Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bethel Aged Care Facility |
| **RACS ID:** | 0588 |
| **Name of approved provider:** | Empowered Living Support Services Ltd |
| **Address details:**  | 30 Lorna Street WARATAH NSW 2298 |
| **Date of site audit:** | 05 November 2019 to 07 November 2019 |

**Summary of decision**

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| **Decision made on:** | 13 December 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 21 December 2019 to 21 December 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Not Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Met |
| Requirement 2(3)(c) | Not Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Not Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Not Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Not Met |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Not Met |
| Requirement 6(3)(c) | Not Met |
| Requirement 6(3)(d) | Not Met |
| Standard 7 Human resources | Not Met |
| Requirement 7(3)(a) | Not Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Not Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 17 February 2020  |
| **Revised plan for continuous improvement due:** | By 28 December 2019  |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance
Assessment Report

The Commission makes the decision taking into account this Site Audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this Site Audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Bethel Aged Care Facility (the Service) conducted from 05 November 2019 to 07 November 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Acting Care Manager | 1 |
| Administration Officer | 1 |
| Care staff | 10 |
| Chaplain | 1 |
| Consumers | 14 |
| Executive Care Manager | 1 |
| Hospitality and environmental services staff | 5 |
| Lifestyle staff | 1 |
| Maintenance officer/fire officer | 1 |
| Pastoral Carer | 1 |
| Quality Manager | 1 |
| Registered Nurses | 3 |
| Representatives | 3 |
| Site Coordinator | 1 |
| Visiting service providers such as allied health professionals | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Not Met

#### 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the organisation met four of the six requirements in relation to this Standard.

Consumers were randomly sampled and asked if the consumer thinks staff treat them with respect. 86% said always or most of the time. However, observations made and interviews with staff show staff practices do uphold consumer dignity or demonstrate respect for consumers. While the consumer cohort was predominantly Australian consumers, staff were able to demonstrate their understanding of how to work collaboratively to foster and respect cultural diversity. Consumers are not supported to exercise choice. The service was not able to demonstrate that information being provided to each consumer is current and accurate as there were significant inconsistencies identified in information provided to consumers. There is a pastoral care team to support consumers’ spiritual counsel, advocacy and when consumers’ have issues of a sensitive nature. The storage of consumer records and information has maintained consumer confidentiality.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Not Met

The organisation demonstrates that 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.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

1. 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:

2. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the organisation met two of the five requirements in relation to this Standard.

The organisation does not demonstrate that it effectively understands, applies, monitors and reviews its performance in this requirement. The service does not undertake ongoing assessment and planning of care and services in partnership with the consumer. Consumers are not aware that they can request a copy of their care and services plan. The service does not have a system for regular case conferencing together with the consumer and/or representative. The satisfaction in care and services of consumers is not monitored and reviewed. The service does not have an assessment schedule that guides registered nurses in the assessment of a new consumer after the initial first day of entry to the service. The organisation has a process for identifying consumer preferences and risk assessment is conducted for high risk activities. The service does not have a system to monitor and review if consumers have completed advanced care plans.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(c) Not Met

The organisation demonstrates that assessment and planning:

(i) 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

(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Not Met

The organisation demonstrates that 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.

##### Standard 2 Requirement 3(e) Not Met

The organisation demonstrates that 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: Personal care and clinical care Not Met

#### 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:

2. 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

#### Summary of Assessment of Standard 3:

The Assessment Team found the organisation met five of the seven requirements in relation to this Standard.

The organisation does not demonstrate that it effectively understands, applies, monitors and reviews its performance in this requirement. The service identifies consumer needs and preferences. However, this is not monitored and reviewed in partnership with the consumer for satisfaction to ensure safe and effective care and services.

The service does not have a system to monitor completed advanced care plans for consumers at the service. There are inconsistencies in clinical indicators and incident reporting and a lack of investigation of individual consumer data, using root cause analysis. In relation to pain and behavioural management, policies and procedures are not congruent with best practice. There is inconsistent monitoring and evaluation of pain and behaviours for consumers.

The service does not use physical restraint and has commenced minimising chemical restraints for consumers at the service. A dialogue has commenced between registered nurses and medical officers at the service in relation to antimicrobial stewardship.

#### Requirements:

##### Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

##### Standard 3 Requirement 3(b) Not Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Not Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the organisation met six of the seven requirements in relation to this Standard.

Consumers advised that staff assist them to maintain their independence and that they are encouraged to do as much for themselves as possible to maintain their independence. However, consumers advised they do not receive support in their daily living which includes being able to maintain links with the community; maintain social and personal relationships if they wish to do so and undertake activities of interest to them.

Care plans are regularly reviewed and updated with information guiding staff to implement care and services to support each consumers’ emotional, spiritual and psychological well-being. The service has systems to ensure consumers are referred to appropriate organisations or individuals in accordance with their needs and preferences.

While only 47% of consumers indicated they liked the food most of the time or always, the organisation is actively endeavouring to rectify matters relating to the menu and the meals provided. Comments from some consumers indicated they found the food bland or tasteless.

Consumers confirmed that equipment is maintained and appropriate for use.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Not Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met two of the three requirements in relation to this Standard.

The service was observed to be clean and well maintained. Consumers are able to decorate their rooms with photographs and other personal memorabilia if they choose to do so. Consumers have access to a lift to move between the three floors of the service. Staff members also have access to internal stairs which are secured by key coded barriers to reduce the risk of consumers falling down the stairs. Consumers are able to access the external verandahs on each level of the service or use the keypad to access the external smoking area. However, some consumers indicated they would like to go outside more often including to access the morning sunshine. Some consumers felt restricted within the environment and were frightened about using the lift or not able to use the lift without staff assistance. This impacts upon their independence to attend activities on the ground floor when they chose to do so as they need to find a staff member to take them down and return them when they wish to come back. This also impacts on the consumers ability to interact socially with partners who may be residing on another floor.

The organisation has a system in place to manage the routine preventative maintenance of equipment to provide a safe and comfortable environment for consumers. As part of this program the organisation conducts periodic environmental checks to ensure the building and equipment are well maintained. Equipment requiring specialist servicing is referred to specialist tradespeople. The organisation ensures all furniture, fitting and equipment used is safe, clean, well maintained and suitable for the needs and preferences of the consumers. Staff members are aware of their responsibility to report any items requiring maintenance or any hazards.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Not Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Not Met

#### 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:

2. 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.

#### Summary of Assessment of Standard 6:

The Assessment Team found the organisation met one of the four requirements in relation to this Standard.

The organisation was able to demonstrate that consumers and/or their representatives are able to provide feedback and make complaints either directly to staff or via the resident meeting or by lodging a feedback form in the suggestion box or via letter.

However, the organisation is not able to demonstrate that consumers and/or their representatives are made aware of advocacy services, language services and other methods for raising and resolving complaints. Management staff were unaware of advocacy services to assist consumers.

Feedback from consumers and representatives indicated they received minimal or no feedback on issues they have raised and now feel there is little point in raising issues as they feel nothing is achieved. Reviews of documentation at the service regarding complaints indicates that complaints or comments are being recorded and matters are being referred to staff for action. However, there is no indication that feedback has been provided to consumers or their representatives to check that the issues they have raised have been resolved to their satisfaction or if concerns still exist.

The organisation does not make use of comments or complaints raised to review the quality of care and services being provided. There is no trending of data to ascertain if there are system failures which are resulting in complaints by consumers or representatives for example missing laundry.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Not Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Not Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Not Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation met four of the five requirements in relation to this Standard.

Feedback from consumers and representatives indicated they felt staff were kind, caring and respectful of the consumer. Eighty six percent (86%) of consumers and their representatives interviewed as part of the consumer experience report indicated that staff are kind and caring either ‘always’ or ‘most of the time’.

Competencies are undertaken for key tasks such as medications to ensure staff fully understand all the requirements. The organisation also undertakes appraisals to monitor staff performance on a regular basis. Systems are in place to monitor key qualifications such as registered nurses and enrolled nurse registrations on an annual basis and criminal record checks on a three-yearly basis. The organisation also has an education program to provide mandatory education on fire safety, manual handling, compulsory reporting and handwashing (infection control). Education has also been provided on other topics such as resident rights to which family members were also invited.

However, the organisation is not able to demonstrate that the service has sufficient staffing levels to meet the needs of consumers. Feedback from consumers indicates they are waiting considerable time for staff to respond to their calls for assistance, in particular at night, when there is one staff member allocated per floor with a registered nurse to provide oversight. Management advised they do not currently have the ability to monitor the length of time taken to respond to calls and ascertain the need for additional staffing.

#### Requirements:

##### Standard 7 Requirement 3(a) Not Met

The organisation demonstrates that 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.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

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

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the organisation has met four of the five requirements under Standard 8.

The majority of consumers expressed satisfaction with the care and services being provided to them. Feedback from consumers is sought through feedback forms, resident meetings and surveys. The governing body meets regularly and promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. However, the Assessment Team identified significant gaps in information management. The assessments and care plans are of a generic nature and lack individualisation and detail, particularly related to cultural needs. There are organisation wide governance systems to support effective workforce management, clinical care and regulatory compliance. The organisation has effective risk management systems and practices which support consumers to live the best life they can. The clinical governance framework addresses open disclosure and minimising the use of restraint, but antimicrobial stewardship has not been addressed effectively to date.

Staff demonstrated a good working understanding of precautions to prevent and control infection. Comments and complaints are standard meeting agenda items and all issues are reported to the board. Staff compliance records are relevant and current.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Not Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

(i) information management

(ii) continuous improvement

(iii) financial governance

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities

(v) regulatory compliance

(vi) feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

(i) managing high-impact or high-prevalence risks associated with the care of consumers

(ii) identifying and responding to abuse and neglect of consumers

(iii) supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship

(ii) minimising the use of restraint

(iii) open disclosure.