Bethanie Beachside

Performance Report

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**Commission ID:** 7315

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 13 October 2020

**Date of Performance Report:** 6 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** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 acknowledgement of the Assessment Contact - Site report received 23 October 2020
* the Performance Assessment Report for the Assessment Contact on 6 July 2020.

# STANDARD 2 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 Assessment Team assessed Requirement (3)(a) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 July 2020 because the service did not effectively use assessment and planning tools to inform safe and effective delivery of wound, skin and continence care.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met and the Approved Provider has acknowledged the Assessment Team’s report. The Assessment Team’s report provided evidence of effective assessment and planning processes for sampled consumers.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and find the service Compliant with Standard 2 Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

## 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.*

The Assessment Team’s report indicates that following the Assessment Contact on 6 July 2020, the service conducted a root cause analysis to determine the cause of deficiencies in the provision of care. The service has subsequently provided staff with the requisite training, including assessment and care planning training. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers and representatives interviewed reported nurses regularly consult with them about consumers’ care and services, including discussing risks associated with care.
* Clinical staff interviewed described consumer assessment and care planning processes and how this information is used to determine consumers’ daily care, and lifestyle needs and preferences.
* Consumers’ assessment and care plans were comprehensive and individualised with required care interventions transferred to care plans.
* Care planning documents demonstrated clinical and allied health staff consistently consider and discuss risks with the consumers/representatives during assessment and planning processes.
* Provided an example of assessment and planning processes used for a consumer who was refusing care which were negatively impacting the consumer’s health.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Standard 2 Requirement (3)(a).

The Bethanie Group Incorporated

# STANDARD 3 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 Assessment Team assessed Requirements (3)(a) and (3)(b) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(b) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 July 2020 because the service did not demonstrate consumers receive wound management, pressure area care, continence care or assistance with meals and drinks in accordance with best practice or tailored to consumers’ needs; additionally the service did not demonstrate consumers’ high impact and high prevalence risks associated with pressure injuries and wounds were managed effectively.

The Assessment Team have recommended Requirements (3)(a) and (3)(b) in this Standard as met and the Approved Provider has acknowledged the Assessment Team’s report. The Assessment Team’s report indicated consumers are receiving best practice care in preventing and treating pressure injuries and wounds, falls prevention management, managing pain, oedema and diabetes. The Assessment Team provided evidence of the service identifying and managing risks associated with the care of sampled consumers.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and find the service Compliant with Standard 3 Requirements (3)(a) and (3)(b). I have provided reasons for my decision in the specific Requirements below.

### 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’s report indicates that following the Assessment Contact on 6 July 2020, the service conducted a root cause analysis to determine the cause of deficiencies in the provision of care. The service has subsequently provided clinical and care staff with the requisite training, including training in relation to skin integrity, pressure area care, wound management and continence care. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed provided several examples in relation to how personal and clinical care provided optimises their health and wellbeing. Representatives interviewed are confident consumers receive quality clinical care.
* Staff interviewed were able to provide examples of specific care needs and preferences for sampled consumers which were consistent with the consumers’ care planning documentation.
* Documentation for consumers with pressure injuries demonstrates strategies for pressure area care and wound care are consistent with the service’s procedures.
* Wound documents sampled demonstrated staff record wounds, implement wound management plans, photographs wounds and evaluations are undertaken by clinical staff.
	+ All consumers had documented wound care plans for each wound and each plan contained photographs taken several times per week to monitor wound progression.
	+ All wounds reviewed appeared to be healing (where expected) and were effectively monitored.
* An episode of pain for one consumer was managed effectively, including appropriate assessment and evaluation.
* Documentation supports the service monitors the use of physical and chemical restraint.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Standard 3 Requirement (3)(a).

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

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

The Assessment Team’s report indicates that following the Assessment Contact on 6 July 2020, the service conducted a root cause analysis to determine the cause of deficiencies in the provision of care. The service has subsequently provided clinical and care staff with the requisite training, including training in relation to skin integrity, pressure area care, wound management and continence care. The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers interviewed provided several examples in relation to how personal and clinical care provided optimises their health and well-being. Representatives interviewed are confident consumers receive quality clinical care.
* Staff interviewed were able to describe how to identify and manage risks associated with consumers’ care, including how to identify pressure injuries and provide pressure area care.
* Consumer assessments are undertaken by registered nurses and allied health staff, with clinical risks identified through this process and interventions documented in care plans.
* Clinical incidents are recorded and analysed to ensure strategies and interventions are implemented to prevent reoccurrence.
* The service demonstrated evidence of weekly care and allied health team meetings where wound care and pressure injuries are discussed, including review of pressure area care strategies.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Standard 3 Requirement (3)(b).

# STANDARD 7 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 Assessment Team assessed Requirements (3)(c) and (3)(d) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(c) and (3)(d) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 July 2020 because the service did not demonstrate staff are appropriately trained or are competent in the delivery of pressure area care, skin care and wound management. Additionally, the service’s monitoring processes were not effective in identifying staff knowledge and competence.

The Assessment Team have recommended Requirements (3)(c) and (3)(d) in this Standard as met and the Approved Provider has acknowledged the Assessment Team’s report. The Assessment Team’s report indicated the service implemented a continuous improvement plan and a weekly task list rectify the deficiencies identified at the Assessment Contact in July 2020.

## I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and find the service Compliant with Standard 7 Requirements (3)(c) and (3)(d). I have provided reasons for my decision in the specific Requirements below.

## Assessment of Standard 7 Requirements*.*

### Requirement 7(3)(c) Compliant

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

The Assessment Team’s report indicates that following the Assessment Contact on 6 July 2020, the service conducted a root cause analysis to determine the cause of deficiencies in the provision of care. The service has subsequently implemented the following improvements to address the deficiencies with staff competency and knowledge:

* Policies and procedures have been reviewed to make them less complicated and provide clear guidance for staff.
* Nursing staff were required to undertake an assessment of their knowledge and understanding in relation to wound care. Twelve assessments were deemed inadequate and further follow-up was undertaken resulting in two staff receiving formal warnings, and five staff commenced on performance improvement plans.
* Morning shift start times were aligned to improve efficiency.
* Electronic tablets were implemented to ensure real time recording of care and to allow clinical staff to photograph wounds and record care at the time of wound dressing.
* Care staff were provided with training in relation to skin integrity, pressure area care, wound management and continence care.
* Clinical staff were provided with training in relation to assessment and planning, wound care, and leadership, accountability and workflow escalations.
* All staff received training in relation to documentation practices for progress notes.

The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Consumers and representatives interviewed indicated the care consumers receive is satisfactory and feel staff are competent and qualified to perform their roles.
* Six care staff interviewed said the additional training they have received in relation to skin integrity, pressure area care, wound management and continence care was valuable.
* Five registered nursing staff interviewed said the additional training they have received has assisted them to follow the service’s policies and procedures.
* Training records confirm staff have received additional training.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Standard 7 Requirement (3)(c).

### Requirement 7(3)(d) Compliant

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

The Assessment Team’s report indicates that following the Assessment Contact on 6 July 2020, the service conducted a root cause analysis to determine the cause of deficiencies in the provision of care. The service has subsequently implemented the following improvements to address the deficiencies with staff competency with additional training as outlined in Requirement (3)(c) in this Standard. The Assessment Team provided the following evidence and information for sampled consumers to support my finding in this Requirement:

* Consumers and representatives interviewed described staff as being well-trained, providing the best of care and knowing what they are doing.
* Care staff interviewed stated the additional training has helped them to understand the requirements of their role and reinforced what they need to do, especially in relation to skin and pressure area care.
* Registered nursing staff said the new wound care procedure is easy to follow and understand and the new wound care system ensures effective wound care is provided.
* Training records demonstrate all working staff have completed mandatory training requirements.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Standard 7 Requirement (3)(d).

# STANDARD 8 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 Assessment Team assessed Requirement (3)(d) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted on 6 July 2020 because the service did not demonstrate it had 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.

The Assessment Team have recommended Requirement (3)(d) in this Standard as met and the Approved Provider has acknowledged the Assessment Team’s report. The Assessment Team’s report indicated the organisation reviewed the Clinical Governance Framework to ensure it monitors and responds to high impact and high prevalence risks.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and find the service Compliant with Standard 8 Requirement (3)(d). I have provided reasons for my decision in the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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’s report indicates the service has implemented the following improvements to address the deficiencies identified at the Assessment Contact on 6 July 2020 with the management of high impact or high prevalence risks associated with the care of consumers:

* The organisation reviewed the Clinical Governance Framework to ensure there was clear guidance for staff in relation to provision of quality care and services and how to manage high impact and high prevalence risks associated with consumers’ care.
* Policies and procedures have been updated, specifically in relation to wounds and risk escalation of non-healing wounds. The update includes a flowchart for wound management.
* Clinical indicator data for August to September 2020 demonstrates a reduction in clinical incidents relating to falls, behaviours, pressure injuries and skin tears. The service continues to monitor and discuss clinical incidents in accordance with the Clinical Governance Framework.

The Assessment Team provided the following evidence and information for sampled consumers to support my finding:

* Staff interviewed confirmed they understood the new policies and procedures, including those relating to wound care. Staff have an understanding of mandatory reporting requirements in relation to allegations and suspicion of consumer assault.
* Care team meetings are held fortnightly to discuss consumer clinical care issues and clinical indicator data and audits.
* The service has a system to support consumers to take risks so they can live the best life they can. This includes a risk assessment and discussion with consumers and/or representatives.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Standard 8 Requirement (3)(d).

# Areas for improvement

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.