Bethanie Beachside

Performance Report

629 Two Rocks Road   
YANCHEP WA 6035  
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**Commission ID:** 7315

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 15 February 2021

**Date of Performance Report:** 4 June 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | 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 9 March 2021
* other information and intelligence held by the Commission in relation to the service.

# 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 did not assess all Requirements under this Standard, therefore a compliance rating or summary is not provided

### 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 brought forward deficiencies in relation to documentation to support the provision and monitoring of wound care, however I have been unable to determine this has negatively impacted on the healing process of consumer wounds. For two named consumers it was evidenced by the Assessment Team that while photographs were taken of the wounds, measurements were not taken, and wound care documentation was incomplete. I am unable to determine from the Assessment Team’s information what information was lacking in wound care documentation. Wound care was attended to as prescribed. The Approved provider in its written response has documented internal auditing of wound care completed by the service had identified this deficiency in wound care prior to the Assessment contact and had commenced actions to address this concern via a plan for continuous improvement. The plan for continuous improvement contains an action item pertaining to daily auditing of wound assessments and charts by clinical management staff has commenced. Audit results have been shared at registered staff meetings. While I agree with the Assessment Team staff have not followed the service’s policies, procedures and guidelines in relation to information included in wound care plans, I am unable to determine this has had a negative impact on wound care delivery or healing of wounds for consumers. I have taken my mind to the actions planned by the Approved provider and have found these to be reasonable and sustainable to address concerns in wound care documentation.

For one named consumer with high care needs and who is at risk of developing pressure injuries, the Assessment Team identified pressure relieving devices were not in place. The consumer’s specialised wheelchair required repair which required the consumer to spend longer time in bed. It was observed the consumer did not have a pressure relieving mattress on their bed. I am unable to determine the length of time the consumer has remained in bed due to their wheelchair repairs. I note however staff are providing wound care to the consumer’s sacrum daily including a review of the wound. While I agree a change to a consumer’s mobility function requires reassessment of the pressure injury risks, however I am unable to determine how long the consumer has been confined to bed. The Assessment Team also note the consumer’s skin integrity is inspected daily by registered staff. I acknowledge the consumer requires to be nursed on a pressure relieving mattress due to their pressure area risk, however I am unable to determine the reason the consumer was not provided with a pressure mattress or the length of time the consumer was in bed without a pressure mattress, therefore I unable to weight the significance of the Assessment Team’s information. The Approved provider did not dispute or respond to this aspect of the Assessment contact report.

For a second named consumer with high care needs and two chronic wounds, care planning directives include the consumer requires heel protectors whilst in bed and their legs are to be elevated while in their recliner chair. The Assessment Team observed the consumer in their wheelchair wearing heel protectors and their legs were not elevated. Care planning directives for the consumer include a pressure relieving cushion is to be in place on the reclining chair, however this was not observed during the Assessment contact. The Approved provider disputed this evidence and stated the consumer wears a heel cup which is applied and changed daily and the consumer has the capacity to raise the footrest on their reclining chair in line with their independence. The Approved provider has stated the cushion is no longer required by the consumer, however care planning directives had not been updated. Staff interviewed were aware of pressure relieving strategies for the consumer. I have not considered this information as placing the consumer at further risk of developing pressure areas. The consumer stated to the Assessment Team they were required to prompt staff to apply moisturiser to their skin daily as staff at times forget. The Assessment Team have drawn a conclusion this evidences the consumer is at risk of not receiving care as they are required to prompt staff, I have considered this information and note there is no evidence to support the consumer has not received care to maintain their skin integrity.

The Assessment Team identified the service did not work in collaboration with the consumer and their representative in relation to concerns raised regarding a fungal nail infection. In reviewing the Approved provider’s response, I have come to the conclusion the service provided appropriate care and instigated referral processes when concerns were identified in the consumer’s nails.

For a third named consumer the Assessment Team have identified the consumer was commenced on medication following an injury and instructions included the medication could be stopped after four weeks if not required. The consumer’s medical officer reviewed the consumer and continued the medication, the Assessment Team noted the consumer does not have a diagnosis as documented by the Medical officer during their review. I also note the medication has not been provided to the consumer since October 2020 and permission was granted from family prior to the administration of the medication. While I acknowledge the Medical officer may have listed the incorrect use of the medication as the consumer required the medication for anxiety rather than seizures, this does not demonstrate deficiencies in the delivery of safe and effective clinical care.

The named consumer as above developed an infection in their armpit and was transferred to hospital prior to the Assessment contact visit. The Assessment Team identified the care plan for the consumer in relation to skin and hygiene care did not contain interventions including maintaining clean and dry skin, moisturising and protecting the skin. Feedback was provided by the consumer’s representative that temporary staff do not provide a high standard of hygiene. Concerns were also raised by the consumer representative a deficit in the commencement of antibiotics following a swab taken of the consumer’s armpit. I have considered this information together with the Approved provider’s response and have decided there is no correlation between hygiene care delivered by temporary staff and the consumer developing an infection in their armpit. I also have decided there was no delay in the commencement of antibiotics as antibiotics were commended as soon as pathology results were received. I have not placed any weight in my decision in relation to information regarding the proportion of agency staff and regular staff providing care to the consumer as the Approved provider evidenced a care needs poster is included with every care plan and includes detailed instructions for care staff when providing hygiene care.

For three consumers the Assessment Team brought forward information relating to the service not trialling, monitoring or evaluating psychotropic medication. There is insufficient evidence brought forward under this Requirement by the Assessment Team for this information to be taken into account in my recommendation of compliance.

I have considered the information recorded above and it is my opinion consumers received safe and effective wound care despite some deficits in wound care monitoring documentation, pressure area care and preventative strategies were in place for consumers at high risk, medication was administered as ordered and antibiotics were commended in a timely manner. Therefore, it is my decision 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.*

For three consumers the Assessment Team have documented concerns in relation to the use of psychotropic medication. The Assessment Team noted the medication has not been regularly monitored or evaluated to ensure its effectiveness in reducing the symptoms and behaviours of the consumers.

For the first named consumer who was commenced on psychotropic medication on 18 September 2020, the Assessment Team identified a lack of assessment or behavioural charting evidenced a need for the increase in psychotropic medication. This information is in contrast to the behaviour assessment identified by the Assessment Team completed prior to the commencement of the medication which identified the consumer was paranoid and accusatory. An absence of alternative non-pharmacological methods trialled before the commencement of the psychotropic medication was noted, the Approved provider in its response has refuted this information and evidenced a number of strategies in place to attempt to manage the consumer’s behaviours were in place prior to the commencement of the medication. The consumer has experienced one episode of challenging behaviour since the commencement of the medication, which I have decided identifies the effectiveness of the medication. The consumer was noted to be attending activities and conversed with the Assessment Team.

A second named consumer was commenced on an alternative psychotropic medication on 8 January 2021, the Assessment Team identified a lack of alternative strategies were trialled prior to the commencement of the medication. This information is in contrast to alternative strategies contained within the report including provision of meals and drinks, encouraging meaningful activities and encouraging rest periods. Sleep charts provided by the Approved provider evidenced the consumers is sleeping effectively. Registered staff interviewed suggested the change in medication for the consumer has improved their behaviour.

For a third consumer, the Assessment Team have identified the service did not undertake an assessment or trial other strategies prior to additional psychotropic medication commencing in December 2019. Following a fall in November 2019 the consumer experienced hallucinations and a trial of psychotropic medication was commenced by their medical officer, deemed to be successful and the medication was increased one week later. The Medical officer has noted the consumer is settled, not over sedated and medications have continued as prescribed. The Assessment Team has noted the consumer has non-pharmacological strategies in place including clergy visitation and therapeutic massage. The consumer has deteriorated clinically since the fall and has completed a palliative care assessment is now resting in bed for the majority of the time. The Assessment Team has questioned the need for the consumer to remain on psychotropic medication given the consumer has not displayed behaviours of concern or hallucinations. The consumer was observed by the Assessment Team to be assisted with their meal by staff and registered staff confirmed the consumer still experiences hallucinations.

The Assessment Team brought forward information regarding wound care, it is my decision this information is not different to concerns raised in Requirement 3 (3) (a) and I have considered the Requirement is Compliant.

I have reviewed the information regarding the three consumers and their medication requirements including psychotropic medication. It is my decision the service is effectively managing the high-impact risk of psychotropic medication, including regular review, trialling alternate strategies and monitoring the impact of the medication for consumers. Therefore, it is my decision this Requirement is Compliant.

# 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.