Bethanie Beachside

Performance Report

629 Two Rocks Road
YANCHEP WA 6035
Phone number: 13 11 51

**Commission ID:** 7315

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 24 November 2021

**Date of Performance Report:** 20 December 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 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 consumers, representatives, staff and others.
* the provider did not submit a response to the Assessment Team’s report.

# 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 Requirement (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact and have recommended Requirement (3)(b) met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### 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 the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers stated staff explain risks to their well-being and they have input into steps to reduce the risks.
* Consumers’ high impact or high prevalence risks are identified through consultation, assessment and review processes. Information gathered is used to develop individualised care plans which provide guidance to staff on consumers’ clinical needs.
* Policy and procedure documents relating to management of high impact or high prevalence risks are available to guide staff practice. Best practice guidelines are incorporated into all risk assessments and tools.
* A sample of three consumer files demonstrated appropriate management and review of risks related to falls, pressure injuries, weight loss and swallowing difficulties. Care files demonstrated where issues are identified, reassessments occur, care plans reviewed and updated and referrals to allied health specialists and/or Medical officers initiated.
* Care staff sampled described care requirements to minimise high impact or high prevalence risks for consumers sampled. Staff were aware of escalation processes implemented where deterioration in consumers’ health is identified.

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

# 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 Standard 8 Organisational governance as part of the Assessment Contact and have recommended Requirement (3)(d) met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Beachside, Compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect; supporting consumers to live the best life they can; and managing and preventing incidents, including use of an incident management system.
* Clinical incidents, including in relation to medications, adverse behaviours, falls, unplanned weight loss and skin injuries are collated and analysed on a monthly basis. Outcomes are discussed at clinical meetings as part of the organisation’s ongoing risk identification process.
* In relation to identifying and responding to abuse and neglect, policy and procedure documents outline staff roles and responsibilities relating to identification, recording and reporting of incidents. Staff have received training on the Serious Incident Response Scheme and elder abuse and flow charts have been developed to guide staff in relation to actions to be taken. Staff described actions they would take if they were advised of or witnessed an incident.
* There are processes to support consumers to live the best life they can. Where consumers choose to take risks, risks associated with the activity are discussed with the consumer and/or representative and strategies to manage risks developed.
* An Incident management system is in place to review clinical indicators. Clinical incidents are recorded in a database which assists the organisation to identify trends. Issues identified are discussed at monthly meeting forums and measures are implemented to address reoccurrence.

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

# 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.