Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

|  |  |
| --- | --- |
| **Name of service:** | Baptistcare Bethel |
| **RACS ID:** | 7206 |
| **Name of approved provider:** | Baptistcare WA Limited |
| **Address details:** | 2 Bethel Way ALBANY WA 6330 |
| **Date of site audit:** | 27 August 2019 to 29 August 2019 |

**Summary of decision**

|  |  |  |
| --- | --- | --- |
| **Decision made on:** | 20 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 07 November 2019 to 07 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Not Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Not Met |
| Standard 8 Organisational governance | | Met |
| **Timetable for making improvements:** | By 01 December 2019 | |
| **Revised plan for continuous improvement due:** | By 05 October 2019 | |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of Baptistcare Bethel (the Service) conducted from 27 August 2019 to 29 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Therapy assistants | 2 |
| Housekeeping supervisor and housekeeping partners | 3 |
| Clinical manager | 1 |
| Occupational therapist | 1 |
| Consumers | 21 |
| Care staff | 8 |
| Representatives | 2 |
| Enrolled nurses | 4 |
| Facility manager | 1 |
| Lifestyle Coordinator | 1 |
| Maintenance officer | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
b) supports consumers to exercise choice and independence; and   
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation demonstrated that all six requirements in relation to Standard 1 were met.

The service was able to demonstrate that consumers are treated with dignity and respect. Consumers and representatives reported they feel respected and their privacy and dignity is maintained. Where consumers reported staff were not respectful or the consumers dignity was not maintained, this was related to staffing. Refer to standard 7 below for a full overview. The service was able to demonstrate that care and services are culturally safe and has an onsite chaplain. Consumers are involved in planning the care and services they receive. The service gave examples of where consumers exercise risk and how the service supports each consumer to do this as safely as possible. Information is current and provided to consumers in various ways including through regular consumer and representative meetings and written materials.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:  
i) make decisions about their own care and the way care and services are delivered; and  
ii) make decisions about when family, friends, carers or others should be involved in their care; and  
iii) communicate their decisions; and  
iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

**Standard 2:   
Ongoing assessment and planning with consumers Met**

**Consumer outcome:**

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation demonstrated that all five requirements in relation to Standard 2 were met.

Consumers interviewed confirmed they are generally satisfied with the service. 100% of consumers randomly sampled said they are encouraged to do as much as possible for themselves. Consumers assessment and planning is conducted by registered and allied health staff and a care plan developed relating to their health and well-being. Registered and allied health staff undertake initial and ongoing assessment and planning of care. Risks to the consumers health are identified and care is planned to deliver safe care and services. Although the Assessment Team identified not all consumers’ goals are planned in partnership with them, consumers goals are identified in the assessment and planning of care. The home has systems for registered and allied health staff to review care and services following changes in care and these are generally effective. Advanced care and end of life planning is undertaken if the consumer wishes to do so. The service has systems to encourage consumers to undertake advanced care directives and end of life planning. Registered staff reported they have adequate training and equipment to provide end of life care and external specialist services are accessed for further assistance as required.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:   
i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and   
ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Not Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

The Assessment Team found that five of the seven requirements under Standard 3 were met.

The service did not demonstrate the care and services provided to each consumer are safe and effective, optimise consumers health and well-being, are tailored to their needs and are best practice. Assessments are conducted by registered staff and care plans developed according to assessment information. However, staff were unable to demonstrate they follow care plans that direct care in continence and skin care management. Staff were unable to describe the way consumers with risk of pressure injury and continence issues were assisted according to the care plan. Allied health directives to maintain consumers strength and mobility are not followed. Consumers reported they are not always assisted to the toilet as described on the care plan and said this could be due to not enough staff.

The service did not adequately demonstrate effective management of high impact or high-prevalence risk with the care of each consumer. Pain assessments and documents are completed but ineffective management of pain is not followed up or actioned by registered or allied health staff. Doctors prescribed medication for pain management are not always followed. Three consumers reported they were in pain. Consumers living with dementia and at increased risk of a fall have additional assessment undertaken but no strategies are identified to manage or minimise the risk of fall. The service was unable to demonstrate it promotes the social well-being of each consumer living with dementia and minimise psychological restrictive practice.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   
i) is best practice and   
ii) is tailored to their needs and   
iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:   
i) standard and transmission based precautions to prevent and control infection; and   
ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation demonstrated that all seven requirements in relation to Standard 4 were met.

The organisation demonstrated consumers are provided with safe and effective services to optimise their independence, health and well-being. 100% of consumers randomly sampled said they are encouraged to do as much as possible for themselves most of the time or always. Consumers are assessed when they enter the service and their goals and preferences for their well-being is identified. Other services are accessed for additional services and information regarding further assessment and care delivery is documented. 73% of consumers randomly sampled said the like the food most of the time or always. The menu has meal options at each meal and with a variety of meals over the month. Members of the local community access the home to provide activities to support consumers quality of life. Spiritual supports are provided by the chaplain program. The service monitors equipment that is safe, suitable and well maintained to provide safe care.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:   
i) participate in their community within and outside the organisation’s service environment; and   
ii) have social and personal relationships; and   
iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

**Standard 5:   
Organisation’s service environment Met**

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation demonstrated that all three requirements in relation to Standard 5 were met.

The service was able to demonstrate that the service is welcoming and easy to understand, and optimises each consumer sense of belonging, independence, interaction and functions. Many consumers reported feeling at home and all consumers felt safe at the service. Recent improvements at the home to the dining room and re painting of the service have taken place. The service was observed to be clean, well maintained and comfortable, many areas and gardens offer consumers the opportunity to move freely both indoors and outdoors, including in the secure memory support unit where consumers have access to a large secure outdoor area. Furniture and equipment are both modern and well maintained and the home has maintenance personnel and programs in place.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:   
i) is safe, clean, well maintained and comfortable; and   
ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

**Standard 6:   
Feedback and complaints Met**

**Consumer outcome:**

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

**Organisation statement:**

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation demonstrated that all four requirements in relation to Standard 6 were met.

The service was able to demonstrate through various ways that consumers and consumer representatives have access to complaint mechanisms, are supported and encouraged to provide feedback and complaints. The service maintains comprehensive records and systems to capture, analyse and trend complaints and feedback and the originations executive management team have access to this information. Consumers were aware of the complaints and feedback process and felt they could provide feedback or complaints if required. The service logs all actions taken resulting from feedback and complaints and where relevant these are captured in the service’s plan for continuous improvement. Consumers and/or representatives’ complaints are generally acknowledged in writing when all parties are satisfied with resolution.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that four of the five requirements under Standard 7 were met.

The service could not adequately demonstrate that the workforce is planned and the number and mix of members of the workforce deployed. Consumers and consumer representatives gave a large amount of feedback in relation to staffing and how this impacted them and made them feel, staff felt levels of staffing were inadequate to meet consumer needs due to the layout of the home and the Assessment Team identified deficiencies in care and services resulting from staffing. Deficiencies included non-effective management of consumers care in relation to continence due to staffing, call bells not been responded to in a time frame. The last completed and trended people and culture (staff) satisfaction survey conducted shows that approximately half of the service’s staff disagree that resources in the area of staffing are adequate. The service was able to demonstrate that interactions with consumers are kind, caring and respectful and the workforce is competent with the correct knowledge and qualifications. The service has access to numerous training resources and has a training program in place. All staff have regular performance appraisals and the service monitors this.

#### Requirements:

##### Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation demonstrated that all five requirements in relation to Standard 8 were met.

The service and broader organisation demonstrated that organisational governance systems are in place, monitored and are generally effective. All consumers felt the service is well run, however many made comment to staffing, refer to Standard 7 summary for further details in relation to staffing. The service was able to demonstrate that information systems are in place and continuous improvement is a priority of the service. Financial, workforce and regulatory systems are supported from central office of the organisation and feedback on the assistance they provide the service was positive. The home has effective governance systems in place in relation to feedback and complaints and has open disclosure covered in the organisational clinical governance framework.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:  
i) information management  
ii) continuous improvement  
iii) financial governance  
iv) workforce governance, including the assignment of clear responsibilities and accountabilities  
v) regulatory compliance  
vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:  
i) managing high-impact or high-prevalence risks associated with the care of consumers  
ii) identifying and responding to abuse and neglect of consumers  
iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:   
i) antimicrobial stewardship   
ii) minimising the use of restraint  
iii) open disclosure