Bethanie Elanora Villas Nursing Home

Performance Report

37 Hastie Street
BUNBURY WA 6230
Phone number: 08 9780 9800

**Commission ID:** 7854

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 9 September 2020

**Date of Performance Report:** 1 December 2020

# 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 |
| **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 Approved Provider did not submit a response to the Assessment Contact - Site 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

During this assessment contact visit the Assessment Team assessed Requirements (3)(a) and (b) in this Standard and have recommended both are met.

Based on the Assessment Team’s report I consider both Requirements Compliant. The reasons for my decisions are detailed 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 found that each consumer gets safe and effective personal and clinical care in line with this Requirement. During interviews with the Assessment Team consumers and representatives provided the following information relevant to this Requirement:

* Consumers and a representative said while staff are always busy they take time to make sure consumers get the care they prefer, such as showering at their preferred times and helping a consumer get ready in time for them to attend their preferred activities.
* Consumers said care is tailored to their needs and preferences. A consumer with significant vision impairment said staff leave their personal possessions in the same place so they can locate things when they are needed. Another consumer spoke of staff ensuring their helmet, hip protectors and pendant alarm are on when they mobilise to keep them as safe as possible should they fall.
* A consumer said they have recently arrived at the service after falling at home and requiring care in hospital. The consumer said the physiotherapist and staff have worked with them to manage transfers, mobility and pain.

The Assessment Team reviewed policies and procedures in place to guide staff in providing best practice, individualised care and services to optimise consumers’ health and well-being, which staff can access on the organisation’s intranet. This guidance material includes specific documents to direct: the use of restraint; assessment and maintenance of skin integrity; and assessment and management of pain.

Documents reviewed by the Assessment Team include assessments, care plans and progress notes. Assessments are completed by registered nurses or allied health professionals and information obtained from assessments is automatically populated into care plans. Care plans are reviewed routinely every six months and updated when a consumer’s care needs change, such as when they return from hospital. All assessments are completed every 12 months to ensure care directives continue to meet consumers’ needs and preferences. The Assessment Team reviewed consumer care plans and confirm this process is followed as directed by the organisation’s policies and procedures. Records made in progress notes demonstrate a pro-active, multidisciplinary approach to meeting consumers’ changing care needs.

During interviews with the Assessment Team staff described the clinical and personal care they provide to the consumers, such as ensuring all risk minimisation strategies were in place for a consumer who chooses to walk unassisted despite being at high risk of falling and ensuring a consumer’s personal belongings were not moved so they could locate everything despite having a significant vision deficit.

The service has processes in place to monitor compliance with this Requirement and guide continuous improvement activities.

For the reasons detailed above I find the service Compliant with this Requirement.

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

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

The Assessment Team found that the service effectively manages high impact or high prevalence risks associated with the care of each consumer. During interviews with the Assessment Team consumers and representatives provided the following information relevant to this Requirement:

* A representative said their partner is unable to use the call bell and is checked regularly by nurses. They said there are always staff visiting throughout the day to ensure the consumer is pain free and as comfortable as possible.
* Representatives said staff always inform them when there is a change in the consumer such as when they fall or when weight loss is identified. Staff also provide them with information about the outcome of specialist reviews.
* Consumers stated their pain is well managed, and they have confidence that if their condition changes in any way staff would be responsive and they would get the assistance they needed.

The Assessment Team reviewed policies and procedures in place to guide staff in effectively managing high impact or high prevalence risks associated with the care of consumers, accessible to staff on the organisation’s intranet.

Documentation reviewed by the Assessment Team includes assessments, care plans, referrals, progress notes and incident reports. Assessments, including those related to the use of restraint demonstrate consumer and/or representative involvement and consultation with the multidisciplinary team. Care plans completed by registered nurses and members of the allied health team include strategies to manage high impact and high prevalence risks, including modified management strategies when care needs change. Referrals confirm the involvement of specialist external services such as Dementia Support Australia and wound specialists. Progress notes confirm staff identify changes in a consumer, complete assessments and devise management strategies to ensure risks are managed and the effect on consumers is minimised.

In addition, a range of documents reviewed provided a comprehensive record of the service working collaboratively with the public health unit over a period of more than five months to investigate recurrent outbreaks of an uncommon food borne pathogen. Investigations involved external agencies and included environmental inspections which did not identify any concerns, and unannounced internal audits of the kitchen, including swabbing of surfaces. While investigations continued the service provided additional infection control training to staff, vetted food brought in by representatives and provided education during resident/relative meetings. At the time of the assessment contact visit investigations and monitoring were ongoing and there were no consumers or staff affected.

During interviews with the Assessment Team clinical staff described the high impact and high prevalence risks for specific consumers within the service including those who fall frequently, display behaviours, and lose weight, and strategies in place to manage them, which ones were effective and what was done when they were ineffective.

The service has processes in place to monitor compliance with this Requirement including regular clinical meetings involving the multidisciplinary team to discuss incidents and recently identified risks, generate new management strategies, and guide continuous improvement activities.

For the reasons detailed above I find the service Compliant with this Requirement.

# 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

During this assessment contact visit the Assessment Team assessed Requirement (3)(d) in this Standard and have recommended this Requirement met.

Based on the Assessment Team’s report I consider this Requirement Compliant. The reasons for my decision are detailed 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 found the service has effective risk management systems and practices in relation to managing high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, and supporting consumers to live their best life. A risk management framework and policies and procedures guide staff in meeting all aspects of this Requirement.

Documents reviewed by the Assessment Team included those related to consumers at high risk of falls and of developing pressure wounds. Records show consumers at risk have been consistently and appropriately assessed and had plans of care developed and evaluated to monitor ongoing effectiveness. The Assessment Team reviewed records made in relation to an allegation of abuse and the action taken in response including supporting affected consumers; completing internal investigations; managing staff performance as indicated; meeting legislative reporting requirements; and implementing management strategies to minimise recurrence.

During interviews with the Assessment Team staff described what the organisation’s risk management policies and procedures meant to them and provided appropriate examples of how they related to their day to day work, including identifying and escalating risk to consumers, acting to report allegations or suspicions of abuse and neglect, and assisting consumers to live their best life.

The Assessment Team found the service has processes in place to monitor compliance with this Requirement including analysing clinical indicator data to identify trends and holding regular clinical meetings involving the multidisciplinary team to discuss identified trends to generate new management strategies and guide continuous improvement activities.

For the reasons detailed above I find the service Compliant with this Requirement.

# 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.