Bethanie Peel

Performance Report

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**Commission ID:** 7211

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 24 June 2020 to 25 June 2020

**Date of Performance Report:** 4 August 2020

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Site report received on 15 July 2020
* the Assessment Team’s report and Performance Report for Assessment Contact conducted on 16 December 2019.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

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

The Purpose of the Assessment Contact was to assess Requirement (3)(b) in relation to Standard 3 Personal care and clinical care which was found non-compliant in December 2019. The Assessment Team found the service did not demonstrate it meets this Requirement. I agree with the Assessment Team and find the service non-compliant with this Requirement as the service has not implemented actions to ensure each consumers’ high impact and high prevalence risks in relation to personal and clinical care are managed effectively. I have provided reasons for my decision below.

All other Requirements in relation to Standard 3 Personal care and clinical care were not assessed for the purpose of this Assessment Contact and an overall assessment of this Standard was not completed.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team found the service was not effectively managing high impact and high prevalence risks associated with clinical care of six consumers, including risks in relation to insulin dependent diabetes, infections, weight loss, aggressive behaviours and falls. Evidence relevant to my decision included:

* One consumer identified at the Assessment Contact in December 2019 as having unmanaged physical aggression towards others has not had appropriate or effective actions implemented to manage the aggressive behaviours and the associated risks to others.
  + Behaviour incident reports, behaviour charts and progress notes show ongoing aggression including hitting and attempting to hit other consumers. The consumer’s behaviour care plan was not reviewed following behaviours impacting others including following an incident in April 2020 where the service used discretion not to report an incident of hitting another consumer. The most recent assessment and care plan are dated March 2020.
  + The service referred the consumer to behaviour specialists and incidents and behaviour chart entries show actions as referred to the specialist. However, the service did not provide evidence a referral completed following the last Assessment Contact in December had resulted in a review or any actions by specialists and the service could not provide evidence they had taken appropriate actions to ensure the referral was followed up since December 2019.
  + Behaviour charting shows strategies used by staff are not always effective, however no actions have been taken to implement new strategies.
* One consumer with insulin dependent diabetes was found unresponsive by the service in February 2020. The nurse took a blood glucose level at 8.15pm which was 2.1 mmol/L which is very low. However, the risks associated with low blood glucose levels were not managed effectively or in line with directives.
  + However, the nurse failed to implement actions including administering emergency medication to treat the low blood glucose level as prescribed by the medical officer. The nurse did not complete adequate documentation in relation to the incident or actions taken. The nurse did transfer the consumer to hospital via ambulance at 9.00pm for treatment of the low blood glucose level.
  + The medical officer reviewed the consumer on return from hospital and noted staff failed to administer emergency medication as directed for low blood glucose levels. Staff and documentation confirmed training was provided on administration of emergency medication for diabetics in response to this incident and diabetic management processes have been reviewed.
  + Progress notes indicate the consumer had been unwell for two days prior to the transfer to hospital. However, there was no evidence of increased monitoring of oral intake or alertness or other signs and symptoms of low blood glucose levels.
  + Staff did not identify an increase in the consumer’s level of pain. The consumer’s daughter reported an increase in pain through observing the consumer crying out when moved. As a result, the medical officer increased the pain management medication.
* One consumer with insulin dependent diabetes was not managed effectively after staff had received diabetic management training and the service reviewed the diabetic management processes. Nursing staff did not report high blood glucose levels to the medical officer or monitor and record follow up blood glucose levels appropriately.
  + The consumer had blood glucose levels above 25 mmol/L on four separate days in June 2020. However, staff did not take action or escalate the high blood glucose levels as directed on the diabetes management plan.
  + On the occasions after high blood glucose levels over 25 mmol/L were recorded staff did not complete follow up blood glucose monitoring.
  + Eleven days after the high blood glucose levels were first recorded by nursing staff, the service reported the issue to the medical officer for review. The medical officer increased the consumer’s insulin medication as a result.
* One consumer did not have the risks associated with weight loss and malnutrition managed effectively following a change in their clinical needs. The consumer’s oral intake was not monitored by clinical staff and the consumer had continued losing weight despite dietary supplements being implemented. The consumer lost 19.2kg in six months, 26.1% loss in total body weight.
  + The consumer returned to the service from hospital following a change in clinical condition and a stroke.
  + Weight loss was identified on return. However, the service did not implement actions in line with the nutrition and hydration guidelines and procedures. The service did not appropriately complete dietary intake charts.
  + Speech pathologist and dietitian reviewed the consumer and provided recommendations to manage the consumer’s changed swallowing and dietary needs.
  + The dietary supplements ordered were recorded as administered except on exceptional occasions due to refusal or no stock. However, weight loss continued.
  + The consumer has had pain and behaviours monitored since change in condition and an increase in pain relieving medication has occurred and an increase and continued use of psychotropic medication has occurred for aggressive and resistive behaviours to staff.
* One consumer with known high prevalence risks of falls is not managed effectively to prevent and reduce falls. The consumer is known to have falls due to dementia, poor balance and poor vision and has a history of falls.
  + The service has implemented strategies to manage the falls including the use of a sensor mat to alert staff when the consumer stands. However, the service was unable to demonstrate the sensor mat is consistently used as three out of four of the last falls occurring in May and June 2020, in the consumer’s room the sensor mat was not activated.
  + The consumer has had four falls in the previous four weeks. However, the falls assessments have not been updated by the physiotherapist since March 2020.
  + The strategies in the care plan to prevent falls when the consumer is in their room guide staff on strategies to prevent falls from the bed, but no details are specific to when the consumer is seated in the chair and unsupervised.
* One consumer did not have signs and symptoms of high prevalence risk of urinary tract infection reviewed or assessed for 11 days following symptoms being reported to clinical staff.
  + The consumer’s daughter reported symptoms of pain during urination to clinical staff and ten days later an enrolled nurse reported pain during urination to clinical staff. However, clinical staff did not assess or action the reported symptoms until 11 days after being reported. The consumer was then commenced on antibiotics to treat a urinary tract infection 13 days after initial symptoms occurred.

The approved provider’s response acknowledges improvements are required in relation to the management of consumers’ clinical care. However, the approved provider does not agree with the Assessment Team’s recommendation of not met for this Requirement. The response included the following relevant evidence to my decision:

* One consumer with aggressive behaviours towards others has been referred to behaviour specialists and correspondence occurred on seven occasions between March and May 2020. Progress notes were completed to record correspondence and consultation with consumer representative occurred in April 2020. The service acknowledges the care plan and assessments were not updated following an incident of aggression towards another consumer in April 2020. The service has updated the care plan in July 2020 following the Assessment Contact and feedback from the Assessment Team.
* The service acknowledges one consumer’s low blood glucose levels were not managed effectively and emergency medication was not administered by staff as directed. The service responded to this by providing staff with education and reviewing diabetic management procedures. The service acknowledges the staff did not complete formal pain assessment following the consumer complaining of pain.
* The service acknowledges staff did not manage one consumer’s high blood glucose levels appropriately and did not report the levels to medical officer in line with directives. The service has implemented actions to monitor and address deficits in staff practice and diabetic management.
* The service acknowledges deficits in the management of one consumer with ongoing weight loss and has implemented actions to address the deficit.
* One consumer with increased falls was monitored by the physiotherapist. However, full assessment did not occur as the consumer was acutely unwell with an infection and strategies have been updated in the care plan since the Assessment Contact.
* One consumer was reviewed by medical officer and clinical staff after reports of possible signs and symptoms of a urinary tract infection. However, the reviews did not confirm an infection and no action was taken. When a review identified an infection, appropriate action was taken.
* The service has recorded actions for improvement on the continuous improvement plan where deficits in the management of consumers’ clinical care needs were identified.

The service has procedures and assessment and planning tools to guide staff in managing high impact risks associates with consumers’ clinical care. The service acknowledges staff practice is not always consistent with the organisation’s procedures or expectations and has implemented improvements and actions in response to the identified deficits. The service was found non-compliant in this Requirement in December 2019 and implemented improvements to address the issues identified. However, the improvements implemented were not effectively monitored to ensure high impact risks associated with each consumer’s care were effectively managed. The deficits identified by the Assessment Team show consumers’ health was negatively impacted including ongoing weight loss, unmanaged diabetes, ongoing aggressive behaviours towards others, falls and pain not being appropriately assessed.

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

# STANDARD 7 NON-COMPLIANT Human resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Purpose of the Assessment Contact was to assess Requirement (3)(b) in relation to Standard 7 Human resources which was found non-compliant in December 2019. The Assessment Team found the service did not demonstrate it meets this Requirement as improvements implemented to ensure staff interactions with consumers are kind and caring were not effective in preventing a further incident of staff rough handling a consumer.

The Assessment Team also assessed Standard 7 Requirement (3)(a) and recommended the service does not meet this requirement as the service did not demonstrate sufficient numbers of staff to enable the delivery of quality and safe care and services.

I agree with the Assessment Team and find the service non-compliant with these Requirements. I have provided detailed reasons for my decision below.

All other Requirements in relation to Standard 7 Human resources were not assessed for the purpose of this Assessment Contact and an overall assessment of this Standard was not completed.

## Assessment of Standard 7 Requirements

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

The Assessment Team found the service is not effective in planning the workforce and ensuring sufficient numbers of staff to meet the needs of consumers and deliver safe and quality care and services. Evidence relevant to my decision included:

* Eleven of 12 care and clinical staff interviewed stated they do not have enough time and management confirmed staff have raised a formal grievance about the excessive workloads. This grievance was raised on 12 May 2020 six weeks prior to the visit. Feedback from staff included:
  + Care staff stated they are unable to take consumers to the toilet when requested as they don’t have time and frequently turn the call bell off without providing the care requested.
  + Care staff stated the morning period is busy and there is not enough staff to provide personal care, meal preparation and assistance and activities of daily living.
  + The consumers who require two staff to assist with transfers frequently have to wait for the toilet while they wait for staff from another area to assist.
* Consumers and representatives were not all satisfied staff had time to provide care in line with consumer needs. Feedback included:
  + Staff are rushed during care.
  + Consumers have extended waits for assistance to toilet resulting in incontinence.
  + Staff turn off call bells and advise they will come back later as they are busy.
  + There was not enough staff to assist consumers in the dementia support area.
  + Staff are too busy to follow up clinical issues.
  + There are not enough staff to assist on weekends.
* Documentation showed majority of call bells are answered within ten minutes. However, staff and consumer feedback showed staff regularly turn the call bell off without providing the assistance required at the time of responding to the call bell.
* Documentation showed agency relief staff were required on nine shifts in the last two weeks and one vacant shift on a weekend was not filled.
* Management acknowledged they were aware of concerns from staff about workload and they had met with staff and were implementing further actions to understand and address the issue.

The approved provider’s response acknowledges some improvements are required in relation to the number of staff available to assist consumers with care and services. The service has implemented a review of issues raised by staff, consumers and representatives and has implemented the following actions to address:

* Review of staff lunch break times, staggered lunch times and review of staff responsibilities for serving lunches to ensure care staff have more time to assist consumers with meals.
* Review and consultation with staff in relation to trends identified in staff sick leave.
* Review of master roster, shift patterns, allocations by position and call bell response times and staff practice.
* Review and manage performance of staff where issues identified.

The service has a system in place supported by the wider organisation to review and plan the numbers and skill mix of staff required to provide safe and quality care and services to consumers. However, this system was not effective as the service did not effectively or in a timely manner respond to feedback and complaints about staff being rushed and not having sufficient time to provide safe and quality care to consumers. The service’s monitoring systems did not effectively identify deficits in staff practice in relation to call bells and consumers not receiving care in line with their needs and preferences. The service has undertaken review and actions in response to the Assessment Team identifying deficits in the sufficient numbers of staff and did not identify the deficits and implement actions prior to the Assessment Contact. The deficits in staff numbers resulting in staff being rushed and not having sufficient time to perform their roles has had a negative impact on consumers’ care and well-being.

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

### Requirement 7(3)(b) Non-compliant

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

The Assessment Team found not all workforce interactions with consumers are kind, caring and respectful. The service had implemented actions including training and a formal staff misconduct letter, to address workforce interactions with consumers not being respectful following the Assessment Contact in December 2020. However, the improvements have not been effective. Evidence included:

* Mandatory reporting documentation show two consumers have reported one staff member has been rough while providing care on two occasions, the staff member continues to work at the service and provide care to both consumers.
  + The service did not monitor the staff member’s performance or interactions between the first incident and second incident of a report of rough handling of a consumer.
  + Management confirmed the staff member has continued to provide care to the two consumers who made the reports of rough handling.
* Two other consumers interviewed stated staff don’t provide care in a kind and caring manner as they are rushed, and they have to wait extended times to be assisted to the toilet.
* Staff confirmed they are rushed when providing care and this prevents them from having a conversation with consumers or providing care at a pace that is respectful, kind or caring, stating they have to often ask consumers to wait until they are able to help them with assistance toileting.

The approved provider’s response acknowledges improvements are required in relation to workforce interactions with consumers and the service’s monitoring of staff performance following allegations of rough handling. The service has implemented the following actions to address the issues identified by the Assessment Team:

* A review of the documentation and incident management system in relation to allegations of abuse including allegations against staff.
* Active management, review and monitoring of one staff involved in two allegations of rough handling including; staff stood down during investigation, staff education, formal performance management and ongoing monitoring.

The service has undertaken appropriate action in response to the Assessment Team identifying deficits in staff practice and interactions with consumers not always being kind, caring and respectful. However, the service’s own monitoring systems following deficits being identified in December 2019 during an Assessment Contact were not effective at preventing further staff interactions with consumers which were not kind, caring and respectful. The service did not ensure each consumer was safe and treated with respect at the time of the Assessment Contact.

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

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

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

The Purpose of the Assessment Contact was to assess Requirement (3)(c) in relation to Standard 8 Organisational governance which was found non-compliant in December 2019. The Assessment Team found the service did not demonstrate it meets this Requirement as improvements implemented to ensure deficits identified in information management, workforce governance and regulatory compliance systems were addressed were not effective and the issues are ongoing.

The Assessment Team also assessed Standard 8 Requirement (3)(d) and recommended the service does not meet this requirement as the service did not demonstrate effective risk management systems in relation to the management of high impact risks associated with consumer care and in responding to allegations of abuse.

I agree with the Assessment Team and find the service non-compliant with these Requirements. I have provided detailed reasons for my decision below.

All other Requirements in relation to Standard 8 Human Organisational governance were not assessed for the purpose of this Assessment Contact and an overall assessment of this Standard was not completed.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-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 has an organisation wide governance framework supported by policies and procedures, however the processes for information management, workforce governance, regulatory compliance or feedback and complaints are not effectively implemented at the service. Evidence relevant to my decision included:

* The service’s information management systems to guide staff in recording, reporting and accessing current and accurate consumer information to assist in delivery of care is not effective. Consumer information to guide care is not always completed, documented, up to date or accurate. Evidence included; assessments and care plans, not containing information that was updated or current to guide care, incident reports not always completed and concerns about clinical care documented not being reviewed or monitored.
* The service does not effectively govern its workforce to ensure staff practice is in line with the expectations of the organisation or these Standards.
  + The organisation identified deficits in staff clinical practice and management of diabetes and provided additional training and resources. However, the service failed to monitor staff practice and failed to identify ongoing deficits in clinical staff management of consumers’ diabetes.
  + The service failed to monitor one staff’s performance following an allegation by a consumer of rough handling and a second allegation against the same staff occurred six weeks after the initial incident.
  + Consumer, representative and staff feedback show staff are rushed and do not have sufficient time to effectively perform their roles. Management were aware of the feedback. However, did not take appropriate or timely action to ensure monitoring and governance of the workforce and workloads was undertaken.
* The service failed to identify and report an allegation of rough handling of a consumer in December 2019 in the legislated timeframe. Review and actions were taken in relation to the deficit. However, the service failed to report another allegation of rough handling of a consumer in February 2020 within the legislated timeframe.
* The service’s complaint system is not always effective in capturing verbal complaints in relation to consumer care raised with staff by consumer representatives. Two complaints raised by representatives were not forwarded to management and were not logged on the feedback log for monitoring and resolving and the issues were ongoing. Staff confirmed they do not always complete feedback forms or advise supervisors when verbal complaints were raised with them.

The approved provider’s response acknowledges improvements are required in relation to information management, workforce governance, regulatory compliance and complaints management. The service has undertaken a review and investigation of all systems the Assessment Team identified as not being effective at the Assessment Contact. The service has updated and provided a detailed plan for continuous improvement to address all identified deficits in the service’s implementation of the organisation’s governance systems.

The service was found non-compliant in this Requirement in December 2019. The service failed to effectively review deficits identified or monitor the actions it implemented to address the deficits. The deficits in the services management systems were ongoing and continuing to result in negative impacts to the delivery of care and services to consumers.

Based on the summarised evidence above, I find the service non-compliant in this Requirement.

### 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.*

The Assessment Team the service does not have an effective risk management system as staff practice in relation to the management of high impact risks and responding to abuse is not in line with the organisation’s policies and procedures. Evidence relevant to my decision included:

* Staff practice in relation to the management of high impact risks associated with consumers’ clinical and care needs was not in line with the organisation’s procedures resulting in consumers high impact risks not being managed effectively. Examples provided and detailed in Standard 3 Requirement (3)(b) included; diabetic management of two consumers, behaviour management of one consumer, weight loss for one consumer and falls management for one consumer.
* Staff practice in relation to responding to abuse of consumers was not in line with the organisation’s procedures or these Standards. Examples included; two allegations of rough handling of consumers by staff were not reported in line with legislation or managed effectively and an appropriate review of the effectiveness of a consumer’s behaviour management plan did not occur following physical aggression towards another consumer.

The approved provider’s response acknowledges improvements are required in relation to staff practice and the effectiveness of the service’s risk management systems. The service has undertaken a detailed review of all consumers’ clinical and care needs to identify areas of improvement required in relation to risks associated with clinical and personal care. Staff training is planned in response to deficits identified in staff practice and management of clinical and personal care. The service has reviewed and undertaken actions to address the deficits identified in response to allegations of rough handling of consumers and plans are in place for ongoing monitoring of the system.

The service did not have an effective risk management system in place at the time of the Assessment Contact. Staff practice was not in line with the organisation’s risk management policies and procedures resulting in negative impacts to consumers clinical care and health and wellbeing. The service’s monitoring systems were not effective at identifying deficits in the risk management system and staff practice in the management of consumers’ risks associated with clinical care or allegations of abuse.

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Standard 3 Requirement (3)(b):
  + Ensure high impact and high prevalence risks associated with consumers’ clinical and personal care are identified, assessed and managed effectively, including in relation to diabetes, falls, aggressive behaviours, pain and weight loss.
  + Ensure monitoring systems are implemented and effective in identifying deficits in staff practice in relation to the management of high impact and high prevalence risks associated with consumers’ clinical care.
* Standard 7 Requirement (3)(a):
  + Ensure sufficient numbers and mix of staff are available to ensure the safe and quality delivery of care and services.
  + Ensure monitoring systems are implemented to capture feedback, monitor staff practice and identify deficits in the delivery of care to consumers in relation to the number and mix of staff.
* Standard 7 Requirement (3)(b):
  + Ensure staff interactions with consumers are kind, caring and respectful and where issues are identified in staff practice appropriate and timely actions are taken to prevent ongoing impacts to consumers.
* Standard 8 Requirement (3)(c):
  + Ensure the organisation’s management systems are implemented effectively at the service including; information management, regulatory compliance, workforce governance and feedback and complaints.
  + Ensure monitoring systems are implemented to review and identify deficits in staff practice and the effectiveness of key organisational management systems.
* Standard 8 Requirement (3)(d):
  + Ensure staff practice is in line with the organisation’s risk management policies, procedures and expectations.
  + Ensure monitoring systems are implemented to identify deficits in the management of consumers’ high impact and high prevalence risks.