Bethanie Edinboro

Performance Report

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**Commission ID:** 7140

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 23 March 2021 to 24 March 2021

**Date of Performance Report:** 25 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

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| **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)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | 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 12 April 2021.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The Team also examined relevant documents.

The Assessment Team found the service was unable to demonstrate it delivers safe and effective personal and clinical care in accordance with consumers’ needs, goals and preferences to optimise their health and well-being. In particular, the service did not demonstrate that it effectively manages high impact and high prevalent risks such as incidents in consumers.

The Assessment Team noted that the service managed pressure injuries appropriately. They also demonstrated appropriate restraint management with consumers on the restraint register reviewed monthly and with three consumers trialling to cease their medication, although two consumers were awaiting review of their current restraint outside of the service policy timeframe. However, the Assessment Team identified that the delivery of care related to hygiene and mobility were not always followed according to a consumer’s care documentation, and communication strategies were not always documented.

The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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 identified that the service delivered effective clinical care in related to wound management and restraints. The Assessment Team identified issues regarding one consumer and their incident and pain management which I have described in Requirement 3(3)(b). The Team identified that care related to mobility, communication, nutrition and hydration, and personal hygiene were not managed effectively.

The Assessment Team identified one consumer at a high falls risk who requires assistance of staff when mobilising with their mobility aid. The Team interviewed the consumer who stated that this assistance does not always occur and they are often left standing alone feeling unsafe, and the consumer provided examples of missing their morning and afternoon tea as staff assumed the consumer was able to mobilise themselves to the food/drinks without assistance. The Team reviewed the consumer’s care documentation and noted that the assistance required for mobility was documented.

The Assessment Team identified one consumer who has complex communication needs, but communication strategies are not recorded on the consumer’s documentation. The Team notes the consumer has been assessed by a speech therapist and is reviewed by an occupational therapist every six months. However, the details of the assessment are not in the consumer’s files, including a record of the occupational therapist confirming the consumer’s preference for communication. The Team also notes that this consumer’s personal hygiene requirements are not documented correctly and are not delivered in line with their preferences.

The Assessment Team also identified another consumer who has high care needs regarding continence that were not managed properly. The consumer and representative interviewed noted concerns regarding staff not managing the consumer’s continence properly, however, they note that the service is currently working with them to resolve this issue and there has been some improvement.

The provider has responded by providing further information related to the identified consumers. This includes actions previously taken or already in progress for these issues, such as consultation with consumers to ensure their needs continue to be met. They have also refuted some of the concerns raised, and they have noted that the consumer requiring assistance with mobility has not provided this feedback previously, there has been no recorded falls, nor symptoms that their nutrition and hydration needs have not been met. Similarly, the provider also noted the consumer with complex communication needs is still engaged with the appropriate communication strategies even though it has not been documented. The provider has also stated further actions that have since been taken, such as updating the consumer care plans to ensure preferences and strategies are documented, and further consumer consultation.

I acknowledge the service has demonstrated effective clinical care in areas such as wound management and restraints, and they have previously taken some action for some concerns identified. However, I have taken into account the feedback of the consumers interviewed and although the provider has refuted some of the issues by stating that tailored care has been provided to them but simply not documented, I am not able to confirm with certainty that this has occurred based on the information available at the time of assessment. Also, the provider has noted there has not yet been significant risk or harm to consumers in relation to some of the issues identified, however, it does not rule out the possibility of potential harm to a consumer in the future.

I find this requirement Non-compliant.

### 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 identified that the service was not able to demonstrate the service is consistently and effectively managing high impact or high prevalence risks.

The Assessment Team identified one consumer with a high falls risk and their care documentation demonstrated they did not have an incident identified, escalated promptly, or investigated, in a timely manner.

The consumer care documentation showed the consumer was discovered by staff with a change in physical appearance, they were in ‘significant pain’ and unable to move and refusing care. This presentation also impacted on staff’s management of the consumer’s continence and pressure area care. The Assessment Team notes this change in condition was not followed up in a timely manner by clinical staff, as they did not follow the service’s policies, all causes were not thoroughly investigated, and they did not follow a prior hospital directive for pain monitoring requiring identification of increased pain to be immediately escalated for reassessment by the hospital team. The team noted that the delay in escalation by clinical staff resulted in further discomfort and pain to the consumer. The consumer was eventually transferred back to hospital and diagnosed as having a fracture. The Assessment Team notes that staff had not reported or not identified potential causes of the incident.

The provider has responded that they had recommenced reviewing the cause of the incident just prior to the Assessment Team’s visit, and this is still ongoing.

Based on the information at the time of assessment, I find this requirement Non-compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. However:

* Two consumers provided recent examples of delays in care resulting in their personal care preferences for assistance with personal hygiene requirements not being met.
* One consumer said delays in care resulted in them not receiving assistance for their continence requirements to be managed in line with her personal preferences.
* Two consumers said staff are all different lately and change a lot. They need to be told ‘what and how to do it for me’.

However, some consumers and/or representatives identified that staff interactions are not always kind, caring and respectful, which has a negative impact on the way care and services are provided to them. Consumers and staff advised that personal care is not always provided to consumers in line with their preferences.

Consumers said, and staff confirmed, that due to a lack of staffing numbers, the consistency and continuity of care provided to consumers is negatively affected.

The roster allocations for the workforce showed the service does not always make sure there are enough skilled and qualified members of the workforce for managing the safety and quality of care and services every day.

## The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## 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 identified that the service does not have a workforce that enables the delivery and management of safe and quality care and services.

Staff interviewed by the Assessment Team stated there is not enough staff rostered to meet consumer preferences and needs, including showering at a particular time or requiring assistance with mobility/transfers. Staff described being under time pressure, under resourced, and taking on additional duties (kitchen duties). Staff also noted that there have not been enough staff members employed, and the service has used a high level of agency staff. Consumers said that staff are rushed and do not deliver showers according to their preferences.

The Assessment Team reviewed documentation and noted the service’s agency staff usage had increased from December 2020 to February 2021, although they identified the service is currently taking steps to reduce this. The Team identified a day in December which did not have clinical staff between certain hours and on the same evening, a consumer was involved in an incident (eventually resulting in hospitalisation). The Team also noted that there are a number of consumers who are overdue for care plan reviews.

The provider has responded that their agency usage has been on the decline, and that when using agency staff they have actively taken actions to ensure their care remains consistent for consumers. The service also acknowledges the incident where there was no onsite clinical support, however, they had attempted all efforts to source a replacement at the time, and note that there was a structured escalation process in place. The provider also notes that all overdue care plans are now planned to be completed in a timely manner, additional staff have been allocated to assist with care, and all clinical vacancies have since been filled by permanent or casual staff.

I have considered the Assessment Team’s report and the approved provider’s response and although improvements have since been made, I note that further time will be required to determine whether the additional allocations of staff to assist with care will be effective in addressing the issues raised by consumers and staff, and to enable the delivery of safe, and quality care.

Based on the information available at the time of assessment, I find this requirement Non-Compliant.

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

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team identified the service was unable to demonstrate that workforce interactions with each consumer are kind, caring and respectful. Although many consumers state that staff treat them with respect and care, some have also described a negative impact from the way care and services are provided, which have affected their health, safety and well-being.

Some consumers and/or consumer representatives stated that staff are not kind, caring, and gentle when delivering care. One consumer requiring mobility assistance said that staff do not take care to prevent them from falling and sometimes leave them standing alone to attend to another consumer, making the consumer feel unsafe. Another consumer described staff rushing them through their activities of daily living and said they are not gentle in their approach. A consumer representative stated that their consumer experienced a rough handling incident that has psychologically impacted their consumer. The Assessment Team reviewed the service’s documentation and identified two interactions on separate occasions with two different consumers where allegations of rough handling have occurred.

Some consumers also stated that staff do not respect their preferences and decisions made for their own care. Two consumers stated that their shower preferences are not respected; one is not showered as often as they prefer, while another is not showered before breakfast as per their preference. Staff interviewed demonstrated awareness of both consumers’ shower preference and confirmed that this is not always delivered.

Another consumer representative stated that their consumer often needs to go to the toilet on a frequent basis, but staff do not acknowledge the consumer’s request in a respectful manner, although the representative noted the service is working with them to resolve this matter and there has been some improvements.

The provider has since responded that a staff member identified as delivering rough handling of consumers has received retraining and is undergoing a human resource process. The provider has also since updated the consumers’ care plans regarding their shower preferences and ensure these have been communicated to staff, although further time will be required to see if staff deliver care accordingly. The provider also notes they are working with the consumer representative to resolve issues, although it is not yet clear at this time if the issues have been successfully resolved.

Based on the information available at the time of the assessment, I find this requirement Non-Compliant.

# 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service did not demonstrate the service’s system for recording and reporting reportable assaults was effective during January 2021 when the compulsory reporting requirements in place at the time were not followed.

Workforce governance systems and process do not always ensure the service has enough skilled and qualified members of the workforce available to manage the safety and quality of care and services and further, workforce arrangements are not always consistent with regulatory and organisational requirements.

## The Assessment Team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

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

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team identified that the service has effective organisation wide governance systems related to information management, continuous improvement, financial governance, and feedback and complaints. However, the service did not demonstrate effective governance for workforce governance and regulatory compliance.

The Assessment Team identified that a majority of the staff at the service are overdue for their performance reviews and only a few have current performance appraisals. The Team also noted that a staff member employed by the service had an expired police certificate and it was identified and renewed in a timely manner. Furthermore, they note that the service had a number of changes in management which reflected inconsistent oversight between December 2020 and January 2021, and the service does not have an adequate number of skilled and qualified members of the workforce to ensure safety and quality of care and services as described in Standard 7 Requirement 7(3)(a).

The Assessment Team also identified that the organisation did not consistently meet regulatory compliance as a compulsory report was not made in accordance with requirement at the time as required. However, the Team notes that the facility manager is currently testing and improving the system they have for staff to identify, escalate, address, record, and report compulsory reports.

The provider has acknowledged the large number of performance appraisals due but state the facility manager has a process in place to ensure this is being completed in a timely manner. However, I note that at the time of assessment, I am unable to confirm this process was still to occur and that it will ensure the performance appraisals will be completed. The provider has also noted that the police clearance of the staff member has been renewed and updated; however, they have not described any improvements in governance to ensure credentials that are about to expire will continue to be readily identified and addressed. The provider has also acknowledged the recent change in management and state the current facility manager is managing the service with good progress.

I have considered the above and I note that further time will be required to determine whether the planned improvements and actions taken regarding workforce governance has been effective in addressing the identified issues.

Based on the information available at the time of this assessment, I find this requirement Non-Compliant.

# 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.

### Requirement 3(3)(a)

*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.*

* Ensure there are processes and systems in place to ensure care is tailored and optimised to the need and well-being of consumers, particularly in relation to mobility, communication, continence and personal hygiene needs.

### Requirement 3(3)(b)

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

* Ensure there are processes and systems in place to effectively manage incidents and ensure they are identified, reported and managed in a timely manner.
* Ensure that directives for consumer care are followed by staff.

### Requirement 7(3)(a)

*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.*

* Ensure there is adequate staff planned to deliver safe, care and services and shifts are filled.
* Ensure use of agency staff continue to be minimised or managed to enable consumers to receive safe and consistent care.

### Requirement 7(3)(b)

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

* Ensure staff are equipped with skills and capacity in manual handling to provide safe and appropriate care to consumers.
* Ensure staff are respectful of each consumer preferences and their needs.

### Requirement 8(3)(c)

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

* Ensure that there is an effective system to ensure that regulatory compliance requirements are understood and met.
* Ensure there are effective governance wide systems related to workforce governance, including systems to enable timely identification and renewal of credentials, oversight of staff performance including the completion of performance appraisals, and an adequate staffing mix to deliver care and services.

# Other relevant matters

Standard 5 Requirement (3)(b) was not assessed during the Assessment Contact conducted 23 March 2021 to 24 March 2021. Therefore, Standard 5 Requirement (3)(b) remains Non-compliant as identified at the Assessment Contact conducted 5 January 2021.