Bethanie Subiaco

Performance Report

45 Bishop Street   
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**Commission ID:** 7445

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 17 November 2020 to 18 November 2020

**Date of Performance Report:** 5 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

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| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(e) | 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 11 December 2020.

# 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 Assessment Team found the service did not meet Requirement (3)(b) in relation to Standard 3 Personal care and clinical care. All other Requirements in relation to this Standard were not assessed. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement (3)(b) and have provided reasons below in the relevant Requirement.

### 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 could not demonstrate effective management of high impact/high prevalence risks associated with consumers’ pain, falls management, behaviour management and the use of psychotropic medication. Evidence included:

* Two consumers did not have their pain monitored as required.
* One consumer required supervision when walking, which was not provided, resulting in a fall and fractured pelvis.
* One consumer was not administered prescribed eye drops over three days and medication incident forms were not completed.
* One consumer with behavioural symptoms of dementia does not have effective management strategies in place to support staff in providing appropriate care needs and minimising risk of harm to herself and other consumers.
* Regular and ‘as required’ psychotropic medication administration is not monitored to ensure it is required and is effective.
* Representatives interviewed said the service is not providing safe and effective clinical care.

The Approved Provider’s response acknowledged the deficits identified by the Assessment Team and have implemented actions and improvements to address the deficits including:

* Additional staff training in relation to behaviour management, management and reporting of clinical incidents, medication and psychotropic medication use.
* Comprehensive individual consumer file and system auditing of high-risk consumers, incidents, individual consumers, wound management, falls and behaviour management. Implementation of all actions as indicated following the audits.
* Review of high-risk consumers’ care plans and assessments including referral to medical officers or health specialists where indicated and in consultation with consumers and their representatives.
* An audit of all psychotropic medication and restraint use including all authorities and register.

At the time of the Assessment Contact the service was not effectively managing the high impact and high prevalence risks associated with the care of each consumer. The service was not effectively identifying and monitoring known high risks associated with pain, medication administration and use psychotropic medications and the service failed to identify the deficits. The service was not effectively implementing strategies to reduce and prevent falls and behaviours for consumers with known risks resulting in ongoing incidents and a consumer being injured. The service did not effectively review staff practice not being in line with policies and procedures or identify strategies to prevent and reduce the risks associated consumers’ care.

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

# STANDARD 4 Services and support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

The Assessment Team assessed Requirement (3)(b) in relation to Standard 4 Services and supports for daily living which was found Non-compliant following a Site Audit conducted on 7 to 9 January 2020. The Assessment Team found the service now meets this Requirement. Based on the Assessment Team’s report I find the service Compliant in Requirement (3)(b). I have provided reasons for my decision below in the relevant Requirement.

All Requirements in this Standard were not assessed therefore an overall assessment of this Standard is not provided.

## Assessment of Standard 4 Requirements

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

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

The Assessment Team found majority of consumers and their representatives interviewed confirmed consumers receive supports for daily living which promote the consumers’ emotional, spiritual and psychological well-being. However, some consumers and representatives were not satisfied staff had the time to provide consumers with emotional support. Consumers’ care plans show their emotional, spiritual and psychological needs and preferences are identified and strategies are recorded to inform staff on how to support consumers. The service has lifestyle staff and a chaplaincy service who provide additional emotional and spiritual support to consumers. Staff provided examples of promoting consumers’ emotional, spiritual and psychological well-being.

The Approved Provider’s response does not specifically respond to information in relation to Standard 4 Requirement (3)(b).

Based on the summarised evidence above, I find the service 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 one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team assessed Requirements (3)(c) and (3)(e) in relation to Standard 8 Organisational governance as the Requirements were found Non-compliant following a Site Audit conducted on 7 to 9 January 2020. All other Requirements were not assessed. The Assessment Team found the service met Requirement (3)(c) and did not meet Requirement (3)(e). Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with Requirement (3)(c) and Non-compliant with Requirement (3)(e) and have provided reasons for my decision below in the relevant Requirements.

## 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 found the service has effective organisational governance systems in relation to continuous improvement, financial governance, workforce governance, regulatory compliance, information systems and feedback and complaints. Some representatives interviewed were not satisfied with the service’s response to complaints raised in relation to staffing and recent changes. However, the service is aware of the feedback and have been working with consumers and their representatives, including through planned meetings, while the service has transitioned to a new Approved Provider.

The Approved Provider’s response does not specifically respond to information in relation to Standard 8 Requirement (3)(c). The service was transferred to the new Approved Provider in March 2020, the organisation has implemented their organisational wide governance systems into the service. The Approved Provider has undertaken a review of the staffing structure at the service and implemented a new staff roster model in consultation with staff, consumers and their representatives.

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

### Requirement 8(3)(e) Non-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.*

The Assessment Team found the service has a clinical governance framework including policies to direct antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. However, the service did not demonstrate it understands, applies or implements the minimising the use of restraint policy. Evidence included:

* The organisation’s restraint management policy is not followed to ensure appropriate use of chemical restraint.
* The decision to use chemical restraint is not documented in consumers’ care and services plans as directed by the organisation’s policies and procedures.
* Restraint Authority forms are not signed by relevant representatives to show they have given consent to the identified restraint as required on the Restraint Authority form.
* The policy requiring staff to provide information to the practitioner to inform their decision to prescribe ‘as required’ psychotropic medication to reduce behaviour has not been followed.

The Approved Provider’s response acknowledges the deficits identified by the Assessment Team in relation to the service not having an effective system to minimise the use of restraint. The service has made a commitment to implementing improvements to address the deficits including; a comprehensive audit on the use of psychotropic medication, review of the restraint register, and all authorities and consent to administer psychotropic medication.

At the time of the Assessment Contact the service did not demonstrate an effective clinical governance framework in relation to the minimisation of the use of restraint. The service had policies and procedures in line with legislation to guide the minimisation, authorisation, consent and use of psychotropic medication for the management of behaviours. However, the service was not following the policy and did not demonstrate an understanding and application of the policy or legislation in relation to minimising restraint use. Documentation to support the use of psychotropic medication was not completed and the service had not identified the deficit in staff practice.

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 known high impact risks in relation to consumers’ care are identified, monitored and reported to ensure effective strategies are implemented to manage. Ensure staff implement the strategies to manage consumers’ high impact risks including behaviours and falls to reduce and prevent incidents and injuries.
* Standard 8 Requirement (3)(e): Ensure clinical governance frameworks include an effective system to identify, review and monitor the use of restraint with the aim to minimise restraint.