Bethanie Como

Performance Report

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**Commission ID:** 7458

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 20 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 Approved Provider’s response to the Assessment Contact - Site report received 26 November 2020.

# 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 Assessment Team assessed Requirements (3)(a) and (3)(g) within this Standard.

The Assessment Team have recommended Requirement (3)(a) is not met, and Requirement (3)(g) is met.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(a) and Compliant with Requirement (3)(g). A decision of Non-compliance in one or more requirement results in a decision of Non-compliant for the Quality Standard.

The reasons for my decisions are detailed under the specific Requirements below.

### 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 assessed this Requirement and found the service could not demonstrate care provided to consumers is tailored to their needs, is based on best practice and optimises their health and well-being. Specific consumers did not receive adequate fluids to maintain their clinical health. Weight loss was not monitored. Equipment identified to minimise the risk of a consumer falling was not used according to instructions. Medication administration was not always correct and safe. Representatives are not satisfied adequate fluids are provided to consumers and staff reported they do not always have time for giving fluids to consumers who take additional time with their meals and drinks.

The Assessment Team have based their recommendation on the following findings:

* A consumer’s representative requested staff increase the consumer’s fluid intake. Fluid intake charts indicate intake of 900mls, 850mls, and 500mls over three consecutive days in September. The Assessment Team observed this consumer with tea served in a cup. They had not been provided with a mug with a lid and spout and a straw – all of which are recorded on their care plan as required when drinks are provided. Management indicated they had recently identified consumers whose fluid intake needed to be monitored. This consumer’s name was not on the list of those being followed up.
* A consumer had been assessed as safe to drink normal consistency fluids however was still being provided with thickened fluids seven weeks later. The care plan was not updated with the speech pathologist’s updated directions. Staff reported they did not know the consumer could have normal fluids.
* Despite a consumer losing 2.6kgs in weight between July and August no action was taken to investigate the weight loss and no further weights were recorded between August and the beginning of October.
* Progress notes indicate a consumer showed abnormal symptoms for two weeks prior to staff arranging review by the nurse practitioner.
* Safety devices including an authorised physical restraint were not consistently used to minimise the risk of a consumer falling.

The Approved Provider submitted a response to the Assessment Team’s report on 26 November 2020. The Approved Provider’s response acknowledged the Assessment Team’s findings detailed above and confirmed they have developed a proposal for managing non-standard medication dispensation times and were completing a high impact high prevalence risk assessment of all consumers to determine if further interventions are required and confirmed these details will be added to the service’s plan for continuous improvement.

I acknowledge the Approved Provider’s proactive approach in responding to the Assessment Team’s findings. Despite the action being taken I consider the evidence indicates some consumers were not being provided with safe and effective personal and/or clinical care at the time of the assessment contact visit, and the gaps identified by the Assessment Team were not all detected and acted upon by the service prior to the assessment contact visit.

For the reasons detailed above I find the service Non-Compliant with Standard 3 Requirement (3)(a).

### 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 found the service has effective systems, policies and procedures in place relating to infection control and antimicrobial stewardship to minimise infection related risks and conducts training in both areas to guide staff in meeting this Requirement.

During interviews with the Assessment Team consumers and representatives confirmed they observe staff practicing good hand hygiene. A consumer’s representative confirmed they are provided with regular information about newly prescribed medication, most recently about antibiotics.

Documentation reviewed by the Assessment Team included records relating to a recent outbreak of gastroenteritis, confirming the outbreak management plan was followed and comprehensive records were kept as required by the public health unit. The vaccination register confirms all staff have been vaccinated in 2020 and 96 per cent of consumers consented to being vaccinated. A consumer’s case file confirmed they were monitored for symptoms of gastroenteritis, appropriate medical reviews occurred when deemed necessary and family were kept informed of any changes. Another consumer’s care plan was found not to contain information relating to a transmissible infection. Despite this staff were aware of the need to take precautions, and clinical staff committed to updating the care plan to include these details.

During interviews with the Assessment Team all care and clinical staff confirmed they are provided with regular training on infection control practices relating to COVID-19, and they complete mandatory online and onsite training on outbreak management, correct use of personal protective equipment and hand hygiene. All staff knew where the outbreak management boxes and additional personal protective equipment was stored. Clinical staff demonstrated an understating of best practice use of antibiotics and how to respond to infection related risks. A clinical staff member said the service is committed to implementing preventative strategies prior to utilising antibiotics, such as encouraging a consumer with a suspected urinary tract infection to drink more fluids and completing a thorough assessment to eliminate other potential contributing factors.

The Assessment Team reviewed processes in place to maintain compliance with this Requirement and identify opportunities for improvement.

For the reasons detailed above I find the service Compliant with Standard 3 Requirement (3)(g).

# 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 Assessment Team assessed Requirement (3)(a) within this Standard.

The Assessment Team have recommended Requirement 7(3)(a) is not met.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement 7(3)(a). A decision of Non-compliance in one or more requirement results in a decision of Non-compliant for the Quality Standard.

The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 7 Requirements

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

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

The Assessment Team found the service was unable to demonstrate its workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. While the service has a workforce planning system to enable staff to be allocated based on consumer need, and they are actively working to reduce the use of agency staff, the Assessment Team found the quality of consumer care was compromised at the time of the assessment contact visit.

The Assessment Team have based their recommendation on the following findings:

* A consumer indicated staff often respond to the call bell, turn it off and say they will come back but do not return. The consumer also said staff ‘always seem to be in a rush’ and become ‘impatient’ with them when using the non-verbal communication tools required by the consumer.
* A representative of a consumer whose care plan directs staff to toilet them two hourly and encourage double voiding indicated the consumer was found in a ‘soaking wet’ continence aid on one recent visit and in wet trousers on another recent visit. The representative does not consider staff are taking the consumer to the toilet as directed by the care plan. Staff were not aware of the directive to encourage the consumer to double-void.
* A consumer who was assessed as being able to drink normal fluids did not have this change added to their care plan. Staff were not aware of the change and continued to provide the consumer thickened fluids.
* A consumer’s weight loss was not acted on or monitored further.
* Incident reports indicate safety devices including an authorised physical restraint were not consistently used to minimise the risk of a consumer falling.
* The Assessment Team observed a consumer not being provided with the appropriate aids to help them drink independently and fluid monitoring charts were either not correctly completed, or the consumer was not being assisted with sufficient fluids.
* Staff said although the roster now includes more registered and enrolled nurses the number of care staff to complete personal care, such as assisting consumers with drinks and toileting is now limited and clinical staff cannot always assist as they have paperwork to complete.
* Eighty per cent of care staff interviewed indicated they felt rushed if working a morning shift. While they acknowledged the third person on the morning shift has made a difference they still consider there are not enough staff to attend to toileting. Staff also reported there are not enough staff to give consumers additional drinks when consumers take a long time to drink.
* Sixty percent of staff interviewed reported the service uses a lot of agency staff and they consider this impacts on the ability to provide continuity of care.
* Medication incident reports indicate multiple occasions when medications were not administered safely or correctly in late September and early October 2020.

The Approved Provider submitted a response to the Assessment Team’s report on 26 November 2020. The Approved Provider’s response acknowledges the Assessment Team’s findings detailed above and disputes the findings are a consequence of inadequate staffing. The Approved Provider submitted information indicating they have been proactive in recruitment since the acquisition of the service, confirming 28 permanent roles have been filled since March 2020. A care supervisor role has been replaced with enrolled nurses to give the service 24-hour enrolled nurse cover, increasing clinical oversight.

The Approved Provider confirmed the high use of agency staff in October 2020 and consider this gives staff the impression there are inadequate staff to provide care and indicated the difficulties they have experienced recruiting staff and filling shifts with agency staff are not isolated to this service but endemic across the aged care sector. The Approved Provider has committed to continuing to work through workforce, workload and performance issues and have included this activity on their plan for continuous improvement.

I acknowledge the Approved Provider’s ongoing effort to fill positions with permanent staff, and their action to increase clinical staff oversight by introducing enrolled nurses onsite at all times. I also acknowledge the industry-wide difficulty recruiting permanent staff and filling vacant shifts with agency staff. While the service has used agency staff to fill vacant shifts as they work towards engaging more permanent staff and building up their own casual pool there is evidence to indicate the quality and safety of care has been adversely impacted by the mix of members of the workforce. Consumers have not been assisted to drink, or given the tools they need to drink independently, as directed by their care plans. Consumers have not been assisted to go to the toilet as directed by their care plans. Falls minimisation strategies on care plans have not been consistently used to prevent falls. Medication errors have been made. Too many agency staff without organisational knowledge will impact on the quality and safety of care being delivered as permanent staff are supporting agency staff, reducing the time available to complete their own duties, and potentially reducing the time available to monitor that all other duties are being completed as required.

For the reasons detailed above I find the service Non-compliant with Standard 7 Requirement (3)(a).

# 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 3 Requirement 3(3)(a)**

* Ensure consumers are assisted with all aspects of their personal care as directed by their care plans.
* Ensure clinical staff maintain oversight of all personal care and take action if personal care is not provided as required.
* Ensure all staff demonstrate their ability to complete fluid intake charts and escalate low intake to clinical staff promptly.
* Ensure clinical staff demonstrate their ability to review fluid intake charts to ensure consumers are drinking enough fluids and escalate for medical review if concerns are identified.
* Ensure clinical staff demonstrate their ability to update consumers’ care plans after recommendations are made by allied health professionals.
* Ensure clinical staff demonstrate their ability to review monthly weights and follow the service’s policies and procedures in relation to monitoring weight loss.
* Ensure care staff demonstrate their ability to report abnormal symptoms experienced by consumers to clinical staff.
* Ensure clinical staff demonstrate their ability to assess consumers who are displaying abnormal symptoms and escalate for medical review as appropriate.
* Ensure all staff demonstrate their ability to review and follow care plans to ensure all strategies to keep consumers safe are implemented.

**Standard 7 Requirement 7(3)(a)**

* Ensure care and clinical staff allocations include consideration of the mix of agency and regular staff to ensure there are sufficient regular staff to have oversight of those who are not familiar with consumers, processes and routines.