to prevent injury or harm to Consumer B. However, this Requirement requires the management of high impact risks associated with the care of consumers which includes the management of those to prevent recurrence. Whilst the provider asserts Consumer B’s cognitive impairment results in impulsive actions which contribute to their falls, there was no evidence to show the interventions in place were effective or new interventions had been considered.

I acknowledge the information included in the provider’s response in relation to monitoring and management of Consumer D’s BGLs and hypoglycaemic incident on 24 July 2023, however, find although staff undertook monitoring of BGLs in line with care directives on most days prior to and just after the incident, there was still a delay in responding to Consumer D’s hypoglycaemia.

I acknowledge the provider has included actions planned to address the identified deficiencies and improve their performance in this Requirement. However, while some of these planned actions have been completed with others set for completion during October 2023, they will require time to be fully embedded to enable efficacy and improve the personal and clinical care outcomes for consumers.

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. | Non-compliant |

Findings

The Assessment Team recommended this Requirement not met. At this Assessment Contact, they were not satisfied the workforce was competent to perform their roles in relation to effectively managing high impact risks associated with consumer care, specifically risks related to pain, falls and diabetes, the safe manual handling of consumers and their responsibilities in relation to incident management. The Assessment Team’s report included the following information and evidence gathered through observation, interviews, and documentation relevant to my finding:

* Two staff members did not show competency in relation to safe manual handling processes resulting in Consumer A sustaining a fracture and experiencing increased pain.
* Clinical staff did not identify or monitor pain effectively following incidents in relation to Consumers A and C where both consumers sustained injuries requiring hospital transfer.
* Clinical staff did not follow the organisation’s policies and procedures and did not undertake neurological observations as directed for Consumers B and C following falls with Consumer C sustaining a fractured hip.
* Staff did not monitor or manage Consumer D’s diabetes in line with directives, did not consistently undertake BGL monitoring and did not respond to Consumer D’s deterioration in a timely manner.

The provider acknowledges the deficits identified in the Assessment Team’s report in relation to this Requirement and provided an action plan to rectify those deficits and improve their performance in relation to workforce competency. The provider’s response included, but was not limited to the following actions:

* Monitoring manual handling practices to identify any issues in staff practice.
* Recruitment for clinical remediation manager underway.
* Review competence of registered staff to use continuous infusion pumps and medications given continuously as prescribed.

Further to the above-mentioned actions, the provider’s response also included a training plan which identified further education for areas, including falls, manual handling, clinical deterioration, pain, and diabetes management and undertaking vital signs.

I acknowledge the provider’s response and the actions planned to rectify the deficits identified in the Assessment Team’s report in relation to this Requirement. However, I find the service was unable to demonstrate their workforce is competent and members of the workforce have the necessary skills and knowledge to undertake their roles effectively. In coming to my finding, I have considered the evidence in the Assessment Team’s report in relation to Requirement (3)(b) of Standard 3 and deficits in clinical care to Consumers A, B, C and D and placed weight on the evidence included in this Requirement that identifies staff were not competent in the delivery of care to those consumers. I have also considered the actions planned to address these deficits and acknowledge the provider is already underway with some of these actions but find they will need time to be fully embedded and efficacy realised to improve their performance.

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. | Non-compliant |

Findings

The Assessment Team recommended this requirement not met. At this Assessment Contact, they were not satisfied the organisation had an effective risk management system in relation to the management of high impact risks associated with consumer care, specifically pain, falls and diabetes management, or an effective incident management system that prevented the occurrence of incidents and mitigated harm to consumers. The Assessment Team’s report included the following information and evidence gathered through observation, interviews, and documentation relevant to my finding:

* The risk management system was not effective in identifying increased pain as a result of staff practice for Consumer A and for Consumer C, increased pain following a fall as a result of not monitoring consistently.
* The incident management system was not effective in preventing recurrence of incidents or the prevention of harm for Consumer B in relation to falls.
* Staff did not report incidents consistently, and for Consumer A they did not report the incident which occurred in relation to incorrect manual handling processes and a near miss incident in July 2023 which resulted in Consumer A sustaining a fracture and experiencing increased pain.
* A root cause analysis was not undertaken following the reporting of unexpected death of Consumer D to ascertain if there were any possible causative factors or potential learnings.

The provider acknowledges the deficits identified in the Assessment Team’s report in relation to this Requirement and provided an action plan to rectify those deficits and achieve improvement to their organisational governance in relation to risk management. The provider’s response included, but was not limited to the following actions:

* Conduct trend and root cause analysis to identify causal factors of falls.
* Review and update the clinical risk meeting template to include high impact/high prevalence risks.
* Review the use of the clinical register.
* Establish daily management meetings to ensure a co-ordinated remediation approach.
* Develop an initial remediation action plan.

Further to the above planned actions, the provider asserted they are actively engaging in continuous improvement via the organisation’s clinical governance maturity plan.

I acknowledge the provider’s response and the actions planned to rectify the deficits identified in the Assessment Team’s report in relation to this Requirement. However, I find the service did not demonstrate an effective risk management system, specifically in relation to the management of high impact or high prevalence risks associated with consumer care and incident management, which for Consumers A, B, C and D resulted in the delivery of ineffective clinical care.

In coming to my finding, I have considered the evidence in the Assessment Team’s report included in Requirement (3)(b) of Standard 3 and deficits in clinical care relating to Consumers A, B, C and D and placed weight on the evidence included in this Requirement that identifies the risk management system did not identify the deficits in relation to the delivery of care, specifically for pain, falls and diabetes management. I have also considered the actions planned to address these deficits and acknowledge the provider is already underway with some of these actions, but find they will need time to be fully embedded and efficacy realised to improve their performance.

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 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)