Bethanie Waters

Performance Report

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**Commission ID:** 7276

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 16 July 2020

**Date of Performance Report:** 15 October 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(a) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | 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 3 August 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 Requirements (3)(a) and (b) as part of this assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team have assessed both Requirements and recommended them as met. Based on the Assessment Team’s report I find the service compliant with these Requirements. The Approved Provider’s response to the assessment contact report made no reference to this Standard. I have presented the reasons for my decisions under the specific Requirements below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

During interviews with the Assessment Team the majority of consumers and representatives confirmed they get the care they need, and it is tailored to their needs, including wound and pressure area care, assistance with showering, personal hygiene and dressing.

The Assessment Team reviewed the organisation’s policies and procedures relating to clinical and personal care, inclusive of information about best practice, which are regularly reviewed and updated as required.

The Assessment Team reviewed consumer care records noting assessments, care plans and progress notes reflected individualised care that is safe, effective and tailored to consumers’ specific needs and preferences. Records reviewed include those relating to management of unplanned weight loss, wound care, pressure area prevention and falls management. Incident reports demonstrate individual incidents are analysed and followed up by registered nurses and the clinical nurse manager.

During interviews with the Assessment Team staff demonstrated knowledge of consumers’ individual care needs and preferences. Staff also identified high prevalence risks for individual consumers and strategies they use to minimise these risks. Management said information about clinical incidents is collected through incident reports which are collated, summarised and evaluated on a regular basis to identify trends and opportunities for improvement.

For the reasons detailed above I find the Bethanie Group Incorporated, in relation to Bethanie Waters, is Compliant in relation to Standard 3 Requirement (3)(a).

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

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

During interviews with the Assessment Team consumers and representatives reported they consider the service effectively manages high impact or high prevalence risks associated with their care, for example:

* Representatives advised when incidents happen such as falls or pressure injuries, the service informs them of the incidents, and reviews care for the consumer to reduce the likelihood of similar incidents occurring in the future.
* Consumers and representatives reported they get input from allied health professionals to prevent and manage risks to their well-being.

The Assessment Team reviewed consumers’ care records. Care planning documentation described key risks to consumers and associated relevant management strategies relating to falls risk, pressure injury risk and weight loss.

During interviews with the Assessment Team clinical and care staff demonstrated knowledge of high prevalence risks associated with individual consumers’ care and described strategies to minimise identified risks as outlined in the sampled consumers’ care plans. A registered nurse described the main high impact and high prevalence risks across the service (falls, restraints, skin and pain management). The clinical nurse manager described how the service categorised and tracked incidents and how these were reviewed, and adjustments made to practice minimising the risk of future harm. The clinical nurse manager said the clinical nurse specialist reviews all new pressure injuries and assists with wound staging, and they monitor all wounds and referrals are made to the general practitioner and/or the Residential Care Line if a wound does not heal within four weeks. Clinical staff reported consumers’ weights are monitored by registered nurses monthly, and unexplained significant weight loss over two months, or a gradual weight loss, is actioned according to the organisation’s policies and procedures. Consumers who lose weight are ordered nutritional replacements and referred to the dietician if weight loss continues.

For the reasons detailed above I find the Bethanie Group Incorporated, in relation to Bethanie Waters, is Compliant in relation to Standard 3 Requirement (3)(b).

# STANDARD 6 Feedback 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 Assessment Team assessed Requirement (3)(a) as part of this assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found the assessed Requirement in this Standard as not met. Based on the Assessment Team’s report and the Approved Provider’s response I find the service Compliant with this Requirement. I have presented the reasons for my decision under the specific Requirement below.

## 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.*

The Assessment Team found the service has a system in place to collect feedback and complaints from consumers, their family and staff. The service’s system is guided by policies and procedures to support consumers, their families and staff to provide feedback and complaints to improve the care and service delivered.

Despite having a process in place, the Assessment Team found the process is not consistently effective for consumers who make verbal complaints to staff about care delivered, and some consumers do not feel supported to provide feedback about staff practice for fear of retribution. The Assessment Team found while most consumers stated they knew they could speak to staff about concerns, not all staff escalated verbal complaints as required by the service’s complaints policies and procedures.

The Assessment Team found consumers were generally satisfied they were supported to provide feedback, were able to talk to staff and knew how to provide feedback including complaints to improve care and services. The Assessment Team also found three of nine consumers interviewed provided feedback they have made complaints verbally to other staff, about the way certain staff members treat them, and this has not been followed up.

On 3 August 2020 the Approved Provider submitted a response to the Assessment Team’s report. The Approved Provider maintains the Assessment Team’s decision has not included consideration of all available evidence, and documentation was included with the submission to support this view. The Approved Provider submitted evidence of discussions with the consumer who expressed concern about their complaint not being followed up. The consumer acknowledged the incident occurred in February this year, and there has been no recurrence.

Having reviewed the Assessment Team’s report and the Approved Provider’s response I find the weight of evidence from consumers interviewed indicates they do consider they are supported and encouraged to provide feedback and make complaints. I also find aspects of information provided by three consumers who expressed similar concerns about how certain staff members treat them (and others) more closely aligns with Standard 7 Requirement (3)(b) as detailed below, and with Standard 6 Requirement (3)(c) which was not formally assessed during this assessment contact. I base my decision on the following information:

* Three out of nine consumers provided feedback they were unhappy with how certain staff members treated them. I consider this relates to Standard 7 Requirement (3)(b) as detailed below.
* One of the three consumers mentioned they had not received feedback. This consumer spoke with the Approved Provider after the assessment contact visit and confirmed there has been no recurrence since the reported incident in February this year. I consider this more closely aligns with Standard 6(3)(c) which has not been assessed in this assessment contact visit.
* No consumers specifically stated they are not making complaints as they fear retribution. Two staff members reported they did not escalate verbal complaints to management, one because they are not permanent, and they did not want to lose shifts, and the other because they feared how management may respond. I consider this also more closely aligns with Standard 6 Requirement (3)(c) which was not assessed during this assessment contact.

For the reasons detailed above I find the Bethanie Group Incorporated, in relation to Bethanie Waters, is Compliant in relation to Standard 6 Requirement (3)(a).

# 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 Assessment Team assessed Requirements (3)(a) and (3)(b) as part of this assessment contact. No other Requirements in this Standard were assessed.

A decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

The Assessment Team found Requirement (3)(a) in this Standard as met. Based on the Assessment Team’s report I find the service Compliant with this Requirement. The Approved Provider’s response to the assessment contact report made no comment in relation to this Requirement.

The Assessment Team found Requirement (3)(b) in this Standard not met. Based on the Assessment Team’s report and the Approved Provider’s response I also find the service Non-compliant with this Requirement. I have presented the reasons for my decisions under the specific Requirements below.

## 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.*

During interviews with the Assessment Team consumers advised they felt there were enough staff to provide their care and services. Consumers and their representatives stated they felt they received quality care and it was delivered by the right mix of staff.

The Assessment Team interviewed a range of staff who broadly stated they had enough support on the floor to be able to complete their tasks to a high quality for consumers. More specifically, nursing staff said management had provided the Grove wing with extra hours for care staff during the peak morning times recently to assist with the increased needs of consumers requiring hoist transfers and two person assist for personal care. Nursing staff also reported the service engages consistent agency staff to fill vacant shifts – and that this assisted with caring for consumers in the memory support area as consumers are familiar with the staff and staff know what their needs and preferences are. Agency staff advised they are familiar with consumers and know their needs and preferences. Agency staff working in the memory support wing were able to describe the strategies to manage specific consumers’ behaviours and advised they had worked there often.

Documentation reviewed by the Assessment Team, specifically staff allocation sheets and rosters, confirmed information provided by registered nursing staff, that the service engages consistent agency staff members to fill vacant shifts. Call bell records reviewed showed over the three months prior to the assessment contact visit call bells were answered within ten minutes between 95 and 98% of the time.

The Assessment Team observed agency staff were clearly familiar with the needs and preferences of consumers, and that consumers were engaged with activities with lifestyle staff in each of the wings throughout the day, staff were not rushed, and consumers were assisted when they requested it.

On 3 August 2020 the Approved Provider submitted a response to the Assessment Team’s report. The Approved Provider’s response made no comment in relation to this Requirement.

For the reasons detailed above I find the Bethanie Group Incorporated, in relation to Bethanie Waters, is Compliant in relation to Standard 7 Requirement (3)(a).

### 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 the service has policies and procedures to guide staff in providing person-centred care. The organisation’s values - Integrity, Stewardship, Compassion and Respect - and six signature behaviours expected from its workforce including delivery of all its services the way staff would like them to be delivered to themselves and to treat everyone with respect and compassion, are included in its public documents, jobs statements and position descriptions.

The Assessment Team interviewed nine consumers, three of whom said some staff are rude to them and talk down to them, and to other consumers. One of the three consumers reported an incident from February 2020. Two other consumers interviewed from the same wing said the majority of staff are kind and caring however, some staff are rude and talk down to them.

During interviews with the Assessment Team staff reported they knew of some staff who did not always speak to consumers in a kind and caring manner. One staff member said in the past they had observed some staff not being kind to certain consumers. Management confirmed they had not been made aware of this occurring.

The Assessment Team reviewed four compulsory reports, three of which related to allegations of rough handling by staff. None of the allegations were substantiated and police took no further action on the three incidents that were required to be reported to them.

On 3 August 2020 the Approved Provider submitted a response to the Assessment Team’s report. The Approved Provider indicates one consumer’s concern related to an isolated incident in February 2020 which has not recurred, and one respite consumer’s concern raised in the same month related to a misunderstanding about a meal being withheld, and the misunderstanding was clarified at the time and the consumer was satisfied with the outcome.

The Approved Provider’s submission included: training records confirming all staff are up to date with relevant mandatory training such as protecting the customer and creating a respectful workplace; and evidence of prompt action taken since the assessment contact visit in relation to the named staff members and of comments and complaints education being provided to all staff.

Based on the Assessment Team’s report and the Approved Provider’s response I find the Bethanie Group Incorporated, in relation to Bethanie Waters, was Non-compliant in relation to Standard 7 Requirement (3)(b) on the day of the assessment contact visit for the following reasons:

* Two consumers from the same wing reported that the majority of staff are kind and caring however, some staff are rude and talk down to them.
* Two staff members reported they are both aware of some staff working in the same wing as named by the two consumers who do not treat consumers in a kind or respectful manner.

I acknowledge the appropriate remedial action taken by the Approved Provider to address the identified concern since the assessment contact visit.

# 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 demonstrate their understanding of the organisation’s values and six signature behaviours required of them.
* Ensure staff compliance with these values and behaviours is monitored.

# Other relevant matters

During the assessment contact visit staff interviewed by the Assessment Team were able to describe the feedback and complaints framework and how the system worked. Staff said they discuss feedback and complaints during staff meetings and advised they log any complaints consumers have with registered staff on duty at the time of the complaint if it needed fast resolution or they were able to complete a feedback form on behalf of a consumer.

Despite the above at least three staff reported they had not passed consumer concerns about how staff treat them on to nursing staff or management for follow up action.

While Standard 6 Requirement (3)(c) was not assessed during this assessment contact visit this information is being provided for consideration by the service.