Bethanie Beachside

Performance Report

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**Commission ID:** 7315

**Provider name:** The Bethanie Group Incorporated

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

**Date of Performance Report:** 11 August 2020

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-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 22 July 2020.

# STANDARD 2 NON-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

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found Requirement (3)(a) in relation to Standard 2 Ongoing assessment and planning with consumers not met. I agree with the Assessment Team and find the service Non-compliant in this Requirement. I have provided reasons for my decision below.

All other Requirements in relation to this Standard were not assessed for the purpose of this assessment contact and an overall assessment of this Standard was not completed.

The service did not demonstrate it effectively or appropriately completes or implements assessments and plans to inform the safe and effective wound care, skin care and continence care for consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-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.*

The Assessment Team found the service has validated assessment and planning tools in relation to skin and wound care. However, the service is not effectively using the assessment and planning tools to inform safe and effective delivery of wound and skin care. The service does not effectively use continence assessment tools to inform effective continence care for consumers. Evidence included:

* Six consumers’ assessments and plans viewed in relation to high risk of skin breakdown or pressure injuries were not effectively managed and documented assessments and plans were not effective in informing the appropriate care of wounds or prevention of skin breakdown. Examples included:
  + Assessments and plans identified wound products to use. However, staff were not using the directives to inform the delivery and management of wounds.
  + Wounds were not photographed or measured to monitor the healing or deterioration of the wound in line with the requirements of the assessment tools and procedures of the service.
  + Skin assessments were not completed when changes in skin integrity occurred including the identification of black areas and pressure wounds.
  + Additional assessments were not completed as directed by wound specialists.
  + Staff did not follow pressure area care directives as assessed and documented on consumers plans.
* Two consumer’s continence assessments and plans were not effectively used to inform the appropriate and effective continence care.

The Approved Provider’s response acknowledges the service’s systems were not effective in meeting the expectations of the organisation or the Standards. The organisation has made a commitment to implement immediate actions to address the deficits.

Based on the information in the Assessment Team’s report and the acknowledgment of the Approved Provider of the deficits identified by the Assessment Team I find the service Non-compliant in this Requirement. The service has assessment and planning tools which are completed by registered staff to plan appropriate delivery of wound and skin care for consumers. However, the service is not effectively or appropriately completing or using the assessments in relation to wound and skin care. The assessments are not effective at informing safe and effective delivery of care for consumers.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

# STANDARD 3 NON-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

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found Requirement (3)(a) and (3)(b) in relation to Standard 3 Personal care and clinical care not met. I agree with the Assessment Team and find the service Non-compliant in these Requirements. I have provided reasons for my decision below.

All other Requirements in relation to this Standard were not assessed for the purpose of this assessment contact and an overall assessment of this Standard was not completed.

The service did not demonstrate consumers receive wound management, pressure area care, continence care or assistance with meals and drinks which is in line with best practice or tailored to consumer’s needs.

The service did not demonstrate consumers’ high-impact and high-prevalence risks associated with pressure injuries and wounds are managed effectively, resulting in development and deterioration of pressure injuries and wounds.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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 found consumers are not being delivered wound care or pressure injury prevention in line with best practice, consumers are not being delivered continence care which is tailored to consumer needs and staff do not provide or supervise the delivery of meals and drinks to consumers in line with their needs or best practice. Evidence relevant to my decision includes:

* Six of six consumers requiring pressure area care, who have or at risk of pressure injuries, did not have pressure area care provided in line their assessed needs, documented plans or best practice.
  + Observations and documentation confirmed pressure area care was not provided in line with best practice or the consumer’s assessed needs.
  + Staff interviews and discussion and response from management confirmed staff are not completing pressure area care or pressure area care documentation in line with expectations or best practice.
* Two consumers with current unstageable wounds have not had the wounds managed in line with their assessed needs or in line with best practice.
  + Wounds are not measured or photographed to monitor the size and condition of the wound.
  + Wound dressings are not changed in line with directives including frequency of dressing changes and use of dressing products.
* Two consumers were not being provided continence care or continence aids in line with their preferences and needs to optimise their health and wellbeing.
* Two consumers were observed not to receive supervision and assistance in relation to provision of food and drinks including dietary supplements during the assessment contact.

The Approved Provider’s response acknowledges the service’s systems were not effective in meeting the expectations of the organisation or the Standards. The organisation has made a commitment to implement immediate actions to address the deficits.

Based on the information in the Assessment Team’s report and the acknowledgment of the Approved Provider of the deficits identified by the Assessment Team I find the service Non-compliant in this Requirement. The service has assessment tools and management processes for wound and continence care based on best practice. However, staff practice is not in line with best practice in the use of the assessment tools, or in the delivery of wound management, pressure area care or continence care for consumers. Food and drinks are not being provided to consumers with the assistance and supervision as assessed and documented on their care plans.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found the service does not effectively manage the high-impact and high-prevalence risks associated with pressure injuries and wounds. Pressure injuries are not prevented or identified, and staff do not manage wound care in line with best practice to prevent deterioration of wounds. Evidence included:

* Four consumers did not have their pressure injuries and wounds managed effectively resulting in deterioration. Including:
  + One consumer did not have their high risk of developing pressure injuries managed effectively and developed a pressure injury in March 2020. The pressure injury was not managed effectively and deteriorated over a three-week period resulting in hospital transfer for the management of a severely infected necrotic pressure injury which the hospital assessed as requiring amputation. The consumer died in hospital while receiving treatment for the infection.
  + One consumer did not have their known high risk of developing wounds associated with medical diagnosis managed effectively. The service did not identify multiple necrotic areas on the consumers feet in a timely manner until February 2020. The necrotic areas and wounds were not managed effectively or appropriately and deteriorated. Approximately one month following identification of the necrotic areas the consumer required hospitalisation for amputation to treat the infected wounds in March 2020. In April 2020 further hospitalisation was required to treat the wounds and the consumer returned to the service in May 2020 requiring end of life care.
  + One consumer’s known risk associated with skin integrity breakdown including of the lower legs was not managed effectively or monitored in line with specialists’ directives. Wounds assessed as requiring second daily treatment were not treated for up to six days and vital signs monitoring for sepsis were not completed for four days. The consumer was transferred to hospital in June 2020 requiring treatment for infections including infection of the lower legs. The hospital identified further infection and breakdown of skin integrity in the lower abdominal and groin areas requiring treatment.
  + One consumer with known risks associated with chronic leg wounds did not have the wounds managed effectively after entering the service. The consumer’s wounds deteriorated in March 2020 and it was identified staff were not managing the wounds in line with directives or best practice. After review and strict new wound regime implemented including only trained staff to manage the wounds the wound condition improved.

The Approved Provider’s response acknowledges the service’s systems were not effective in meeting the expectations of the organisation or the Standards. The organisation has made a commitment to implement immediate actions to address the deficits.

Based on the information in the Assessment Team’s report and the acknowledgment of the Approved Provider of the deficits identified by the Assessment Team I find the service Non-compliant in this Requirement. The service did not effectively manage known risks associated with consumers’ risk of pressure injuries or wounds or current wounds and pressure injuries. Staff did not provide appropriate preventative strategies or monitoring of consumers at risk of pressure injuries or skin breakdown. Staff did not manage consumers wounds in line with their assessed needs or directives resulting in deterioration of wounds and skin resulting in significant impact to consumers including infections requiring hospitalisation and subsequent death of one consumer.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found Requirement (3)(c) and (3)(d) in relation to Standard 7 Human resources not met. I agree with the Assessment Team and find the service Non-compliant in these Requirements. I have provided reasons for my decision below.

All other Requirements in relation to this Standard were not assessed for the purpose of this assessment contact and an overall assessment of this Standard was not completed.

The service did not demonstrate staff are appropriately trained or are competent in the delivery of pressure injury and skin care and wound management. The service’s systems were not effective at monitoring staff knowledge and competence to identify deficits in staff performing their roles effectively.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Non-compliant

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

The Assessment Team found registered nursing staff are not competent in providing effective pressure injury care and wound management to consumers. Care staff are not competently performing their roles in relation to the provision of pressure area care and monitoring of consumers at risk of skin integrity breakdown. The service’s systems were not effective at identifying and appropriately actioning the deficit in staff knowledge and competency in relation to pressure injury and wound care. Evidence relevant to my decision included:

* Registered nursing staff were not performing their roles competently in relation to wound care, including; staff not following best practice policies and procedures, not following directives for wound care and not identifying and responding to wound and skin deterioration in a timely manner.
* Care staff were not performing their roles competently in relation to skin care and pressure injury prevention care, including; not completing documentation, not providing pressure area care in line with needs and not monitoring or identifying deterioration in consumer’s skin.
* Following a complaint management are undertaking a review of registered nursing staff practice and have identified 12 staff requiring formal follow up. However, the service’s own monitoring systems did not identify the deficit in staff competence in performing their roles in relation to wound and skin care.

The Approved Provider’s response acknowledges the service’s systems were not effective in meeting the expectations of the organisation or the Standards. The organisation has made a commitment to implement immediate actions to address the deficits.

Based on the information in the Assessment Team’s report and the acknowledgment of the Approved Provider of the deficits identified by the Assessment Team I find the service Non-compliant in this Requirement. The service does not have effective systems to ensure staff are competent in performing their roles including in the provision of pressure injury and wound management care. While the service staff have appropriate qualifications, the service did not effectively monitor staff competence to identify deficits and implement appropriate actions to ensure the staff had appropriate skills and knowledge to provide pressure injury and wound care required. The deficits in staff competently performing their roles was ongoing for a period of over six months resulting in significant impact to consumers including deteriorated and infected wounds requiring hospitalisation.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team found the service provides training to staff to ensure delivery of care and outcomes as required by these Standards, however the training is not effective. Evidence included:

* Training in relation to wound care and skin care is provided to staff however is not effective as staff are not delivering wound and skin care in line with these Standards. The service has not identified deficits in the effectiveness of the training.
* Not all staff have completed training in line with the service’s procedures, five of 18 clinical staff have not completed mandatory training including manual handling, customer service and infection control.

The Approved Provider’s response acknowledges the service’s systems were not effective in meeting the expectations of the organisation or the Standards. The organisation has made a commitment to implement immediate actions to address the deficits.

Based on the information in the Assessment Team’s report and the acknowledgment of the Approved Provider of the deficits identified by the Assessment Team I find the service Non-compliant in this Requirement. The service does not have effective training systems to ensure the workforce delivers the outcomes required by these Standards. The service’s training of staff in wound and skin care is not effective at ensuring staff are equipped and effective at providing care. The service has not ensured all staff receive mandatory training in line with their expectations.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found Requirement (3)(d) in relation to Standard 8 Organisational governance not met. I agree with the Assessment Team and find the service Non-compliant in this Requirement. I have provided reasons for my decision below.

All other Requirements in relation to this Standard were not assessed for the purpose of this assessment contact and an overall assessment of this Standard was not completed.

The service did not demonstrate it has an effective risk management system and practices in relation to the management of high impact or high prevalence risks associated with the care of consumers.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found the service does not have an effective risk management system in relation to the management of high impact or high prevalence risks associated with consumer care. Staff practice is not in line with the organisation’s policies, procedures or expectations in relation to the management of wounds and pressure injuries. Evidence included:

* The organisation has policies, procedures, assessment tools and qualified staff to direct and manage high impact and high prevalence risks associated with consumer care at the service.
* Staff practice is not in line with the organisation’s policies, procedures or expectations in relation to wound care, skin care and pressure injury care and prevention. The Assessment Team identified deficits in registered nursing staff and care staff practice over a period of six months, including:
  + Registered nurse staff failed to complete wound care and wound care documentation in line with directives or in line with best practice.
  + Registered nurse staff failed to consistently measure, photograph and monitor consumers wounds in line with best practice and procedures.
  + Registered nurse staff failed to reassess consumers skin risk assessments and skin assessments following changes or deterioration in consumers’ skin integrity.
  + Care staff failed to monitor and identify changes in consumers’ skin integrity.
  + Care staff failed to deliver pressure area care to consumers at high risk or with existing pressure injuries in line with directives.
  + Care staff failed to complete pressure injury documentation and records in lien with best practice.
* The service’s monitoring systems to ensure risk management systems are effective and staff practice is in line with organisation expectations, including review of wounds, recording of wound data and review of staff practice were not effective at identifying deficits in the services implementation and practice in relation to the management of wounds and pressure injuries.
* Deficits identified in the service’s implementation and staff practice in relation to risk management of consumers’ wounds and skin resulted in significant impacts to consumers including hospitalisation, infection and death.

The Approved Provider’s response acknowledges the service’s systems were not effective in meeting the expectations of the organisation or the Standards. The organisation has made a commitment to implement immediate actions to address the deficits.

Based on the information in the Assessment Team’s report and the acknowledgment of the Approved Provider of the deficits identified by the Assessment Team I find the service Non-compliant in this Requirement. The service has not effectively implemented the organisation’s risk management systems in relation to the management of consumers’ wound, skin and pressure injury care and staff practice is not in line with the organisation’s policies, procedures or best practice assessment and management tools. The service failed to identify and respond to the deficits in the implementation and staff practice in relation to the management of high impact and high prevalence risks associated with consumer wound, skin and pressure injury care.

Based on the summarised evidence above, I find the service Non-compliant in this Requirement.

# 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)(a):
  + Ensure the service is effectively and appropriately completing and using the assessments in relation to wound and skin care.
  + Ensure skin and wound care assessments are effective at informing the safe and effective delivery of care for consumers.
  + Ensure delivery of care in relation to continence and assistance with meals and drinks is informed through care plans.
* Standard 3 Requirement (3)(a):
  + Ensure staff practice is in line with best practice guidelines, assessments and directives in relation to the delivery of wound management and pressure injury prevention.
  + Ensure care staff provide skin care, pressure area care and continence in line with best practice and in line with consumers preferences and needs.
* Standard 3 Requirement (3)(b):
  + Ensure staff practice is in line with directives in the management of consumers’ wounds and pressure injuries.
  + Ensure staff are monitoring consumers at risk of skin breakdown, wounds and pressure injuries and implementing strategies to prevent and reduce skin breakdown, wounds and pressure injuries.
* Standard 7 Requirement (3)(c):
  + Ensure registered nursing staff and care staff are competent in performing their roles in relation to the delivery of wound, skin and pressure injury care to consumers.
  + Ensure processes are implemented to effectively monitor staff competence in delivery of care to consumers and appropriate actions are implemented to address deficits in staff competency.
* Standard 7 Requirement (3)(d):
  + Ensure all staff providing wound care and pressure injury care are appropriately trained.
  + Ensure staff training is reviewed and monitored for effectiveness and staff practice monitored to identify areas for further staff training.
  + Ensure all staff complete mandatory training in line with the organisation’s policies.
* Standard 8 Requirement (3)(d):
  + Ensure staff practice in relation to the management of high prevalence risks and high impact risks associated with consumer care including skin, wound and pressure injury care, is in line with the organisation’s policies, procedures and expectations.
  + Ensure monitoring systems are effective in identifying deficits in staff practice or the implementation of the organisation’s risk management systems.