Bethanie Gwelup

Performance Report

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**Commission ID:** 7457

**Provider name:** The Bethanie Group Incorporated

**Site Audit date:** 25 May 2021 to 27 May 2021

**Date of Performance Report:** 6 August 2021

# 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | 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) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-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** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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 Approved Provider’s response to the Site Audit report received 24 June 2021.

# STANDARD 1 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 assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers interviewed consider they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services, and live the life they choose. Specific feedback and examples provided by consumers/representatives include:

* Consumers and representatives indicated consumers are treated with dignity and respect by staff and management.
* Consumers and representatives provided specific examples of how staff support the provision of culturally safe care and services, and the maintenance of important relationships, including identifying those whom consumers wish to be involved in decisions relating to care and services.
* Consumers indicated they are supported to take risks to enable them to engage in activities and tasks to live their best lives.
* A range of mechanisms are used, and information is provided to consumers to support decisions relating to meals and choices about care and services.
* A representative confirmed personal information about their family member is kept confidential.

Consumers’ care plans contained information relating to consumers’ life stories, including background and personal preferences to support provision of care. Staff interviewed were observed to speak to consumers in a respectful manner and were able to demonstrate knowledge of consumers’ individual backgrounds, needs, preferences and specific strategies developed based on this information. Strategies included examples of how care and services are delivered in a culturally safe manner.

The service’s handover process assists communication about consumers’ preferences and choices between staff. Staff interviewed provided specific examples of how they have supported consumers to maintain relationships of their choosing, including those consumers who have significant cognitive or communication impairments.

Staff provided a range of examples of how consumers are supported to take risks, including strategies used to minimise risks. Discussions of risks associated with consumers’ choices were documented in relevant assessments, however, as discussed in Standard 8 Organisational governance, the service has initiated improvements to ensure these risks, strategies, consequences and discussions are comprehensively documented.

The Assessment Team observed posters and information on display, including activity schedules and meeting dates. Staff indicated representatives are communicated with when changes in care occur and consumers from non-English speaking backgrounds are provided with information in their preferred language.

The Assessment Team observed care staff knocking on doors before entering consumers’ rooms and maintaining consumers’ privacy during provision of care. Staff interviewed provided examples of how they support consumers’ private information to remain confidential and to be only be shared with authorised individuals in accordance with consumers’ preferences. The service has documented policies and procedures relating to privacy and confidentiality, including how information is collected, stored and accessed.

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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) Compliant

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

### 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-COMPLIANTOngoing 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 one of the five specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective assessment and planning processes, which includes consideration of risks to consumers’ health and well-being, to inform the delivery of safe and effective care and services, specifically in relation to the planning and management of consumers’ responsive behaviours. Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the respective Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in this Standard, the Assessment Team found overall, consumers consider they feel like partners in the ongoing assessment and planning of their care and services. Specific feedback and examples provided by consumers and representatives include:

* Consumers and representatives indicated staff are aware of consumers’ needs and preferences, including consulting with them to develop care plans.
* Consumers and representatives stated staff explain relevant information associated with consumers’ care plans and have access to or have obtained a copy of their care plan.
* Consumers and a representative indicated care plans and strategies are reviewed when circumstances change or when incident impact on consumers’ needs, goals or preferences.

The Assessment Team found sampled consumers’ files included care plans which had detailed each consumer’s needs, goals and preferences, including advance care directives. Care plans indicated discussions regarding care included consumers and/or their representative on entry and on an ongoing basis. Care plans were updated following changes to consumers’ condition, such as changes to weight, skin or incidents of falls.

Staff interviewed were able to describe what is important to consumers, including preferences associated with consumers’ delivery of personal and clinical care. Staff were able to describe how consumers are supported to be involved in assessment and care planning processes and how outcomes are discussed during conferences and consultation sessions. Staff described processes used to report changes to consumers’ conditions and clinical staff described processes used to manage clinical incidents.

The service has documented policies and procedures to guide assessment and planning processes, including regular reviews of care and incident management .

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## 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 effective assessment and planning processes, which includes consideration of risks to consumers’ health and well-being, to inform the delivery of safe and effective care and services, specifically in relation to the planning and management of consumers’ responsive behaviours. The Assessment Team provided the following information and evidence relevant to my finding:

* Four consumers who had exhibited responsive behaviours and are prescribed ‘as required’ psychotropic medications as a strategy to manage the behaviours, did not have included in their care plans chemical restraint assessments/authorities/consent to demonstrate consideration of risks associated with use of these medications. The consumers’ care plans also did not include non-pharmacological alternatives trialled prior to administration of the psychotropic medication to ensure it was used as a last resort.
	+ Management provided the Assessment Team with an action plan in response to a recently completed audit which identified consumers prescribed ‘as required’ psychotropic medications did not have appropriate chemical restraint authorities.
* One consumer’s (Consumer A) care plan did not include interventions to manage responsive behaviours associated with incidents of physical and verbal aggression.
* One consumer’s (Consumer B) care plan did not include strategies recommended by a behavioural specialist to support management of responsive behaviours associated with activities of daily living. Additionally, the consumer was prescribed a regular psychotropic medication for managing agitation, however, the care plan did not include this as a strategy for management of responsive behaviours.

The Approved Provider submitted a response to the Assessment Team’s report and have acknowledged the discussions of risks for psychotropic medication usage or consent by consumers/representatives has not been clearly documented. The Approved Provider has developed an action plan to address these deficiencies, including commencing behaviour charting for all identified consumers, updated/updating identified consumers’ care plans to include relevant strategies to manage behavioural responses, and care plans to include risks associated with any strategies. While the Approved Provider has acknowledged some deficiencies, the Approved Provider asserts some evidence presented by the Assessment Team requires clarification and further evidence, including:

* Interventions and behaviour management strategies were evidenced in care plans for the four identified consumers, however, acknowledged care plans were not clear when to initiate use of psychotropic medications after attempting all other non-pharmacological strategies, nor included information about the risks associated with the use of these medications or associated mitigation strategies.
* In relation to Consumer A, acknowledged there was a lack of behavioural management strategies and interventions to manage the consumer’s responsive behaviours documented in the care plan, including omission of the use of medication as a behavioural management strategy. However, appropriate referrals to behavioural and mental health specialists had been actioned prior to the Site Audit.
* In relation to Consumer B, acknowledged that recommendations from behavioural specialists had not been included in the consumer’s care plan, however, the care plan has now been updated and includes the use of regular psychotropic medication as a behavioural management strategy.

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

I acknowledge the actions and improvements the Approved Provider has implemented to address the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service’s assessment and planning processes did not effectively identify risks to consumers’ health and well-being to inform the delivery of safe and effective care and services.

The Approved Provider asserts behaviour management strategies were documented in care plans for all consumers identified by the Assessment Team. However, in coming to my finding, I have relied upon evidence in the Assessment Team’s report and the Approved Provider’s acknowledgement that risks and associated mitigation and/or monitoring strategies in relation to the use of psychotropic medications were not documented for four consumers, nor did the care plans provide clear direction to staff about the non-pharmacological interventions required to be used prior to use of psychotropic medications to ensure medication is used as last resort. I consider omission of these processes and information in the care plan has not supported consumers to ensure their care is planned to enhance and protect their safety, health and well-being. Additionally, I have considered that Consumer A did not have behavioural management strategies included in their care plan even though the consumer had been involved incidents in relation to responsive behaviours and in relation to Consumer B, recommended strategies from behavioural specialists had not been included in the care plan at the time of the Site Audit.

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

### 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) 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.*

# 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 two of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a) and (3)(b) in this Standard as not met. The Assessment Team found the service was unable to demonstrate effective systems or practices in accordance with best practice, specifically in relation to the use of psychotropic medication as a strategy to manage consumers’ responsive behaviours, or effective management of high impact or high prevalence risks associated with consumers’ responsive behaviours. Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Non-compliant with Requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my findings in the respective Requirements below.

In relation to Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in this Standard, the Assessment Team found overall, consumers interviewed consider they receive personal care and clinical care which is safe and right for them. Specific feedback and examples provided by consumers and representatives include:

* Two representatives indicated they were consulted and changes to care were made in response to their consumers’ requiring palliative care.
* A consumer and two representatives were satisfied with the response of the service in relation to changes or deterioration of condition, health or abilities of consumers.
* Consumers and representative are satisfied with the information provided about consumers’ care and with referrals and access to medical officers and health specialists.

The Assessment Team found consumers’ care plans reflect their end of life needs and wishes, including advance care directives. Staff interviewed were aware of consumers requiring end of life care and demonstrated an understanding of meeting consumers’ needs and wishes.

Sampled consumers’ files demonstrated staff respond to deterioration or changes to consumers’ function, capacity or condition through reassessment of needs and referrals to medical officers or relevant allied health specialists. Staff provided examples of handover processes used to report changes or concerns with consumers’ conditions and provided specific examples of how changes or incidents were reported and acted upon. Staff were familiar with the processes for referring consumers to other health professionals and provided evidence of referrals which have resulted in improved care for consumers.

Consumer care plans also demonstrated updates, reviews and communication alerts to support effective communication of consumers’ needs to staff and families. Staff confirmed they are provided with current information regarding consumers via alerts in the electronic care system or handover, and documentation supports representatives are informed of incidents in a timely manner.

The Assessment Team found the service has effective systems and processes to prevent and control infection and to support the appropriate use of antimicrobials. Staff interviewed were familiar with processes used to prevent the spread of infection and care plans included strategies to minimise the need for antimicrobials. Infection data is reviewed and analysed monthly to monitor infections and resolution rates, including review of infectious outbreaks to identify effective actions and opportunities for improvement in relation to infectious outbreak management.

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### 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 found the service has a system to deliver personal care and clinical care that is best practice, tailored to meet consumers’ needs and optimises health and well-being. However, the Assessment Team found this system is not effective or in accordance with best practice, specifically in relation to use of psychotropic medication as a strategy to manage consumers’ responsive behaviours. The Assessment Team provided the following information and evidence relevant to my finding:

* A consumer’s (Consumer A) incident documentation, progress notes and behaviour charting demonstrated in an approximate four-month period, the consumer had nine incidents of physical aggression towards other consumers. While progress notes demonstrate in a one-month period, Consumer A was provided with a psychotropic medication on 26 occasions to manage responsive behaviours, it was only effective on one occasion. However, clinical staff did not review or evaluate behavioural management strategies even though strategies were ineffective.
* Clinical and care staff interviewed indicated a consumer (Consumer B) can be verbally and physically aggressive during activities of daily living on most days and this can impact on the provision of this care. However, strategies from specialists have not been included in Consumer B’s plan of care and the service could not demonstrate that psychotropic medication was used as a last resort on all occasions it was used to manage responsive behaviours.
* A consumer’s (Consumer C) progress notes demonstrate psychotropic medications have been used on several occasions in an approximate four-month period. However, the service could not demonstrate this medication was used as a last resort to manage responsive behaviours, including administration of this medication on two occasions without observed responsive behaviours.

The Approved Provider submitted a response to the Assessment Team’s report and have acknowledged that evidence-based best practice was not documented as being applied for the use of psychotropic medications to manage responsive behaviours and behavioural management strategies. The Approved Provider has developed an action plan to address these deficiencies, including training for all staff in relation to use of psychotropic medications as a strategy to manage responsive behaviours, behavioural management and evaluation of effective and non-effective behavioural management interventions. While the Approved Provider has acknowledged some deficiencies, the Approved Provider asserts some evidence presented by the Assessment Team requires clarification and further evidence, including:

* In relation to Consumer A, the consumer was regularly discussed at care team meetings to ensure care was reflective of the consumer’s needs and effectiveness of strategies to manage behavioural responses considered. During the month where Consumer A was administered psychotropic medication on 26 occasions to manage responsive behaviours, the consumer was referred to mental health specialists and subsequently reviewed. The consumer was referred again approximately two weeks after the first review due to ineffective interventions which resulted in a hospital admission. Additionally, while strategies for effective behavioural management strategies were not documented in Consumer A’s plan of care, they were included in progress notes.
* In relation to Consumer B, the consumer’s care plan has been updated to include recommended strategies to manage behavioural responses from behavioural specialists.
* In relation to Consumer C, appropriate referrals to behavioural and mental health specialists had been actioned prior to the Site Audit.

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

I acknowledge the actions and improvements the Approved Provider has implemented to address the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not provide clinical care in accordance with best practice, specifically in relation to the management of consumers’ responsive behaviours and use of psychotropic medications. In coming to my finding, I have considered that for all three consumers, Consumer A, B and C, the service was unable to demonstrate psychotropic medications were used as a last resort to manage responsive behaviours because on several occasions these medications have been administered without evidence alternative strategies were trialled prior to the use of medications.

In relation to Consumer A, the Approved Provider asserts the consumer’s responsive behaviours were regularly discussed and appropriate referrals made. However, I consider staff continued to use a psychotropic medication with minimal efficacy being noted, subjecting the consumer to potential side effects associated with this medication without a positive outcome being achieved. I consider staff have not demonstrated consideration of the use of this medication in accordance with best practice.

In relation to Consumer B, the Approved Provider has updated the consumer’s care plan since the Site Audit to include recommended behavioural management strategies. However, the service was unable to demonstrate staff were using effective behavioural management strategies prior to the Site Audit because staff indicated behavioural responses were present almost daily and did impact on the provision of care for Consumer B. I have also considered the use of psychotropic medications for this consumer has not been demonstrated as being used as a last resort in accordance with best practice.

In relation to Consumer C, the Approved Provider asserts referrals to appropriate specialists had been made prior to the Site Audit. However, I consider staff continued to use psychotropic medications without evidence that alternatives to this had been trialled before administration of this medication.

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

### 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 has systems to manage high impact or high prevalence risks associated with consumers’ care, including weight loss, pressure injuries and falls. However, the Assessment Team found the service was unable to demonstrate effective management of consumers’ responsive behaviours. The Assessment Team provided the following information and evidence relevant to my finding:

* Clinical incident documentation demonstrates for a consumer (Consumer A) that they had eight incidents of physical aggression towards other consumers, including pushing, hitting, pulling, grabbing and intrusiveness in an approximate three-month period. Additionally, the consumer had 12 falls over two months of this three-month period, with incident documentation indicating the cause of falls being physical aggression towards other consumers. While progress notes show psychotropic medications were used on 18 occasions in one month and 26 in another month, with an effective outcome on only one occasion, clinical staff did not review or evaluate the consumer’s behavioural management strategies.
* Clinical incident document demonstrates for a consumer (Consumer B), that they had four incidents of physical aggression towards other consumers in an approximate three-month period. However, clinical staff documented that the use of psychotropic medications was not always effective to manage Consumer B’s responsive behaviours and the consumer was reviewed by mental health specialists and they were transferred to hospital.
* Clinical incident documentation demonstrates for a consumer (Consumer C), that they had four incidents of physical aggression towards other consumers and staff in an approximate four-month period and four consumers interviewed indicated they find Consumer C’s behaviours upsetting and it impacts them.

The Approved Provider submitted a response to the Assessment Team’s report and have acknowledged that evidence-based best practice was not documented as being applied for the use of psychotropic medications to manage responsive behaviours and behavioural management strategies. The Approved Provider has developed an action plan to address these deficiencies, including training for all staff in relation to use of psychotropic medications as a strategy to manage responsive behaviours, behavioural management and evaluation of effective and non-effective behavioural management interventions. While the Approved Provider has acknowledged some deficiencies, the Approved Provider asserts some evidence presented by the Assessment Team requires clarification and further evidence, including:

* In relation to Consumer A, the consumer was regularly discussed at care team meetings to ensure care was reflective of the consumer’s needs and effectiveness of strategies to manage behavioural responses considered. During the month where Consumer A was administered psychotropic medication on 26 occasions to manage responsive behaviours, the consumer was referred to mental health specialists and subsequently reviewed. The consumer a referred again approximately two weeks after the first review due to ineffective interventions which resulted in a hospital admission. Additionally, while strategies for effective behavioural management strategies were not documented in Consumer A’s plan of care, they were included in progress notes.
* In relation to Consumer B, the consumer’s care plan will be updated on their return from hospital.
* In relation to Consumer C, appropriate referrals to behavioural and mental health specialists had been actioned prior to the Site Audit.

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

I acknowledge the actions and improvements the Approved Provider has implemented to address the deficiencies identified by the Assessment Team. However, I find at the time of the Site Audit, the service did not demonstrate effective management of high impact or high prevalence risks associated with consumers’ responsive behaviours, which has impacted on other consumers residing at the service.

In coming to my finding, I have considered the several incidents documented for Consumers A, B and C where they have been physically aggressive towards other consumers on multiple occasions. I consider the service has not demonstrated effective review of behavioural management strategies following incidents, including ongoing use of psychotropic medications when these were deemed to be ineffective. I have also considered that four consumers interviewed have indicated Consumer C’s responsive behaviours negatively impacts them and the consumer has had four incidents of physical aggression towards consumers and staff.

In relation to Consumer A, while the Approved Provider asserts referrals and reviews were conducted by mental health specialists and effective strategies discussed and documented in progress notes, I consider the ongoing behavioural incidents and use of psychotropic medications without effect indicates the consumer’s responsive behaviours were not effectively managed. It indicates staff have considered triggers for these behaviours which has impacted on other consumers and Consumer A’s health and well-being.

In relation to Consumer B, the Approved Provider has indicated the consumer’s care plan will be updated on return from hospital. However, I consider the service has not demonstrated effective management of Consumer B’s behavioural responses and while staff had documented behavioural management strategies were not effective, clinical staff did not review strategies until review by a mental health specialist and the consumer was transferred to hospital.

In relation to Consumer C, the Approved Provider has indicated referrals to behavioural and mental health specialists occurred prior to the Site Audit. However, I consider the consumer has had four incidents documented in relation to physical aggression and that four consumers interviewed indicated that Consumer C’s responsive behaviours are upsetting, indicating ineffective management of these responsive behaviours.

While I acknowledge that the service has made referrals to specialists for Consumers A, B and C, I have considered repeat incidents of physical aggression and ongoing use of psychotropic medications does not support the effective management of risks associated with responsive behaviours. I have considered incidents of unmanaged responsive behaviours have impacted on other consumers and that Consumers A, B and C had not been supported to have their responsive behaviours appropriately considered, assessed and reviewed in a timely manner.

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

### 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 COMPLIANTServices 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 overall, consumers interviewed consider they receive services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Specific feedback and examples provided by consumers include:

* Consumers indicated they receive care and services which enable them to do things which are important to them and optimises their health, well-being and quality of life, including being supported to engage in hobbies of interest.
* Consumers provided examples about how staff support them and are kind when they are feeling sad or unsettled.
* Consumers described how they are supported to maintain relationships with other consumers and with family and friends.
* Most consumers are satisfied with the meals provided and find them to be varied, and of suitable quality and quantity.

Sampled consumer care plans demonstrated consumers’ needs, goals and preferences are identified and articulated in a plan of care, including information about consumers’ life history. Care plans also include consumers’ needs in relation to emotional, spiritual and psychological well-being, with relevant strategies and supports identified. A range of specialist services are engaged to support consumers’ social connections, independence and psychological health and well-being. Care plans also reflect consumers’ dietary needs and preferences, which were consistent with information used by staff to prepare and serve meals to consumers.

Staff interviewed described the service’s activity schedule provided over seven days, which includes activities to support physical, cognitive, sensory and psychosocial well-being. Staff described how consumers are monitored in relation to participation and engagement with activities to tailor programs to each individual consumer’s needs. The service has a chaplaincy team to provide emotional, spiritual and psychological support for consumers and representatives and examples of how this team has supported two consumers with low mood were described to the Assessment Team. Staff confirmed they are made aware of changes to consumers’ preferences or needs relating to diets or independence. Staff described the menu, which includes various options for consumers and is changed on a seasonal basis, with regular feedback sought from consumers.

The Assessment Team observed the monthly activity schedule on display and consumers participating in a variety of activities during the Site Audit, including group and individual activities. A volunteer program is used to connect consumers with a wide-range of people from the community and an electronic application is used to communicate with representatives, including sending photographs. They also observed personalised story boards in consumers’ rooms to provide information about each consumer, including hobbies, interests and important relationships. Staff were observed to provide gentle reassurance to consumers who appeared to be anxious. The Assessment Team observed a variety of equipment used to support consumers’ independence and safety.

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’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 overall, consumers interviewed consider they belong in the service and feel safe and comfortable in the service environment. Specific feedback and examples provided by consumers include:

* Consumers indicated they are encouraged to personalise their rooms by bringing in their own furniture and personal items which are meaningful to them.
* Consumers indicated staff assist them to mobilise around the service environment and enjoyed the garden areas.
* Consumers are satisfied furniture and equipment is safe, clean and well maintained.

The Assessment Team observed the service environment to be safe, clean, well maintained and welcoming, with several communal and quiet spaces for consumers to utilise. They also observed navigation signs in all areas of the service environment and noted that consumers’ rooms contained personal items. The Assessment Team observed consumers moving freely both indoors and outdoors on the ground floor, and furniture, fittings and equipment appeared to be safe, clean and well maintained.

Staff interviewed described processes and task lists used to ensure the environment is kept clean and described routine maintenance processes used to support the maintenance and safety of the environment. Management indicated improvement plans are in action to increase access to outside garden spaces for consumers living on the first floor. Additionally, management were able to demonstrate maintenance work orders are actioned with the service having no outstanding issues on the day of the Site Audit.

The Assessment Team found the service has maintenance logs and cleaning schedules to support the provision of safe and clean service environment.

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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 COMPLIANTFeedback 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 overall, consumers interviewed consider they are encouraged and supported to provide feedback and make complaints, with the service taking appropriate action. Specific feedback and examples provided by consumers/representatives include:

* Consumers and representatives indicated they feel supported to provide feedback and complaints about the care and services provided.
* Consumers were aware of how to access advocates and others who could assist them to raise complaints or provide feedback.
* Consumers and representatives indicated that feedback, suggestions and complaints are responded to and resolved in a timely manner. Additionally, they are confident feedback and complaints are used by management to improve care and services.
* Consumers and representatives described how management apologise when things go wrong and monitor satisfaction with resolutions to complaints.

The Assessment Team observed information relating to feedback and complaints, available for consumers and representatives. Meeting minutes for consumers and representatives demonstrated they are supported and encouraged to provide feedback about care and services. Staff interviewed described processes to support consumers to resolve issues, including escalating issues to senior staff.

Staff interviewed described processes used to inform and support consumers to access advocates, including information provided to consumers on entry and which are available within the service. The Assessment Team observed information on display in relation to advocacy services and found that this information is also discussed at consumer and representative meetings.

The service has policies and procedures to guide open disclosure processes and staff interviewed were able to describe relevant information associated with these policies and procedures. The service’s feedback and complaints register demonstrated feedback, suggestions and complaints are documented, actioned and includes if the complainant is satisfied with the outcome. Staff interviewed were able to provide examples of complaints which have been resolved in consultation with the complainant and outcomes to their satisfaction.

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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 COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team found overall, consumers interviewed consider they get quality care and services when they need them from people who are knowledgeable, capable and caring. Specific feedback and examples provided by consumers include:

* Consumers indicated they are satisfied with the number of staff available to meet their needs, goals and preferences.
* Consumers stated staff treat them in a kind and caring manner, and are respectful of their choices, culture and diversity.
* Consumers indicated they feel safe and confident staff are skilled and able to effectively deliver care and services that meet their needs.
* Consumers are confident staff are trained and know what they are doing.

Staff interviewed indicated they are supported and there are enough rostered staff to meet consumers’ needs, including the approximate mix of staff skills. The service conducts call bell audits to monitor staff responsiveness and the audits indicated the majority of call bells are answered within 10 minutes. The Assessment Team observed adequate numbers of staff to assist consumers with meals in a respectful manner. They also observed staff interacting with consumers in a respectful manner, including supporting consumers’ privacy and dignity.

Management described recruitment processes, including how staff are recruited based on qualifications, skills and experience and stated staff are provided with training specific to staff needs and required skills. Staff confirmed they participate in regular training either online or face-to-face and staff training records demonstrate staff participate in annual mandatory training for certain topics and skills.

The service has policies and procedures to guide staff performance , including processes to support and manage staff who are underperforming. Staff personnel files demonstrated management monitor staff practices through observations and feedback with annual performance appraisals conducted for all staff.

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with all Requirements in Standard 7 Human resources.

## 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) Compliant

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

### 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 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement (3)(c) in this Standard as not met because the service was unable to demonstrate effective governance systems in relation to information management and regulatory compliance. Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant with this Requirement. I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements 3(a), (3)(b), (3)(d) and (3)(e) in this Standard, the Assessment Team found overall, consumers interviewed were confident the organisation was well run and that they are included in the development and review of care and service delivery.

The Assessment Team found consumers are engaged in the development, delivery and evaluation of care and services through consultations regarding development of care plans. The organisation’s governing body is kept informed of critical incidents and a weekly report is provided to the governing body to demonstrate the service’s performance.

The service demonstrated an effective risk management framework which includes systems and processes to guide staff practice and a risk register which identifies risks associated with consumers which are discussed regularly through various governance meetings. Additionally, incident trends are identified and analysed, and staff interviewed indicated they had been provided with training in relation to the Serious Incident Response Scheme and responding to elder abuse. The Assessment Team did find that two consumers who were supported to engage in activities of their choosing which have associated risks, have strategies to mitigate these risks. However, these are not documented, including discussions of potential consequences if risks are not mitigated. However, the service had identified this deficiency prior to the Site Audit and advised the Assessment Team that the service would be completing a new activity of risk form for these consumers as a priority.

The Assessment Team found the service’s clinical governance framework is effective and there are policies and procedures to support antimicrobial stewardship, minimisation of the use of restraint and open disclosure. Staff interviewed confirmed they are aware of these policies and procedures and how they impact their daily work practices. While the service has a register of psychotropic medication usage to review these medications, the Approved Provider has acknowledged risks associated with the use of these medications have not been documented on the register. I have considered this evidence in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care.

Based on the Assessment Team’s report, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with Requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 8 Organisational governance.

## 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.*

The Assessment Team found the service had effective governance systems relating to continuous improvement, financial governance, workforce governance, and feedback and complaints. However, the Assessment Team found the service was unable to demonstrate effective governance systems in relation to information management and regulatory compliance. The Assessment Team provided the following information and evidence relevant to their not met recommendation:

* Consumer care plans do not always reflect accurate information and behaviour charting is not always completed.
	+ A consumer’s (Consumer A) care plan did not reflect escalation of responsive behaviours.
	+ A consumer’s (Consumer B) care plan did not include strategies to manage responsive behaviours.
	+ A consumer’s care plan was not updated to reflect their preferences for dining room seating arrangements.
* Four consumers do not have restraint authorities in relation to use of psychotropic medications as a chemical restraint, including not consulting with consumers/representatives to discuss associated risks.
	+ Management provided the Assessment Team with an action plan indicating an intention to complete restraint authority forms for relevant consumers.

The Approved Provider submitted a response to the Assessment Team’s report and have acknowledged that chemical restraint consents and documentation was not completed for identified consumers in the Assessment Team’s report at the time of the Site Audit. However, the Approved Provider asserts that governance processes had identified these deficits prior to the Site Audit and an action was in progress at the time of the Site Audit and disagrees with the Assessment Team’s recommendation. The Approved Provider asserts that improvements in relation to the deficiencies identified in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care will demonstrate effective information management systems and regulatory compliance.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service Compliant with this Requirement.

In coming to my finding, I have considered that the evidence presented in relation to information management governance systems does not indicate systemic issues with the service’s information management governance but I have considered this evidence in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care which reflect the core deficiency associated with the evidence presented.

In relation to regulatory compliance, while the service did not have restraint authorities which ensured they had met their responsibilities and requirements associated with the use of restrictive practices in accordance with the *Quality of Care Principles 2014*, the service did demonstrate governance processes had identified this non-conformance prior to the Site Audit and actions were already being initiated to rectify the omission. I have considered evidence presented by the Assessment Team does not indicate systemic issues with the service’s governance systems associated with regulatory compliance, but I have considered this evidence in Standard 2 Ongoing assessment and planning with consumers and Standard 3 Personal care and clinical care which reflect the core deficiency associated with the evidence presented.

I have also considered evidence presented by the Assessment Team which indicates effective governance systems relating to continuous improvement, financial governance, workforce governance, and feedback and complaints.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Gwelup, Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### 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.

The service has implemented actions to address the deficiencies identified by the Assessment Team. The service should seek to ensure:

* **In** **relation to Standard 2 Requirement (3)(a):**
	+ Where psychotropic medications are used to manage consumers’ responsive behaviours, risks associated with the use of this medication are identified and documented, including clear non-pharmacological strategies documented for staff to use prior to the administration of psychotropic medication. Additionally, consultation and consent with consumers/representatives regarding risks in using psychotropic medications in relation to responsive behaviours should be documented to support informed consent.
* **In relation to Standard 3 Requirement (3)(a) and (3)(b):**
	+ Ensure staff are using best practice principles by using psychotropic medications as a last resort after all other strategies have been exhausted when managing responsive behaviours.
	+ Ensure staff are documenting alternatives trialled before using psychotropic medications to manage responsive behaviours, including impact and outcome of the use of this medication.
	+ Ensure staff are reviewing behavioural management strategies where incidents impacting on other consumers occurs to ensure risks are effectively managed.
	+ Ensure staff are reviewing behaviour management strategies where staff are identifying strategies have been ineffective, including the ineffective use of psychotropic medications, to ensure risks associated with consumers’ responsive behaviours are effectively managed and supports the health and well-being of consumers and others being impacted by incidents of physical aggression.