Bethanie Peel

Performance Report

2 Maclaggan Turn
MANDURAH WA 6210
Phone number: 08 9593 9370

**Commission ID:** 7211

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 19 November 2020

**Date of Performance Report:** 23 February 2021

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | 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 14 December 2021
* the Assessment Team’s reports and Performance Reports for Assessment Contacts conducted in December 2019 and June 2020.

# STANDARD 3 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 Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care, which was found Non-compliant following two Assessment Contacts conducted in December 2019 and June 2020. The finding of non-compliance was in relation to the service not effectively managing high impact risks associated with the consumers’ diabetes management, falls, behaviours and weight loss and not effectively monitoring systems to identify deficits in staff practice in the delivery of care. The service has now implemented improvements to address the deficits identified.

The Assessment Team found the service meets Requirement (3)(b). Based on the Assessment Team’s report I find the service Compliant with Requirement (3)(b) in relation to Standard 3 Personal care and clinical care and have provided reasons for my finding below.

All other Requirements in relation to Standard 3 Personal care and clinical care were not assessed and an overall assessment not completed for this Quality Standard.

### Assessment of Standard 3 Requirements

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

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

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care, which was found Non-compliant following two Assessment Contacts conducted in December 2019 and June 2020. The finding of non-compliance was in relation to the service not effectively managing high impact risks associated with the consumers’ diabetes management, falls, behaviours and weight loss and not effectively monitoring systems to identify deficits in staff practice in the delivery of care. The service has now implemented improvements to address the deficits identified.

Consumers and representatives interviewed confirmed consumers receive clinical care that is safe and right for them.

Sampled consumers’ clinical records showed relevant allied health professionals and nursing staff have had input in the prevention and management of high impact or high prevalence risks for consumers. Records of ‘near-misses’, incidents and actions taken to address risks are recorded and strategies to manage risks associated with consumers’ care are reviewed when changes occur.

Staff interviewed described how they identify, assess and manage high impact or high prevalence risks to the safety, health and well-being of sampled consumers when delivering personal care or clinical care.

The service evaluates and reviews how they manage high impact or high prevalence risks associated with consumers’ clinical care via clinical care team meetings and clinical indicator analysis.

Based on the summarised evidence above I find the service Compliant with this Requirement.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 7

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

The Assessment Team assessed Requirements (3)(a) and (3)(b) in relation to Standard 7 Human resources, which were found Non-compliant following Assessment Contacts, including in December 2019 Requirement (3)(b) and in June 2020 Requirements (3)(a) and (3)(b). The finding of non-compliance was in relation to the service not having sufficient numbers and mix of staff, and staff interactions with consumers were not always considered respectful, kind and caring. The Assessment Team found the service demonstrated improvements have been effective in addressing the deficits identified in Requirement (3)(a). However, the service did not demonstrate improvements have been effective in addressing deficits identified in Requirement (3)(b).

Based on the Assessment Team report and the Approved Provider’s response I find the service Compliant with Requirement 7(3)(a) and Non-Compliant with Requirement 7(3)(b) and have provided reasons for the finding below.

All other Requirements in relation to Standard 7 Human resources were not assessed.

## 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.*

The Assessment Team assessed Requirement (3)(a) in relation to Standard 7, which was found Non-compliant following an Assessment Contact conducted in June 2020. The finding of non-compliance was in relation to the service not ensuring sufficient numbers of staff at the service to provide timely and appropriate care and services. The service has now implemented improvements to address the deficits identified including review of staff rostering systems and additional staff hours.

Consumers and their representatives interviewed confirmed they are satisfied there are sufficient staff to provide timely and appropriate care to consumers. Representatives interviewed from the dementia support area of the service confirmed additional staff provided in the area has resolved their concerns.

Staff interviewed confirmed the additional staff hours and roster review has resulted in sufficient time for staff to perform their roles. Staff confirmed regular and casual staff now fill vacant shifts and management ensure only suitable ‘agency’ relief staff are used. Documentation and interviews with management confirmed increased communication and consultation with staff in relation to staff rostering and planning of shifts. Management demonstrated system improvements in staffing have resulted in improved care and services and decreased complaints.

Based on the summarised evidence above I find the service 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 assessed Requirement (3)(b) in relation to Standard 7, which was found Non-compliant following Assessment Contacts conducted in December 2019 and June 2020. The finding of non-compliance was in relation to staff interactions with each consumer not being kind, caring and respectful of each consumer’s identity, culture and diversity including during the provision of personal care. The service has implemented improvements to address the deficits identified including extensive staff training and comprehensive investigation, actions and management of any staff identified through incidents, feedback or observation as not interacting with consumers in a kind, caring and respectful manner. However, the Assessment Team observed one staff interaction with a consumer at the Assessment contact which was not kind, caring or respectful of the consumer. Evidence from the Assessment Team’s report included:

* Consumers and their representatives interviewed about staff interactions with consumers was very positive and confirmed staff treat consumers with kindness, care and respect.
* Documentation including follow up of complaints about staff and allegations of staff rough handling showed management have investigated and taken appropriate actions with staff to improve and manage staff performance.
* However, the Assessment Team observed one consumer exposed and naked while staff assisted with the consumer’s continence care. The door was wide open leaving the consumer exposed to others. The Assessment Team reported the observation to management and it was confirmed the staff was busy and did not shut the consumer’s door when providing care.

The Approved Provider’s response disagreed with the Assessment Team’s recommendation of not met as the service has implemented extensive improvements and monitoring of staff performance in relation to staff interactions with consumers. The service demonstrated systemic improvements to address the deficits identified in December 2019 and June 2020 and consumers and their representatives confirmed the positive outcomes and kind and caring staff interactions.

The deficits identified at the Assessment Contacts conducted in December 2019 and June 2020 showed systemic issues in relation to staff interactions with consumers not being kind, caring and respectful of each consumer including recognising and respecting each consumer’s unique identity. The service failed to identify or implement appropriate actions to address the deficits in staff practice prior to the issues being identified at the Assessment Contact in December 2019. The service implemented improvements, however the improvements were not effective and deficits in staff interactions with consumers not being kind, caring and respectful were identified again in June 2020.

I acknowledge the service has implemented comprehensive systemic improvements including how they identify and respond to complaints and allegations about staff interactions with consumers not being kind, caring and respectful. However, I place weight on the observation of one staff’s interaction with a consumer while providing care. The staff left the door open and the consumer naked and exposed to others while assisting with continence care. The interaction does not demonstrate the staff considered the feelings or unique identity of the consumer during the interaction as the interaction did not respect the consumer’s privacy or dignity during routine care by closing the consumer’s door. The poor interaction has been contributed to staff rushing and not a common occurrence but unique time pressures on the staff at the time of the interaction. The intent of this Requirement is to ensure all staff interactions with each consumer are kind, caring and respectful to optimise the well-being and outcomes of care for the consumer. I find the interaction observed was not kind, caring or respectful for the consumer and the consumer’s privacy and dignity were negatively impacted during delivery of care which did not demonstrate staff were respectful or supportive of the unique needs of the individual consumer. The observation indicates while appropriate improvements including training and monitoring of staff interactions with consumers has been implemented, it has not been effective at ensuring the staff interacting with the consumer during provision of routine care was kind, caring and respectful.

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

# STANDARD 8 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 Assessment Team assessed Requirements (3)(c) and (3)(d) in relation to Standard 8 Organisational governance, which were found Non-compliant following two Assessment Contacts conducted in December 2019 and June 2020. The finding of non-compliance was in relation to the service not effectively managing high impact risks associated with care of consumers, recognising and responding to allegations of abuse including meeting legislative responsibilities to report incidents. The service has now implemented improvements to address the deficits identified.

The Assessment Team found the service meets Requirements (3)(c) and (3)(d). Based on the Assessment Team’s report I find the service Compliant with Requirement (3)(c) and (3)(d) in relation to Standard 8 Organisational governance and have provided reasons for my finding below.

All other Requirements in relation to Standard 8 Organisational governance were not assessed and an overall assessment not completed for this Quality Standard.

## Assessment of Standard 8 Requirements

### 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 assessed Requirement (3)(c) in relation to Standard 8, which was found Non-compliant following Assessment Contacts conducted in December 2019 and June 2020. The finding of non-compliance was in relation to the service not having effective governance systems including; information management, workforce governance, regulatory compliance and feedback and complaints. The service has now implemented improvements to address the deficits identified including staff training and increased monitoring and review of complaints, workforce and reportable incident management.

Consumers and their representatives interviewed confirmed they are satisfied the service is well run and confirmed improvements in information management, workforce governance and management of feedback and complaints.

Interviews with management and documentation including continuous improvement plans confirmed the systemic improvements implemented to ensure information in relation to consumers’ care is current and communicated effectively, the workforce is appropriately trained, and staff performance is monitored, and complaints are managed and actioned appropriately. The service’s mandatory reporting records show the service understands and applies its legislative responsibilities in relation to reporting and recording of reportable assaults.

Based on the summarised evidence above I find the service Compliant with this Requirement.

### 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.*

The Assessment Team assessed Requirement (3)(d) in relation to Standard 8, which was found Non-compliant following Assessment Contacts conducted in December 2019 and June 2020. The finding of non-compliance was in relation to the service not ensuring staff practice was in line with the service’s procedures and expectations in relation to management of risks associated with the care of consumers and the service not responding appropriately to allegations of assault. The service has now implemented improvements to address the deficits identified including staff training and increased monitoring and review of clinical incidents, staff practice and reportable incident management.

Staff interviewed demonstrated knowledge and application in line with the service’s risk management framework and procedures, including in relation to incident reporting, recording and management of risks associated with care of consumers. Staff confirmed they are aware of how to recognise and respond to elder abuse.

Management interviews and documentation including incident reports, incident analysis, meeting minutes and reportable incident logs show the service is identifying risks associated with consumers’ care and taking appropriate action to monitor and review staff practice in relation to effective management of risks.

Based on the summarised evidence above I find the service 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 7 Requirement (3)(b): Ensure all staff interactions with each consumer, including during the provision of care, are kind, caring and respectful of each consumer’s identity, culture and diversity.