Bethania Gardens

Performance Report

87 - 91 Station Road   
BETHANIA QLD 4205  
Phone number: 07 3451 8600

**Commission ID:** 5499

**Provider name:** Clanwilliam Pty Ltd

**Assessment Contact - Site date:** 6 November 2020

**Date of Performance Report:** 15 January 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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.
* the provider’s response to the Assessment Contact - Site report received 8 December 2021.
* Information provided from the Complaints Resolution Group.

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### 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:

1. 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.

## Assessment of Standard 2

Consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. Consumers and their representatives expressed their satisfaction with the information that is provided to them about, and their involvement in care planning processes.

Care planning documents generally reflect that consumers and/or their representatives are involved in assessment and planning and includes other providers of care and services.

The service demonstrated that consumers’ care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preference of the consumer.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *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*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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 COMPLIANT Personal care and clinical care

### 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:

1. 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.

## Assessment of Standard 3

Overall consumers/representatives consider that consumers receive clinical and personal care that is safe and right for them.

Consumers and representatives interviewed confirmed that consumers get the care they need, and it supports the consumer’s health and well-being and consumers have access to a Medical Officer or other health professionals when required, and said the referral occurs promptly.

Consumers and representatives gave examples of how staff ensured the care consumers receive was right for them, this included regularly asking them about the consumer’s care and the way it is delivered.

The organisation has policies, procedures and other written resources and training material about best practice care delivery to guide staff. Information guides staff in engaging with consumers, Medical Officers and other health professionals in assessment and care planning processes, use of validated assessment tools and management of identified risks to optimise consumer health and wellbeing.

Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team provided information that the service’s processes do not ensure consumers consistently receive clinical and personal care that is tailored to their needs and optimises their health and well-being. Consumer documentation did not demonstrate risk assessments had been conducted for chains across consumer’s doorways. The service and staff did not demonstrate an understanding of restraint assessment and authorisations.

The Approved Provider provided a response that provided clarifying information to the Assessment Team report as well as a risk assessment and mitigation plan template and progress note extracts. The Approved Provider does not agree with the Assessment Teams findings. In relation to restraint authorisation and ongoing consultation with the consumer or their representative, the Approved Provider has indicated that this ongoing review of restraint occurs during three monthly care plan reviews. The Approved Provider acknowledge that registered nurses were not documenting their required three-monthly review of restraints and has provided additional training to registered staff, with more regular auditing to be conducted to monitor compliance.

In relation to the use of plastic chains across consumers doors to keep wandering consumers out of rooms, the Approved Provider does not consider this as restraint, as it is not restricting the movement of the consumer who resides in the room with the chain, rather it keeps out wandering consumers. However, I do note that the Approved Provider had not considered the risk to consumers with the use of the chains and has since the Assessment Contact developed a risk assessment process for their use.

I have considered the information provided by both the Assessment Team and the Approved Provider and accept that the chains do not constitute a restraint for the current cohort of consumers who are using them, and that risk assessments are being completed on the use of the chains. I acknowledge that whilst there has been some deficit in documenting the authorisation and review of restraint, I am satisfied that the Approved Provider has processes to the manage this and has increased compliance monitoring for the management and documentation of restraints.

The Approved Provider has also reviewed and is modifying the way information on the use chemical restraint is accessed and monitored.

I find this requirement is compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team provided information that the service could not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Whilst review of care planning documents of consumers sampled described some key risks to consumers, the Assessment Team identified occasions when risks to consumers had not been identified and escalated, in particular in relation to restraints.

The Approved Provider provided a response that provided clarifying information to the Assessment Team report as well as a risk assessment and mitigation plan template and progress note extracts. The Approved Provider does not agree with the Assessment Teams findings.

The Approved Provider has indicated that the use of the chains to stop wandering consumers from entering other consumers rooms is not considered a form of restraint, however I do acknowledge as the Assessment Team identified risk assessments for wandering consumers and the potential harm that may be caused by the chains had been considered. The Approved Provider has provided a risk assessment form and is completing risk assessments on their use.

I have considered the information provided by the Assessment Team and the Approved provider. I note that the Assessment Team identified that risk assessments for high impact and high prevalence risks are generally assessed, with the exception of the use of chains across doorways, however I am satisfied that actions taken by the Approved Provider should correct this deficit.

I find this requirement is compliant.

### Requirement 3(3)(c) Compliant

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

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

The Assessment Team provided information that whilst staff interviewed demonstrated an understanding of strategies used at the service to minimise infection risks, including hand hygiene and use of PPE, management was not aware of requirements of services under the Aged Care Directive 13, effective 3 November 2020, in relation to COVID-19.

The Approved Provider provided a response that provided clarifying information to the Assessment Team report. The Approved Provider does not agree with the Assessment Teams findings. The Approve Provider indicated that existing established processes covered the requirements of the revised directions, with the exception of collecting email addresses. The Approved Provider has reviewed the process for monitoring changes in health directives and has a dedicated staff member to conduct daily checks for updates.

I have considered the Assessment Teams information and the Approved Provider response, I acknowledge the Assessment Team identified that staff interviewed demonstrated an understanding of infection control, and no systemic deficits in infection control practices were identified.

I find this requirement compliant.

# Areas for improvement

Whilst there are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

The Approved Provider provided an undertaking to complete risk assessments, improve monitoring of systems and provide training to staff.