Bethanie Fields

Performance Report

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**Commission ID:** 7273

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 28 September 2021 to 29 September 2021

**Date of Performance Report:** 18 November 2021

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(d) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 25 October 2021
* the Performance Report dated 16 April 2021 for the Site Audit conducted 24 November 2020 to 26 November 2020.

# STANDARD 1 NON-COMPLIANTConsumer 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 Non-compliant as the one specific Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(d) in Standard 1 Consumer dignity and choice as part of the Assessment Contact. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(d) in Standard 1. This Requirement was found Non-compliant following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found 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. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit. However, the Assessment Team were not satisfied the service demonstrated that it supports consumers and their representatives to understand risks associated with consumers’ choices and how those risks could be managed to minimise harm. The Assessment Team have recommended Requirement (3)(d) not met.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 1 Requirements

### 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 were not satisfied the service demonstrated that it supports consumers and their representatives to understand risks associated with consumers’ choices and how those risks could be managed to minimise harm. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* The representative said therapy staff have trained them to use a piece of equipment to transfer Consumer A, in line with the consumer’s choice, and they feel confident using the equipment.
* The representative did not appear to be fully informed of the risks associated with this choice and how these risks could be managed to minimise harm.
* Progress notes dated October 2020 indicate the Physiotherapist spoke to the representative in relation to transfers and the falls risk associated with using the previous method of transferring the consumer. The representative was educated on the use of the equipment and the infection control policy. A Customer choice agreement was not completed.

Consumer B

* The representative said the service has supported the consumer’s choice to have them use equipment to assist in transfers. The representative said they will also use the equipment to transfer the consumer if staff are busy.
* The representative said they received training from therapy staff and felt confident using the equipment, however, did not appear to be fully informed of the risks associated with this choice and how those risks could be managed to minimise harm.
* Progress notes dated December 2020 indicate the Physiotherapist reviewed transfers using the equipment with the representative who demonstrated good competence on transfer technique and manual handling. A Customer choice agreement was not completed.

Consumer C

* The service did not demonstrate Consumer C is fully informed of risks associated with their choice to eat food, brought into the service by family members, which is not in line with specialist’s recommendations.
* Care plan and progress notes show the consumer was referred to a Speech pathologist in September 2021 in response to family bringing in regular diet foods. Speech pathologist recommendations indicated the consumer required a soft and bite sized diet, with extra sauce/gravy, and level 2 mildly thickened fluid.
* The consumer and a representative stated the consumer does not like the food provided by the service, aside from a few items, and prefers to eat food from their culture which the family often bring in for them, as well as on occasions, a burger, which they also enjoy. This was also confirmed by clinical and care staff who stated Consumer C does not like the service food and family bring in food they prefer.
* A Customer choice agreement was not completed.

Consumer D

* Consumer D stated they like to undertake an activity which includes an element of risk and prefers not to wear a recommended piece of equipment whilst undertaking the activity.
* Management said they support Consumer D’s choice to undertake the activity and a Customer choice agreement has been completed.
* The Agreement completed in February 2021 states the consumer is to be issued with a piece of equipment and other equipment associated with the activity are kept with and issued by staff.
* The representative said the consumer does not wear the piece of equipment and keeps other associated pieces of equipment related to the activity in their room. Additionally, at times they have found alcohol in the consumer’s room and said on one occasion, the consumer had been found to have drunk in excess. The representative said the consumer also kept analgesic medication in their room and expressed concern the consumer may self-administer this medication in excess of a safe dose.
* Management advised the consumer undertakes the activity and equipment associated with the activity are kept with staff and the consumer chooses to consume alcohol with meals as detailed in the care plan.
* A registered staff member said they are aware that the consumer undertakes the activity, they undertake the activity out the front of the service and in the designated area and does not wear the piece of equipment.
* A Customer choice agreement has not been completed in relation to the consumer’s decision to drink alcohol.

The provider’s response included supporting documentation, directly relating to evidence highlighted in the Assessment Team’s report, to demonstrate that the service had met the Requirement. The provider’s response included, but was not limited to:

* In each of the following examples, risk was documented as being discussed in the progress notes and recommendations accepted by the consumer/representative. Therefore, believe Customer choice agreements were not required.

In relation to Consumers A and B

* Both consumers and their representatives agreed to recommendations made by the Physiotherapist and care plan interventions were documented to support the wish for inclusion of the representative in the delivery of safe care. Therefore, in line with the organisation’s current procedure, an agreement form for these two consumers was not indicated.
* For Consumer A, progress notes included in the response indicate risks associated with the previous transfer method were discussed. However, discussion relating to risks associated with using the equipment and agreed mitigation strategies are not noted.
* For Consumer B, progress notes included in the response do not include discussion relating to risks associated with using the equipment or agreed mitigation strategies. The care plan last evaluated in August 2021 only notes the consumer’s partner can assist staff when doing transfers with equipment.

In relation to Consumer C

* The Speech pathologist review was triggered through a staff referral as it was identified and communicated with the family there was a risk in not following specialist’s recommendations.
* Progress notes included in the response indicate discussions with family, two days prior to the Speech pathologist review, relating to coughing/choking if the consumer has a normal diet. While the representatives reported the consumer was eating the normal diet well and they were closely monitoring them, there is no indication that risk mitigation strategies were discussed.
* The risk was clearly documented in the progress notes by the Registered nurse and followed up with family by the Speech pathologist. It was documented that the next of kin was happy to follow the recommendations.
* As the consumer and family agree with the current specialist’s recommendations, a Customer choice agreement is not indicated.

In relation to Consumer D

* Clinical management followed up with Consumer D in October 2021 who stated they no longer undertake the activity and the Care plan and Customer choice agreement was updated and provided to the consumer. The risk is eliminated as the consumer chooses to no longer undertake the activity.
* Review of documentation identified only one occasion in October 2021 where the representative was informed and included in the decision for alcohol to be held by staff and a glass of wine to be given with lunch and evening meals.
* As staff monitor and hold wine for the consumer and the representative agrees to these recommendations, no Customer choice agreement is required.
* Staff found and removed analgesic medication from the consumer’s room in February 2021. The consumer was reviewed by the General practitioner in March 2021 and the issues addressed.

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found 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. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed and trialled a Positive risk assessment tool for use in circumstances where a consumer’s choice, activity or goal is identified as being potentially harmful to them.
* Training provided to therapy staff relating to consumer dignity, choice and risk, and use of the Positive risk assessment tool.
* Reviewed policies, procedures and associated documents relating to customer choice and decision making.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, risks related to activities consumers chose to partake were not consistently identified, discussed with consumers and/or representatives or strategies to mitigate risks implemented and/or reviewed for effectiveness.

For Consumers A and B, the provider asserts the wish for family to assist in delivery of care was made safe by ensuring information and education was provided, therefore, a Customer choice agreement was not indicated. However, the use of equipment to transfer the consumers includes an element of risk to the consumers. Supporting documentation included as part of the provider’s response does not demonstrate risks associated with transferring consumers with the equipment were discussed with both the consumer and representative, strategies to mitigate risks developed using a consultative approach or processes to review the ability of the tasks to safely continue initiated. Progress notes included in the response for Consumer A only indicated risks associated with the previous transfer method were discussed and for Consumer B, only a review of transfers with the representative occurred.

In relation to Consumer C, I find that strategies to mitigate and/or minimise risks associated with family providing foods not in line with specialist’s recommendations were not initiated when the risk was identified. Progress notes indicate a clinical staff member was aware of Consumer C’s family providing normal diet foods, two days prior to a Speech pathologist review, and made the family aware of some of the associated risks, that is coughing/choking. However, there is no indication that risk mitigation strategies were discussed or implemented in the interim to support the consumer’s choice. The provider’s response asserts the consumer and family agreed with the current Speech pathologist’s recommendations, therefore, a Customer choice agreement is not indicated. However, feedback provided by the consumer, representative and staff to the Assessment Team indicates that this risk may still be present and I would encourage the service to ensure appropriate measures are implemented to minimise risks to the consumer’s safety.

For Consumer D, the provider asserts that since the Assessment Contact, the consumer no longer undertakes the activity, therefore, the risk is eliminated. However, at the time of the Assessment Contact, this activity was still being undertaken by the consumer and while a Customer choice agreement was in place in relation to the activity, feedback provided to the Assessment Team from the consumer and representative indicates recommendations to ensure the consumer’s safety while undertaking the activity were not being initiated. Additionally, a clinical staff member indicated they were aware the consumer did not undertake the activity in line with the agreement. However, there is no indication the agreement was reviewed, risks associated discussed or management strategies reviewed, placing the consumer at risk. In relation to alcohol use and analgesic medication, supporting documentation included in the provider’s response demonstrated on identification, appropriate actions were taken in response and management strategies implemented.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

# STANDARD 2 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 Assessment Team assessed Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(e) in Standard 2. These Requirements were found Non-compliant following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found:

* safe and effective care and services were not delivered in relation to skin care and pressure injury management; and
* the service did not regularly assess for effectiveness, and/or when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(a) and (3)(e) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Compliant with Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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 service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found safe and effective care and services were not delivered in relation to skin care and pressure injury management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed hard copy quick reference guides to provide prompts to guide best practice in risk assessment.
* Updated Wound management procedures and guidelines in line with the Australian Wound Management Association - standards for wound management (2016).
* Delivered training to all care staff on skin integrity assessment and basic wound care.
* Monitoring is in place to ensure the allied health team complete falls risk assessments by defined timelines.
* Increased monitoring through regular clinical team meetings to ensure clinical staff review and monitor wounds in line with organisational directives.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives were satisfied assessment and planning processes are completed effectively and staff consider risks to consumers’ health when completing assessments.
* Care files demonstrated regular assessments are completed, including in relation to nutrition and hydration, skin, pain, behaviour and oral and dental. Validated risk assessment tools are regularly utilised, including in relation to depression and pressure injuries. Care plans are developed in line with assessment outcomes to guide staff.
* Consumers are assessed for falls risk following a fall, and skin assessments are completed for all consumers returning from hospital.
* Staff know consumers well and understand their care needs and described individual care needs of sampled consumers and ways they assist with their preferred needs and preferences on a day-to-day basis.
* Planning schedules identify timelines of assessment processes. These include six and 12 monthly assessments and review of consumers’ care management. Assessments are also completed as clinically indicated, including in response to increased pain and pressure injury risk.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(e) 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 service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found the service did not regularly assess for effectiveness, and/or when circumstances changed or when incidents impacted on the needs, goals or preferences of the consumer. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Developed hard copy quick reference guides which provide prompts to guide best practice in assessment of consumers at the point of deterioration, including on return from hospital and when significant weight loss and a change in condition has been identified.
* Updated wound management policies, procedures and guidelines.
* Clinical team meetings are now occurring monthly. All incidents and consumers with identified ongoing risks are discussed and action plans are developed.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Consumers reported they are well looked after, nurses check on them if they are not well and call the doctor if they need more care.
* Care plans demonstrated regular assessment and ongoing review when consumers’ health needs changed. Falls risk assessments are completed following falls to identify additional interventions to minimise risk of ongoing falls. Consumers with weight loss or unhealthy weight gain are reviewed by the Dietitian as required and dietary plans or additional supplements are ordered to support consumers’ nutritional needs.
* Registered staff demonstrated awareness of review timelines. A flip-chart outlining assessment timelines is available to guide staff with the service’s assessment requirements.
* Registered staff said all incidents are reported and actioned, and provided examples of wound care charts being developed in response to skin tears and falls risk assessments being undertaken following a fall.
* Meeting minutes demonstrated incidents are discussed and action plans developed.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# 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 two specific Requirements assessed has been found Non-compliant. The Assessment Team assessed Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed.

Requirement (3)(b) was found Non-compliant following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found the service had not demonstrated effective management of high impact or high prevalence risks, specifically in relation to pressure injuries. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) met.

However, in relation to Requirement (3)(a), the Assessment Team were not satisfied the service demonstrated consumers’ personal and clinical care was safe and effective and based on best practice guidelines. The Assessment Team found issues identified at the Site Audit conducted 24 November 2020 to 26 November 2020 relating to measurement and risk injury prevention strategies for wound care were not fully resolved.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Requirement (3)(a) and Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the specific Requirements below.

### Assessment of Standard 3 Requirements

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

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team were not satisfied the service demonstrated consumers’ personal and clinical care was safe and effective and based on best practice guidelines. The Assessment Team found issues identified at the Site Audit conducted 24 November 2020 to 26 November 2020 relating to measurement and risk injury prevention strategies for wound care were not fully resolved. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer E

* Staff are not ensuring the consumer wears compression stockings daily, as recommended by the General practitioner, to reduce and minimise oedema. The representative indicated staff do not apply the stockings.
* On day two of the Assessment Contact, the Assessment Team observed the representative ask staff why the consumer was not wearing the stockings again.
* A fluid balance chart commenced in July 2021 to monitor a fluid restriction directed by the General practitioner, was not monitored to ensure adequate and appropriate fluids were provided. For a 46 day period, charting was only completed accurately on two days. For one of the 46 days, two charts were noted to be in place.
* Following discussions with management, the fluid restriction was added to the consumer’s care documentation. Management indicated the need for daily application of compression stockings would be added to the care plan.
* A wound management plan for a blister was commenced on the first day of the Assessment Contact. The representative indicated they were notified of the blister approximately two to three days prior, however, when they visited during the Assessment Contact, the area was not covered for protection.
* General practitioner notes for the past nine months do not demonstrate a review of the consumer’s regular psychotropic medication has occurred despite staff reporting it is reviewed monthly in line with the service’s policy.
* There is no indication discussions relating to the medication have occurred between the consumer’s representative and the General practitioner. The representative stated they have not discussed use of psychotropics with the General practitioner and the consumer has been on the medication for a long time.
* Management indicated they would discuss the medication with the General practitioner as the consumer has been on it since entry.

Consumer F

* The consumer has had a skin integrity issue since November 2019. Staff stated they have tried many treatments but the skin integrity issue remains.
* Management indicated the General practitioner reviews Consumer F’s care, including wound care. General practitioner notes from November 2020 to the time of the Assessment Contact indicated the General practitioner had not reviewed the wound.
* Staff stated they had now put it in the General practitioner’s book for the wound to be reviewed.

Consumer G

* Staff stated wound measurements dated June 2021 were inaccurate and indicated the wound measured approximately the same now as it did on identification.
* Staff stated the General practitioner assists with wound care and a recent entry in the General practitioner’s book for wound review was ticked as completed. General practitioner notes did not demonstrate the wound was reviewed and the care record did not show contact with a wound specialist for wound care support.

Consumer H

* A stage 2 pressure injury identified in July 2021 failed to heal within the organisation’s 28 day target despite intervention. The pressure injury deteriorated to a stage 3 in September 2021.
* Documentation demonstrated inconsistencies in wound charting, inaccurate documentation of wound staging, delay in implementation of pressure injury management strategies and lack of specialist review.

Consumer I

* An as required psychotropic medication has been administered on 12 occasions in the last two months. On 10 occasions, the medication was administered between 10.30pm and 2.35am. Staff did not administer pain relieving medication prior to the psychotropic medication.
* The effect of the medication was evaluated on only two of 12 occasions the medication was administered.
* The last sleep assessment was completed in June 2021 and indicated the sleep chart did not need to be reviewed and the consumer had no difficulty sleeping.
* A behaviour assessment completed in June 2021 did not indicate the consumer exhibited behaviours overnight or that regular psychotropic medication was required.
* General practitioner notes from May 2021 to the time of the Assessment Contact did not demonstrate the General practitioner had discussed or reviewed the as required medication.
* The Chemical restraint authority has not been signed by the consumer’s family.

Consumer J

* The consumer is prescribed five regular psychotropic medications with a number first being prescribed more than four years ago. The medications have not been monitored or alternatives trialled despite the consumer’s cognitive and function decline.
* General practitioner notes from May to September 2021 do not indicate the medications have been reviewed. A review in September 2021 noted the consumer was less active than in the past and sleeps longer. One psychotropic medication dose was reduced with the General practitioner noting all care plans were in place and appropriate.
* Ten days later, another medication’s dosage was reduced. Behaviour charting or assessments to review the consumer’s behaviour following the change had not been commenced.
* The consumer’s representative stated the General practitioner has not discussed medications at any time with them.

Consumer K

* The consumer has been involved in four incidents towards staff members from June and September 2021. Behaviour charting had been commenced following three of the four incidents. Charting had not been commenced following the most recent incident in September 2021.
* Three behaviour assessments completed between March and September 2021 were the same and did not identify issues described in incident reports.
* A care plan reviewed following an incident included generic interventions. Management stated the consumer’s care plan included specific information to maintain staff safety and tailor the consumer’s care related to challenging behaviour. Management described triggers and strategies to minimise the consumer’s behaviours; the care plan was further reviewed following discussion with the Assessment Team and more individualised management strategies included.

The provider’s response included supporting documentation, directly relating to evidence highlighted in the Assessment Team’s report. The response also acknowledge areas for improvement. The provider’s response included, but was not limited to:

In relation to Consumer E

* Where care staff are not confident in applying stockings, they will refer to clinical staff to attend, which may result in a delay in application each day.
* Care staff document care given on a chart which the provider indicated they have observed the occasional entry where the consumer has refused stockings and/or will roll down stockings and remove them. This would explain that some days when the representative visits, the stockings are not in place.
* Fluid intake was not being monitored to ensure adequate intake but to ensure fluid restriction was adhered to.
* Staff on duty confirmed the wound was verbally reported on the day prior to the Assessment Contact and handed over to the morning shift the following day to review and follow-up. As the blister was intact, no dressing was indicated but staff continued to monitor. On the first day of the Assessment Contact, a protective dressing was applied at the representative’s request.
* As discussed during the Assessment Contact, staff requested the General practitioner to review one of the psychotropic medications. The medication was reduced and the representative informed of the review and medication changes.

In relation to Consumer F

* The consumer has a chronic fungal skin condition first identified and reviewed by the General practitioner in 2017. Staff have been attending and monitoring the skin condition daily.

In relation to Consumer G

* The consumer’s wound was reviewed by the General practitioner and appropriate treatment ordered to assist wound healing. The wound is reviewed weekly by clinical staff and indicates the wound is healing.

In relation to Consumer H

* The consumer was assessed as being at some risk of pressure injuries, influenced by the consumer’s mobility status, following return from hospital in July 2021.
* Clinical management were notified of the pressure injury and organised a referral to the Occupational therapist to provide pressure area prevention strategies. There is evidence of a General Practitioner review in progress notes.
* The provider acknowledges there is a need for an ongoing focus and improvement in staff accurately measuring and staging wounds and wound care procedures remain a focus at clinical meetings.

In relation to Consumer I

* Acknowledge there are occasions where staff have not documented non-pharmalogical interventions prior to resorting to as required medication and staff are not always evaluating post administration for effect of medication.
* These requirements will be discussed and a toolbox education on restrictive practices undertaken at the next compulsory clinical staff meeting scheduled for November 2021.
* Staff and the General practitioner have been working to reduce the consumer’s psychotropic medications. While the General practitioner has not documented specifically on the medication stated, notes demonstrate regular review of all medications.

In relation to Consumer J

* The consumer has been discussed at care team meetings and a goal to reduce medications commenced in August 2019. We continue to request review by the General practitioner to reduce/cease psychotropic medications and this has been communicated with the representative.
* The consumer’s response to changes in medication are monitored by staff through progress notes.

The provider did not respond to the evidence in the Assessment Team’s report relating to Consumer K.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, each consumer was not being provided safe and effective clinical and personal care which was best practice, tailored to their needs or optimised health and well-being. In coming to my finding, I have placed weight on information provided relating to Consumers E, G, H, I and K.

In relation to Consumer E, I find that General practitioner directives were not consistently followed which has not ensured the consumer’s health and well-being are optimised, specifically in relation to application of compression stockings and fluid restriction. General practitioner notes included as part of the provider’s response indicate ongoing episodes of limb oedema, with one notation indicating improvement with compression. However, supporting documentation included as part of the provider’s response demonstrates compression stockings are not consistently applied. A sample of charts, dated between July to September 2021, indicated application and/or removal of stockings was not noted on 50 of 80 days. Where stockings were documented as being removed, the times indicate this was prior to the consumer settling, between 7.00pm to 8.00pm, and not as a result of the consumer removing the stockings independently, as asserted by the provider. I have also considered fluid intake has not been consistently monitored to ensure the fluid restriction was adhered to or sufficient fluid intake maintained. Daily fluid charting from July to September 2021 included as part of the provider’s response demonstrated total input had not been calculated or a progressive total documented on 38 of 68 days sampled. While the consumer’s intake is noted to be at or below the required intake, daily totals of 120 to 400mls were noted on nine of those days indicating the consumer’s intake was not being consistently monitored.

In relation to an identified blister, the provider asserts a wound management plan was initiated in response to the representative’s request. I have considered that in this instance, wound management processes were not initiated in response to an identified skin issue to ensure appropriate monitoring occurred. In relation to restrictive practices, I have also considered that use of psychotropic medications has not been undertaken in line with legislative requirements. The provider’s response indicates since the Assessment Contact, a prescribed psychotropic medication has been reduced and the representative informed of the review and medication changes. However, I find that at the time of the Assessment Contact, use of the psychotropic medication was not in line with legislative requirements. Records indicated a review of the medication had not occurred in at least the past nine months and did not demonstrate discussions relating to use of the medication had occurred between Consumer E’s representative and the General practitioner. This was confirmed by the representative during interview with the Assessment Team.

In relation to Consumer G, while the provider indicates the wound is reviewed weekly and is noted to be healing, I have considered that wound measurements were not being accurately recorded, as confirmed by staff. I find this practice does not ensure consistent monitoring of wound progression or timely identification of wound deterioration. Additionally, the Assessment Team’s report noted at the end of August 2021, the wound had an odour and while the provider asserts the wound, and associated issues, were reviewed by the General practitioner, this is not supported by General practitioner notes included as part of the provider’s response. The documentation provided indicates the last review occurred 48 days prior to the Assessment Contact, stating ‘oedema is ok’. The General practitioner notes do not indicate the wound was reviewed during this time.

In relation to Consumer H, supporting documentation included as part of the provider’s response demonstrates a pressure injury risk assessment was completed on the day the pressure injury was identified and an Occupational therapist review occurred two days later with recommendations implemented. However, while the provider asserts the General practitioner reviewed wounds, the progress notes do not demonstrate the sacral wound was specifically reviewed by the General practitioner despite the wound deteriorating from a stage 2 to a stage 3 pressure injury in a period of 50 days. The provider has acknowledged an ongoing need to focus on aspects of wound management.

In relation to Consumer I, while I acknowledge the service are working with the General practitioner to reduce the consumer’s psychotropic medications, I have considered that use of these medications has not been in line with best practice care. Over a two month period, psychotropic medications have not been administered as a last resort or the effectiveness of the medication consistently documented. I have also considered that while on 10 of 12 occasions the medication was administered overnight, further assessments relating to sleep or behaviour have not been initiated to identify triggers or additional, more appropriate strategies to minimise use of restrictive practices. Additionally, a restraint authority relating to use of psychotropic medications has not been signed by the consumer’s representative indicating informed consent, in line with legislative requirements has not been obtained.

In relation to Consumer K, I have considered that while four incidents towards staff were recorded over a four month period, individualised management strategies to enable staff to provide care to the consumer in a safe manner were not implemented. I note management described individualised triggers and strategies to manage and/or minimise the consumer’s behaviour to the Assessment Team, however, support strategies included in the consumer’s care plan were generic in nature. While I acknowledge management updated the consumer’s care plan, this was subsequent to feedback provided by the Assessment Team and not as a result of the service’s own monitoring, assessment and review processes.

In relation to Consumer F, documentation included in the provider’s response demonstrates the consumer’s skin integrity is being monitored, reviewed and managed by staff and the General practitioner.

In relation to Consumer J, documentation included as part of the provider’s response demonstrates that while not documented daily, the effect of changes to prescribed psychotropic medication in September 2021 were monitored through progress notes. Additionally, evidence of staff requesting and the General practitioner reviewing psychotropic medications from July 2020 to September 2021 was noted.

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

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

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found the service had not demonstrated effective management of high impact or high prevalence risks, specifically in relation to pressure injuries. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to staff relating to skin integrity and basic wound care.
* Quick guides relating to how to perform accurate assessment and implement risk management strategies are available in all nurse’s stations.
* All high impact or high prevalence risk clinical incidents are notified to and reviewed by management.
* Clinical staff monthly meetings have a standing agenda item for discussion of assessment and management of high impact or high prevalence risks.
* Audits are undertaken to monitor prompt and effective assessment of risk and implementation of effective strategies.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Assessment processes inform development of care plans which inform staff of consumers’ clinical care needs.
* Care files sampled demonstrated consumers are regularly assessed for risk and where issues are identified, these had been escalated. However, inconsistencies with documentation were noted for three consumers assessed as requiring a texture modified diet and at risk of choking. Staff and management confirmed the consumers were receiving the appropriate diet as assessed and recommended by a Speech pathologist.
* Staff discussed the way they have assisted consumers settle into the secure area, and how challenging behaviours have decreased when staff have begun to understand consumers’ needs and preferences.
* Staff stated consumers’ dietary needs are monitored by registered staff and the Speech pathologist to ensure consumers are provided a texture appropriate to their needs.
* Clinical incidents, including falls, skin injuries, wounds, weight loss and medication errors are recorded, actioned and monitored and management strategies are implemented to reduce risk of injury.
* Monthly reports and meeting minutes demonstrated incidents are monitored, analysed and trended for further investigation as required at both a service and organisational level.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(c) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in Standard 7. This Requirement was found Non-compliant following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found staff had not displayed an understanding of pressure injury management and the workforce did not have the knowledge and competency to manage, assess and mitigate pressure injuries. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(c) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Compliant with Requirement (3)(c) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

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

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

The service was found Non-compliant with Requirement (3)(c) following a Site Audit conducted 24 November 2020 to 26 November 2020 where it was found staff had not displayed an understanding of pressure injury management and the workforce did not have the knowledge and competency to manage, assess and mitigate pressure injuries. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Training provided to staff by an external provider relating to skin care, pressure injuries and wound care.
* Hard copy quick reference guides were observed in each nurse’s station providing prompts to guide best practice care relating to risk assessment.
* Updated Wound management procedures and guidelines in line with the Australian Wound Management Association - standards for wound management (2016).

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Seven consumers and representatives stated they were confident staff had the qualifications, knowledge, skills and experience to provide quality and safe care that meets consumers’ needs.
* Management stated staff onboarding processes, including for agency staff, require completion of compulsory training, which is dependent on the role. Further training is completed on a three monthly and annual basis and when further opportunities are identified.
* Further training and development opportunities are identified through trends at both a service and organisational level, clinical indicator data, incidents, monitoring of quality improvements, lessons learned and feedback from staff, consumers and representatives. There are processes to monitor completion of training requirements.
* A Learning and development matrix is maintained and demonstrated staff had completed compulsory training requirements.
* There are processes to monitor staff professional registrations, visa requirements, police clearances and statutory declarations.
* Two clinical staff stated they are confident in their capacity to care for consumers, often undergo training and are always supported by other registered staff.
* Two care staff said they are confident they have the knowledge and skills to perform their roles and can call on registered staff for support.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Compliant with Requirement (3)(c) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANTOrganisational 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 Non-compliant as the one specific Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(d) in relation to Standard 8 Organisational governance. All other Requirements in this Standard were not assessed.

The Assessment Team were not satisfied the service demonstrated effective risk management systems and practices, specifically in relation to following policies and procedures to support consumers to live the best life they can. The Assessment Team have recommended Requirement (3)(d) not met.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team were not satisfied the service demonstrated effective risk management systems and practices, specifically in relation to adherence to policies and procedures to support consumers to live the best life they can. The Assessment Team’s report provided the following evidence:

Consumer L

* Consumer L undertakes activities which involve an element of risk. Care records do not indicate discussions with Consumer L relating to risks associated with one of the activities has occurred.
* Consumer L experienced five falls over a four month period with staff indicating an activity the consumer partakes could have contributed. There is no evidence to indicate discussions relating to the activity have occurred, mitigating strategies developed or if Consumer L was accepting of the fact that the activity could have contributed to the falls and if they wished to take that risk.
* Consumer L stated the service knows they undertake an activity which involves an element of risk, they don’t like it very much but they don’t stop them. The consumer stated when they first entered the service, the activity was monitored, however, this is not done now. For another activity, while an assessment was undertaken when they first received a piece of equipment to ensure safety using it and when going out of the facility independently, nothing else has happened since.
* General practitioner notes stated the consumer was undertaking the activity ‘secretly’, indicating the activity is being undertaken against medical advice. The organisational procedure states if a consumer wishes to deviate from medical or specialist advice, a Customer choice agreement is to be completed.

Consumers A and B

* Representatives have been shown by the Physiotherapist how to transfer Consumers A and B using a piece of equipment. Whilst the representatives have been deemed competent to undertake the task, Customer choice agreements have not been completed in line with the organisation’s policy documents
* There was no evidence related risks or of mitigating strategies to reduce the risks had been discussed.

Consumer D

* A Customer choice agreement is in place for an activity which includes an element of risk. However, the agreement has not been updated in response to the consumer not adhering to the recommendations to ensure their safety while undertaking the activity.

In coming to my finding for this Requirement, I have also considered information in Standard 1 Consumer dignity and choice Requirement (3)(d) relating to Consumer C indicating:

* The service did not demonstrate Consumer C was fully informed of risks associated with their choice to eat food which was not in line with specialist’s recommendations. A Customer choice agreement relating to this choice was not completed.

The provider’s response included supporting documentation, directly relating to evidence highlighted in the Assessment Team’s report. The response also acknowledged areas for improvement. The provider’s response included, but was not limited to:

* The organisation has identified opportunity for improvement in development of site specific risk registers to improve risk governance. This will assist to improve monitoring and review of all risks identified that are specific to each site and ongoing effective risk management strategies for individual consumers.

In relation to Consumer L

* The activity which includes an element of risk is not a choice, it is a medical condition.
* Investigation of falls identified low blood pressure; medications have been reviewed and parameters set. No further falls have been experienced.
* Suspicions of increase in the activity of choice have been discussed at meetings and with Consumer L.
* The inclusion of diversional activities has resulted in a reduction in the consumer undertaking the activity of choice. Assistance will continue to be offered to the consumer in managing the activity and if the consumer does not wish to have assistance, ways to minimise the risk will be identified. A Customer choice agreement will be attended at this time.

In relation to Consumers A, B and D, the provider did not include a response directly relating to this Requirement. The provider’s response indicated to refer to the information provided in the response related to Standard 1 Consumer dignity and choice Requirement (3)(d), which I have also considered in relation to Consumer C.

I acknowledge the provider’s response and the supporting documentation provided. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, effective risk management systems and practices were not in place to support consumers to live the best life they can.

In coming to my finding for this Requirement, I have also considered evidence presented in Standard 1 Consumer dignity and choice Requirement (3)(d). I have considered that the evidence presented in this Requirement and Standard 1 Requirement (3)(d), associated with five consumers, indicates systemic issues relating to the organisation’s risk management systems and processes, specifically ensuring consumers are supported to take risks to enable them to live the best life they can. I have also considered information provided to the Assessment Team by management during the Assessment Contact in which they agreed they had not completed Customer choice agreements in line with the organisation’s policy documents.

I have considered that while all five consumers highlighted chose to undertake activities which included an element of risk, the organisation’s processes to support the consumers were not consistently applied. Four of the five consumers did not have Customer choice agreements in place relating to activities the consumers chose to partake which included an element of risk. As a result, the Assessment Team’s report and supporting documentation included in the provider’s response did not demonstrate risks associated with the activities had been discussed and strategies and supports to minimise and/or mitigate the risks implemented in consultation with consumers and/or representatives. For Consumer D, while staff were aware the consumer was not undertaking an activity in line with the recommended strategies, the organisation’s monitoring, assessment and review processes were not applied, including consideration of new strategies, in consultation with the consumer to ensure the consumer’s safety was maintained.

In relation to Consumer L, the provider’s response indicates assistance will continue to be offered to manage the activity and if the consumer does not wish to have assistance, ways to minimise the risk will be identified and a Customer choice agreement will be attended at this time. While I acknowledge that since the Assessment Contact, the inclusion of diversional activities has resulted in a reduction in the consumer undertaking the activity of choice, I consider that the risks are still inherent. As noted by the provider, the activity that includes an element of risk is a medical condition. As such, I would encourage the service to discuss the risks associated with the activity with Consumer L to ensure the consumer’s safety is maintained. This includes implementation of agreed upon strategies to minimise the risks to assist staff to effectively monitor and provide the consumer appropriate care and services.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Fields, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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 1 Requirement (3)(d)**

* Where consumers undertake activities, which include an element of risk, ensure consumers are supported to understand the risks involved and develop and/or review strategies to minimise and/or mitigate risks, in consultation with the consumer and/or representative. Monitor adherence with strategies and review as required to ensure consumers’ safety is maintained.

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

* Ensure staff have the skills and knowledge to:
* implement consumers’ clinical care needs in line with General practitioner directives.
* monitor and review charting to ensure consistent completion and that consumers’ clinical and personal care needs are met.
* initiate and undertake wound treatments in line with the service’s processes and best practice care.
* administer and review use of psychotropic medications in line with best practice care and legislative requirements.
* initiate monitoring processes, complete assessments and review and/or implement support strategies where changes to consumers’ personal and/or clinical care needs are identified.
* identify consumers’ behaviours, review and develop appropriate management strategies and monitor effectiveness.
* Ensure policies, procedures and guidelines in relation to assessment, monitoring and review and management of wounds, restrictive practices and behaviours are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, monitoring and review and management of wounds, restrictive practices and behaviours.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management systems and practices in relation to supporting consumers to live the best life they can.