Bethanie Fields

Performance Report

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**Commission ID:** 7273

**Provider name:** The Bethanie Group Incorporated

**Site Audit date:** 24 November 2020 to 26 November 2020

**Date of Performance Report:** 16 April 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 1 Consumer dignity and choice** | **Non-Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 31 December 2020.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as five of the six specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(d) in this Standard as not met. The Assessment Team found the service did not demonstrate they had completed risk assessments for consumers who engage in activities of choice that may cause them harm.

I have considered the Assessment Team’s report and the additional supporting documentation provided in the Approved Provider’s response, and I have come to the same finding as the Assessment Team. I find Requirement (3)(d) in this Standard, Consumer dignity and choice, Non-compliant. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard, I provide the following information. The Assessment Team found most consumers interviewed considered they are treated with dignity and respect, they can maintain their identity, make informed choices about their care and services, and the service supports consumers to live the life they choose. Examples provided by consumers and representatives include the following:

* Consumers interviewed felt they are treated with respect. They said the staff are kind, caring and considerate, and most felt the staff respected their privacy. These comments align with the representative’s view.
* Consumers indicated they can make choices and felt comfortable and supported about their decisions.
* Consumers advised the staff communicated decisions and changes concerning their care and services in a way that is easily understood. This also aligns with a comment from a representative.
* One representative said the staff speak in Italian with their family member, talking about their background and past.
* Consumers said the staff arranged cultural themed lunches, providing cultural food options, decorating the meals area and playing cultural music.

Staff interviewed showed an awareness of the consumer’s personal care, privacy choices and cultural needs and could identify consumers who engaged in risk activities. They were able to outline the strategies used to support consumers to maintain relationships and other consumers who have risks associated with their activity of choice.

Management advised risk forms are completed for consumers who engage in behaviours or activities that may put them at risk. Risk forms were noted by the Assessment Team; however, a risk assessment was not completed for all consumers who choose to engage in an activity of choice that may cause them harm.

The Assessment Team sampled consumers’ files which reflected the consumer’s religious preferences, information to assist the service in meeting the consumer’s cultural needs, and also provided details on things that are important to the consumer. In addition, the Assessment Team reviewed the service newsletter and noted it is easy to read and understand and provides information on upcoming activities scheduled at the service.

The Assessment Team observed the service delivering culturally specific events (themed lunches, displaying cultural decorations and playing cultural music), they reviewed documentation on the delivery of Indigenous palliative care and information to assist the staff support advance care planning for Indigenous people. They reviewed the service meals menu and noted it offered choices for the consumer.

Progress notes indicated representatives are updated when changes are made to the consumer’s care and service delivery, and also listed the consumer preferences such as personal care, cultural background, dietary requirements, religious and relationships preferences. The staff were observed supporting a relationship between two consumers and had arranged for them to sit together, on a separate table during mealtimes, allowing them some privacy.

Management provided information on how they support staff to maintain confidentiality of documents, advising reports are provided on a ‘need to know’ basis with access rights aligned to the organisation’s policies and procedures.

The Assessment Team noted a confidentiality and privacy policy brochure displayed at the entry to the service and observed staff knocking on the consumer door prior to entry and pulling the curtains when providing care in a shared room.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Non-Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

The Assessment Team found the service could demonstrate an understanding of supporting each consumer to take risks by engaging in an activity of their choice. However, the service could not demonstrate a risk assessment for each consumer engaging in their chosen activity was completed, and no risk or mitigation strategies were considered and/or communicated to the consumer. For the consumer sampled the Assessment Team provided the following information and evidence:

* No risk forms were completed to assess the risks associated with the consumer, who was assessed as requiring mobility support, leaving the service on an outing.
* The consumer was leaving the service without following the service policy, in place to support the residents during the COVID-19 pandemic.
* The consumer’s representative advised the service had not spoken to her about the risks of her relative leaving the service.

In addition, and relevant to this consumer the Assessment Team noted, since August 2020 there had been no occupational therapist assessments conducted and no assessments conducted in relation to the use of mobility aids.

The Approved Provider’s response includes assessment and progress notes for the sampled consumer and confirms a fall and mobility assessment has been completed, by the service physiotherapist, on several occasions. Furthermore, a discussion with the consumer’s representative in regard to leaving the service without notifying the staff did occur and the representative acknowledged the strategies the service implemented.

In addition, the written response and evidence provided by the Approved Provider indicated the strategies implemented for the consumer leaving the service, during the COVID-19 pandemic were effective as the consumer and the friend responsible for taking the consumer off the service grounds were now following the service policy.

My finding is based on the fact that at the time of the site audit, and in considering the information provided by the Assessment Team and the Approved Provider, I acknowledge the service did:

* Implement strategies to manage the consumer leaving the site without providing notification to staff and complying with the service policy to manage the safety of all consumers during the COVID-19 pandemic. These strategies have been noted as effective.
* Speak to the consumer’s representative and advise the mitigation strategies implemented to manage the consumer leaving site without following the service policy.
* Engage a physiotherapist to assess mobility and fall risks for the consumer.

Although, the Approved Provider did demonstrate they support consumers to exercise choice and independence through allowing the consumer to participate in their activity of choice. I find, based on the information provided, the service was unable to demonstrate or provide evidence to support a risk assessment was completed, where a consumer had been assessed as having mobility and fall concerns and were wanting to participate in activities outside the service.

In addition, the Approved Provider was unable to demonstrate they have communicated the fall and mobility risks to the consumer and how the risks can be mitigated to support the consumer’s activity of choice to leave the service grounds.

Based on the Assessment Team’s report and the Approved Provider’s response and the details detailed above, I find the service Non-compliant with this Requirement.

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Non-compliant as two of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a), (3)(e) in this Standard as not met. The Assessment Team found the service has not accurately assessed risks to the consumer’s health and well-being or reviewed the effectiveness of the care and services delivered; particularly when there are changes to consumers’ circumstances or an incident has impacted the consumer.

I have considered the Assessment Team’s report and the additional supporting documentation provided in the Approved Provider’s response, and my findings agree with the Assessment Team’s recommendation and I find Requirement (3)(a) and (3)(e) Non-compliant. I have provided reasons for my finding in the respective Requirements below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team spoke with consumers and their representatives, and reviewed consumers’ files and found the assessment and planning for most consumers, identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning.

Further discussions with the staff demonstrated they have a good knowledge of the needs and preferences of the consumers and could confidently describe their approach when having discussions with the consumer and representatives about end of life and advance care planning. In addition, the service has policies and procedures to guide staff in their approach to this requirement.

The Assessment Team found that most consumers and representatives feel like they are partners in the ongoing assessment and planning of their care and services and their care is effectively communicated and documented in their care plan and readily available for review. Examples from consumers and/or representatives include:

* Both consumers and representatives said the care staff ask them how they want their personal care delivered and they are included in discussions of clinical matters (medication, dietary needs, palliative care, referrals).
* Consumers said nurses talk to them about their care plans and said they are located in their rooms and are easily accessible. They also said nurses explain, if something is unclear and they don’t understand.
* Representatives said the care plans are accessible and easy to understand and the information contained is accurate and reflects the consumer’s needs.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found the service was unable to demonstrate assessment processes effectively identify or considers risk associated with consumers’ health and well-being, specifically in relation to management and identification of pressure injuries. While assessments of the consumer’s risks of pressure injuries have been completed, they were not aligned with the service’s policies and procedures and assessed incorrectly. The Assessment Team provided the following information and evidence relevant to my finding:

* The service had not conducted effective and timely assessments of a consumer’s clinical needs, specifically in relation to skin integrity and risk of developing pressure injuries. The Assessment Team found, after a fall incident and reduction in mobility, the consumer’s skin and risk of pressure injury assessment were not completed in a timely manner and contributed to ineffective care. The consumer had a pressure injury which was not identified until the staging was recorded as stage 3 or 4 and then unstageable.
* The wound was not effectively assessed at wound dressing changes, and therefore does not support effective monitoring of the wound, to inform the delivery of safe and effective care and services.
* Another consumer, who was bedridden and was assessed as high risk of developing a pressure injury, the care plan documentation had pressure prevention strategies as regular pressure area care (i.e. moisture). No additional pressure minimisation strategies were implemented until the Assessment Team spoke with Management.
* For the same consumer, the risk assessment of developing pressure injuries was conducted, however, the Braden score was rated inaccurately as at ‘some risk’, however, the score reflected ‘high risk’. The care plan was not reviewed to implement effective pressure injury strategies and, there has been inaccurate measurement and assessment of the wound.

In considering the Approved Provider’s response, noting skin integrity and risk of developing pressure injuries were assessed and records indicated training in the management of pressure wounds was completed prior to the site audit, my findings remain consistent with those of the Assessment Team. Requirement 2(3)(a) is Non-compliant.

My finding is based on the fact that at the time of the site audit, safe and effective care and services were not delivered and I provide the following examples:

* The consumers’ skin and risk of pressure injuries were not considered in a timely manner, and/or after an incident or change in the consumers’ needs.
* Pressure injury measurement and ‘staging’ were assessed incorrectly.
* When a consumer was identified as ‘high risk’ of pressure injuries, the mitigation strategies were not assessed and/or implemented.

For the reasons detailed above, I find Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Standard 2 Requirement (3)(a).

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Non-compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found, for the three consumers sampled, the service could not demonstrate consumers’ care and services are reviewed regularly for effectiveness and/or when consumers’ circumstances change or when incidents impact consumers’ goals and preferences. The Assessment Team noted the following:

One consumer had a fall in January 2020, resulting in a reduction in mobility and a pressure injury was not identified until July 2020 and reassessed 3 weeks later. In addition, the Assessment Team noted:

* Risk mitigation strategies were not reviewed for effectiveness when previously the consumer identified at risk of developing pressure injuries.
* Staff interviewed and review of progress notes indicated the service has not conducted effective and accurate assessment of a consumer’s skin integrity and risk of developing a pressure injury following changes in the consumer’s health and well-being (decreased appetite and mobility, increased pain).
* In November 2020, the wound was measured five times and only on one occasion was all three dimensions of the wound measured.

For another consumer, the risk of developing pressure injuries was assessed when their condition suddenly deteriorated, however, the service could not demonstrate they had reviewed and evaluated the effectiveness of the existing pressure injury strategies to determine if they were still appropriate.

The Approved Provider’s response includes a summary and evidence detailing assessments have been completed for the consumers sampled, including, progress notes and assessments, detailing the care and services delivered.

However, my findings are consistent with the Assessment Team, as while the service uses validated risk pressure injury assessment tools, has assessed skin integrity and mobility, the service does not regularly assess for effectiveness, and/or when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

In addition, the service could not demonstrate staff were competent in assessing pressure injury ‘staging’ and when a consumer is identified as high risk of pressure injuries the service has not implemented mitigation strategies to reduce the risk of pressure injury development and/or deterioration of pressure injuries.

For the reasons detailed above, I find Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Standard 2 Requirement (3)(e).

# 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements have been assessed as Non-compliant.

Based on the Assessment Team’s report and the Approved Provider’s response. I find Requirement (3)(b) in this Standard Non-compliant. The service could not demonstrate they effectively manage high impact or high prevalence risks in regard to pressure injuries and this has had an impact on the consumers sampled. I have provided reasons for my findings in the respective Requirement below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team found, overall, consumers and their representatives sampled considered that they get personal and clinical care that is tailored to their needs, is safe and right for them and the organisation has policies and procedures to guide the staff.

The following examples were provided by consumers and representatives who consider they receive personal and clinical care which is safe and right for them:

* One consumer said as soon as they press the call bell the staff respond quickly and provide assistance and they show a genuine concern about his well-being.
* Consumers and representatives believe the consumer needs and preferences are effectively communicated between staff.
* A consumer said the staff have been at the service a long time, so they know them all very well.
* A few consumers indicated they were given the option to move to another room, when they weren’t able to sleep, and a representative said they were grateful for some special equipment arranged to support their family member.

Consumer files sampled were cited by the Assessment Team and showed the service provides a range of care delivery options to ensure care and services provided to consumers is best practice and safe. The documentation showed the service responds in a timely manner to consumers’ deterioration, including changes in consumers’ cognitive or physical function and/or mental health. The staff said they are made aware of changes to a consumer needs and preferences through handover meetings sheets and access consumer care plan information.

The Assessment Team found the service could demonstrate the needs, goals and preferences of consumers nearing end of life are recognised, their comfort is maximised, and their dignity preserved. The consumer file detailed the consumer wishes, the health professionals’ review and the communication had with the representatives. This was also evident during discussions with staff, they understood and could describe how they support both the consumer and the family.

The Assessment Team also found the service adequately demonstrates appropriate and timely referrals for most consumers in need and any care delivery changes are implemented in a timely manner. The service demonstrated appropriate infection control measures to minimise risk and the staff have access to policies and procedures.

### 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.*

### 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 could not demonstrate they effectively manage high impact or high prevalence risks associated with the care of each consumer, mostly relating to the care of two consumers sampled who were impacted by ineffective and inconsistent management of pressure injuries. The following information outlines the Assessment Teams findings:

Consumer one:

* When the consumer’s risk of developing pressure injuries increased, due to a reduction in mobility, the service did not re-assess the risks using the Braden tool and risk mitigation strategies were not reviewed for effectiveness. The service could not demonstrate new mitigation strategies were implemented to manage the consumer’s refusal to use the pressure relieving cushion prescribed by the occupational therapist. The consumer subsequently sustained a pressure injury which staff only first identified in the initial assessment in July 2020, recorded the injury as stage 3 or 4 and then unstageable with no change in November 2020, three months later.

Consumer two:

* The service did not implement effective pressure prevention strategies and did not accurately use the Braden tool for predicting pressure injuries to enable preventive strategies to be implemented. In January 2020, the consumer was assessed as having a stage 4 pressure injury. In October 2020, the consumer still had the pressure injury, however, it took nine months after the pressure injury was identified to refer the consumer to a dietician. The dietician was consulted, and progress notes documented for the consumer noted they were ‘extremely underweight and wasted’ and they required nutritional supplements/drinks to aid in the healing of the pressure wound.

### The Approved Provider’s response provides evidence the consumers sampled were assessed for mobility and skin integrity. However, the response did not identify when the consumer’s skin integrity and risk of pressure injuries were assessed, that effective mitigation strategies were implemented.

### My finding remains consistent with the Assessment Team as the service has not demonstrated they are effectively managing high impact or high prevalence risks. For the one consumer there has been no review to determine the effectiveness of the risk mitigation strategies implemented to manage the consumer’s pressure injury. In addition, for the other consumer, I find the timing of the pressure injury assessment and the delay in referring the consumer to a dietician to review their nutritional needs has contributed to the deterioration of the consumer’s pressure injury.

For the reasons detailed above, I find Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Standard 3 Requirement (3)(b).

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found the service demonstrated each consumer receives safe and effective service to support daily living. It meets the consumer’s needs, goals and preferences and optimises their independence, health, well-being and quality of life.

Overall, the consumers and representatives sampled said they were satisfied with the communication within the service and also when care delivery is shared. They felt the activity program and the food menus were varied providing them with options. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Consumers like how volunteers come to the service and provide a variety of activities for their participation.
* One representative said they were very happy with how the service supports her mother’s spiritual needs and encourages her to participate in church services.
* Consumers said they are supported to do the things they like and there is no pressure to participate.
* Consumers said the information on their care needs and preferences is communicated amongst the staff and with others where responsibility is shared, and they felt referrals were timely. This aligns with representatives’ comments.
* Consumers enjoy the food and dining experience and felt comfortable to provide feedback, and indicated all matters are resolved in a timely manner. This aligns with representatives’ comments.

Staff interviewed provided examples of services used to support consumers’ preferences and enable independence for specific activities. Staff explained how the service identifies the consumer needs and preferences on entry to the service and throughout their stay. They advised the group lifestyle activity program is tailored to consumers’ preferences and functional ability, and there are also options to support individualised preferences. The service evaluates the activities based on participation levels and consumer feedback and this is further discussed at consumer and representative meetings. Staff indicated they have access to the required equipment to meet the consumers’ needs.

Staff said the service has a large network of volunteers, who are members of the community and they provide social and emotional support to the consumer. Catering staff advised they speak with consumers regularly to seek feedback and they have access to all dietary requirements. When there are cultural themed lunches and/or special occasions, the catering staff manage the food preparation.

The Assessment Team cited consumer files, noting the service communicates information about consumers’ condition, their needs and lifestyle preferences. Allied Health care details are also reflected, and outlines a guide for the staff on care delivery. Also included is a therapy and lifestyle plan which lists consumers’ likes and dislikes, things that are important to them, including connections and relationships, food preferences and where they would like to have their meals. In addition, they show where a consumer is engaged with an external provider through a referral and provides details on other organisations partnered in their care.

Observation of the equipment and furniture to support the consumers to engage in the lifestyle program and wellness clinic appeared to be clean, safe and maintained. This aligned with the maintenance system and register, indicating where matters are raised, they managed in a timely manner.

The Assessment Team found the consumer services provided by the organisation supports daily living, independence, health, well-being and quality of life.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found the consumers and their representatives feel the service environment promotes independence, it is safe and comfortable, and they feel a sense of belonging. The following examples were provided by consumers and representatives during interviews:

* Consumers sampled like living at the service and said it ‘feels like home’ and said they frequently use the service communal areas.
* A consumer said she likes that the staff includes her in all activities held in different areas of the service and includes her in organised bus trips.
* A representative said, when attending the service, they always feel welcome and comfortable and liked how the staff celebrated special events.
* Two consumers liked that they could leave the premises to walk around the surrounding garden area.

Staff said they support the consumers to attend the café situated in the service, they assist consumers in the Dementia Support Unit to participate in activities in other parts of the service and the chaplain facilitates events to promote interactions with others. The staff were observed supporting the consumers who are unable to mobilise to enjoy both indoor and outdoor areas.

The Assessment Team observed consumers, moving freely throughout the service, and where it was safe to do so could enter into other areas of the service with automated electronic doors installed. They saw consumers and representatives participating in service activities and information on what activities are scheduled can be found in the service newsletter, displayed throughout the service. The environment and equipment, including soft furnishings, such as chairs and lounges, appeared to be clean and well maintained and consumers were observed utilising them. Management have implemented a maintenance system which processes and tracks routine and preventative maintenance jobs, by priority rankings. Consumers and/or representatives can raise concerns through the feedback forms.

Management advised they have cleaning schedules in place and rooms are cleaned at least once a week except in areas of high demand, they are more frequent. During the period of a pandemic or outbreak at the service, Management have engaged an organisation who can deliver cleaning products within 24 hours, and can arrange for waste to be removed quickly.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 5 to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall consumers and representatives consider they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* Most consumers sampled said they had not raised a formal complaint but know how to, either through feedback forms and/or directly to staff.
* Consumers and representatives felt they were happy with how Management addressed the feedback/complaints and the matters are resolved in a timely manner.
* Representatives, with English as a second language felt comfortable raising matters with the staff and were aware the service has access to interpreters.

Consumers are provided with information in relation to internal and external complaint avenues, language and advocacy services and this information is displayed/accessible throughout the service. A fact sheet ‘The complaints service we offer you’ is accessible at the entrance to the service.

Staff could describe the process and how they support the consumers and/or representatives to provide feedback. They also showed an awareness of the open disclosure approach, and understood the importance of informing both consumers and representatives during the resolution period.

Management advised they involve consumers in the complaints resolution process and ask the consumers how they would like the matter resolved and what was their expected outcome. In addition, the consumer and representatives are encouraged to provide feedback on the food and the activities provided, either through service meetings or individually. The Assessment Team observed the complaints log, providing a summary of the matter, how it was managed and the resolution/next steps.

The service has policies and procedures to support staff to identify and action feedback, and outlines their roles and responsibilities around open disclosure. The service monitors trends in complaints and uses this to inform the service’s Plan for Continuous Improvement, initiating change and improvements. An example of this was when the service established a ‘newsletter committee’ encouraging participation from consumers, representatives and staff.

The Assessment Team found the organisation has monitoring processes in relation to Standard 6 to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(c) in this Standard as not met. The Assessment Team found the service’s workforce do not have the qualifications or knowledge to effectively perform their roles especially in regard to the identification, prevention and management of pressure injuries which has impacted consumers.

I have considered the Assessment Team’s report and the additional supporting documentation provided in the Approved Provider’s response, and my findings agree with the Assessment Team’s recommendation and find Requirement (3)(c) Non-complaint. I have provided reasons for my finding in the respective Requirement below.

In reference to the other Requirements in this Standard I provide the following information. The Assessment Team found that most consumers and their representatives considered they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and their representatives during interviews with the Assessment Team:

* Consumers sampled stated the staff are ‘are very good’ they are ‘wonderful and kind’ and they felt there were enough staff to deliver care and services, aligned with their needs, goals and preferences.
* Two representatives did feel there was not enough staff to effectively deliver care and services.
* Consumers and most representatives felt the staff were well trained and they felt confident they could deliver the care and services required.

Overall, the staff felt they had enough support to deliver quality care and services to the consumers. They acknowledged Management had increased the length of the certain shifts and had recently added a flex shift to assist during peak times. However, some staff did indicate there are times when vacant shifts cannot be filled quickly, and the consumers have to wait for personal care. This aligned with the information provided from the Management Team and they advised if shifts cannot be filled, they would seek a replacement from the casual workforce, approach an agency workforce and if required extend shifts where staff are available to assist.

The Assessment Team reviewed rosters and staff allocation records for the service and noted there is a mix of care with clinical and therapy staff to cover all shifts. They have access to Allied Health professionals and a chaplain to meet the emotional and spiritual needs of the consumers. A review of the last four weeks roster, prior to the audit indicated there were no vacant shifts and this aligned with the call bell response times. It was noted, 95% of calls were answered within five minutes and where higher response times occurred, it was identified the staff could not hear the bell and Management installed additional annunciators.

The Assessment Team observed staff interacting with consumers in a kind and caring manner, they were also assisting consumers with group activities, at mealtimes and to mobilise around the service.

Staff interviewed indicated they had completed infection control training and could request additional training as required. Feedback received from consumers, representatives and staff is monitored by Management to identify additional training needs and to inform updates to the service’s processes and procedures. Staff also advised they have performance review scheduled with the service manager and regular discussions with the care managers to identify areas of improvement in care delivery. This is consistent with the Assessment Team’s review of the staff training and performance management records.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

### Requirement 7(3)(b) Compliant

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

### Requirement 7(3)(c) Non-Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team indicated the workforce did not accurately assess consumers’ risk of a pressure injury, they did not follow the service’s policies and procedures for the management of pressure injuries and were not competent in measuring and/or identifying wound ‘staging’. The following information was gathered during the site audit:

* Two out of three nurses interviewed could not describe what steps were required when a consumer is assessed as having high-risk of pressure injuries.
* Information provided in the assessment report for Standards 2 and 3, noting staff were unable to demonstrate they provide clinical or personal care consistent with the service’s policies and procedures, including not effectively implementing pressure injury mitigation strategies or effective assessing, monitoring or evaluating wounds to support effective wound management and healing.

The Approved Provider submitted a response to the Assessment Team’s findings and has acknowledged an error was made in the assessment of a consumer’s pressure wound. Management have advised the service has internal processes that identified the error and have taken the following actions to develop the service workforce to ensure competency and knowledge in managing, accessing and mitigating pressure injuries:

* One on one training and review of the pressure injury guidelines was provided to the staff member who incorrectly assessed a consumer’s pressure wound.
* Review of the incident trends at the service identified a need for further training for all staff in the management of pressure injuries and the service best practice guides have been updated.
* Training in wound care and ‘Care of Ageing Skin’ was provided for all staff (July/August 2020).

Whilst I acknowledge the actions taken by Management to address the workforce training needs and Management have identified the service has internal processes to identify gaps in workforce competency, I consider this Requirement not met. I have considered the most recent evidence provided by the Assessment Team and note based on the interviews with staff and the observations of wound measurement, I find the staff have not displayed an understanding of pressure injury management and the workforce does not have the knowledge and competency to manage, assess and mitigate pressure injuries.

For the reasons detailed above, I find Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Standard 7 Requirement (3)(c).

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 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

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall consumers considered that the organisation is well run, and they can partner in improving the delivery of care and services. Consumers and representatives sampled explained how the service engages them in the evaluation of the service. They said the service regularly checks in with them to ensure they are satisfied with the care and services delivered.

There are processes to ensure consumers are engaged in the development, delivery and evaluation of care and services at time of entry and ongoing. The lifestyle staff advised a social history is collected from the consumer and their representatives prior to entering the service and on admission to gain an understanding of the consumer needs, goals and preferences. This enables the development of tailored program for care and service delivery for the consumer.

Overall, the organisation, has a governance structure and systems to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance, risk management and feedback and complaints.

In addition, the organisation has policies to guide staff best practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. The service monitors regularly and works actively with General Practitioner and Health Professionals to ensure antibiotic usage is minimised and effective and strategies are implemented to minimise the use of restraints.

This aligned with the comments from staff interviewed. They demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

The Assessment Team found the organisation has monitoring processes in place in relation to Standard 8 to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) 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.*

### 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.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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.

* Ensure staff have the skills and knowledge to effectively identify and manage consumers at risk of pressure injuries.
* Monitor staff practices to ensure they are competent in managing and identifying risk of pressure injuries through assessment, and are competent in the management and ‘staging’ of wounds.
* Incorporating processes that integrate best practice guidelines for the assessment of pressure injuries, identification of risks, wound ‘staging’ and management.