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:** 17 March 2021

**Date of Performance Report:** 10 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)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(b) | 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 1 April 2021.

# STANDARD 3 NON-COMPLIANTPersonal 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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. The Assessment Team have recommended the service does not meet this Requirement. The Approved Provider’s response has provided acknowledgment of some of the deficits identified and clarification of some inaccuracies. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant in Requirement (3)(b) in relation to Standard 3 Personal and Clinical care. I have provided reasons for my decision below.

All other Requirements in relation to this Standard were not assessed.

### Assessment of Standard 3 Requirements

### 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 found the service did not effectively manage high impact and high prevalence risks associated with wound care, nutrition and hydration needs, pain management and monitoring of psychotropic medication. Relevant evidence included:

* One consumer did not have the risks associated with wound care, infections, weight loss, malnutrition and dehydration, clinical deterioration and pain managed effectively resulting in ongoing deterioration and hospitalisation.
	+ Wound management was not consistently applied in line with directives, lacked oversight by a registered nurse and no referral to wound specialists occurred resulting in the wound deteriorating.
	+ Nutrition and hydration needs were not effectively managed including during an infectious episode resulting in weight loss and ongoing infection.
	+ Pain was not assessed or managed to ensure the consumer was comfortable.
	+ The representative was not satisfied with how the consumer’s deterioration was managed.
* One consumer did not have risks associated with pain and falls managed effectively.
	+ The consumer has had multiple ongoing falls resulting in multiple skin tears and bruising. No new strategies to manage, reduce or prevent the falls or injuries have been implemented.
	+ The consumer has known current issues of pain which have not been assessed appropriately or accurately and the consumer was observed to be in pain and reported to be in pain.
* One consumer has had ongoing behaviours including confusion, wandering and interfering with others in the evenings which has not been appropriately assessed and no strategies have been implemented to manage the behaviour.

The Approved Provider’s response acknowledges some of the deficits identified by the Assessment Team and provided actions taken in response and additional information to clarify some inaccurate information in the report. Relevant evidence included:

* One consumer’s wound care was provided in line with registered nurse directives including the frequency and type of dressing product. The service was aware of the weight loss and implemented strategies. The service communicated regularly with the consumer’s representative to inform them of the consumer’s condition and care.
* One consumer’s pain was under review at the time of the Assessment Contact and since the Assessment Contact medication to manage the pain has been prescribed, administered and effective.
* One consumer with behaviours has since been assessed and the behaviour care plan updated with relevant strategies to manage the behaviours.

The service has a system to assess, identify and record strategies to manage high impact and high prevalence risks including in relation to falls, wound care, weight loss, infections, pain and behaviours. However, at the time of the Assessment Contact the processes were not effective at managing the risks for three consumers. One consumer had deterioration of a wound and weight loss which were not prevented or managed to reduce the impact to the consumer. One consumer had known pain which was not assessed appropriately, and pain relief was not provided to ensure the pain was managed. One consumer had known ongoing behaviours with no strategies implemented to prevent or reduce the behaviours.

The service has implemented appropriate actions to address the deficits identified in the consumers referred to in the Assessment Team’s report and has demonstrated a commitment to ongoing improvement. However, the deficits identified indicate the service did not identify deficits in staff practice or assessment processes in relation to the management of high impact and high prevalence risks, and at the time of the Assessment Contact the service was not effectively managing each consumer’s high impact and high prevalence risks associated with care.

Based on the summarised evidence above, I find the service Non-compliant with this Requirement.

# STANDARD 7 NON-COMPLIANTHuman 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 Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirement (3)(b) in relation to Standard 7 Human resources. The Assessment Team have recommended the service does not meet this Requirement. The Approved Provider’s response has provided acknowledgment of the information and additional evidence and information. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant in Requirement (3)(b) in relation to Standard 7 Human resources. I have provided reasons for my decision below.

All other Requirements in relation to this Standard were not assessed.

## Assessment of Standard 7 Requirements

### 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 found not all workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. One consumer was touched inappropriately by a staff member during care, one consumer who said staff were rough during care that morning causing pain, and two consumers stated staff do not answer their call bells in a timely manner. Relevant evidence included:

* One female consumer said they felt uncomfortable and were upset following a staff member touching them on the breast and the staff didn’t apologise.
* One consumer said staff that morning, were rough and caused him pain during care.
* Two consumers stated staff do not respond to their call bells for up to 20 minutes and staff will tell them they have to wait for assistance to the toilet without giving explanation. One of the consumers becomes anxious while waiting for staff assistance.

The Approved Provider’s response acknowledges the findings of the Assessment Team and provided additional information in how they manage staff involved and monitor call bell response times. Relevant evidence included:

* The incident of the consumer being touched inappropriately was reported and investigated appropriately and appropriate management of the staff involved occurred.
* The consumer with pain was having current and known issues with pain which have since been reviewed and managed.
* Call bell reports are monitored weekly and monthly and 98 per cent of call bells are answered within expected timeframes.

The service has processes to monitor staff practice including interactions with consumers and processes to manage staff when deficits are identified including reviewing call bell response times. However, at the time of the Assessment Contact four consumers provided examples of staff interactions with them not being kind, caring and respectful of the individual consumer’s identity and unique needs. The interactions have impacted consumers including a consumer becoming upset following an incident and one consumer experiencing anxiety while waiting for staff to respond to call bells and request for assistance to the toilet.

Based on the summarised evidence above I find the service Non-compliant with this Requirement.

# 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)(b): Ensure assessment and planning and staff practice are consistent with procedures to appropriately assess, implement strategies and effectively manage risks associated with consumers’ care.
* Standard 7 Requirement (3)(b): Ensure all staff interactions with consumers are kind, caring and respectful.