**Performance**

**Report**

**1800 951 822**

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| Name of service: | Bethanie Community Care - North Metro |
| Service address: | 72-74 Huntriss Road GWELUP WA 6018 |
| Commission ID: | 500086 |
| Home Service Provider: | The Bethanie Group Incorporated |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 5 October 2022 |
| Performance report date: | 25 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bethanie Community Care - North Metro (**the service**) has been prepared by S Bickerton, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care Packages (HCP):**

* Bethanie Community Care - EACH Metro East, 19102, 72-74 Huntriss Road, GWELUP WA 6018
* Bethanie Community Care - Metro East, 19105, 72-74 Huntriss Road, GWELUP WA 6018
* Bethanie Community Care - Metro North, 19106, 72-74 Huntriss Road, GWELUP WA 6018
* Bethanie Home Care - Level 4 Metro North, 19110, 72-74 Huntriss Road, GWELUP WA 6018

**Commonwealth Home Support Programme (CHSP):**

* CHSP Personal Care, 4-86I1DTV, 72-74 Huntriss Road, GWELUP WA 6018
* Domestic Assistance, 4-86I4RZA, 72-74 Huntriss Road, GWELUP WA 6018
* CHSP Transport, 4-86I1DWW, 72-74 Huntriss Road, GWELUP WA 6018
* Social Support - Individual, 4-86I4S7L, 72-74 Huntriss Road, GWELUP WA 6018
* Social Support - Group, 4-86I4S4U, 72-74 Huntriss Road, GWELUP WA 6018
* Flexible Respite, 4-86I1DML, 72-74 Huntriss Road, GWELUP WA 6018
* Home Maintenance, 4-86I4SFV, 72-74 Huntriss Road, GWELUP WA 6018
* CHSP - Allied Health and Therapy Services, 4-227KW9U, 2 Plantation Street, MENORA WA 6050
* Centre Based Respite, 4-86I1DJU, 40 Violet Street, WEST PERTH WA 6005

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for HCP

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

# Assessment summary for CHSP

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Other relevant matters:

Non-compliance of requirement 8(3)(e) was identified during a quality audit conducted on 21 March 2022.

# Standard 8

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| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(e) | 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. | Compliant | Compliant |

Findings

At the time of performance report decision, the service was:

* Evidencing the development and implementation of restrictive practices policies, procedures, and staff training framework

The service evidenced a contemporary review of its governance framework relevant to restrictive practises had occurred since a quality audit conducted in March 2022. Improvements made to staff education and training frameworks demonstrated the service ensures staff have an understanding of restrictive practices and minimisation of restraint. For example:

* The service evidenced working with linked residential services to develop new restrictive practices policies and procedures. At the time of assessment contact these were scheduled for approval and endorsement by its clinical governance committee in October 2022.
* The service demonstrated online staff training modules relevant to restrictive behaviour and restrictive practices are scheduled for integration into mandatory training modules.
* The service demonstrated technical ‘toolbox’ sessions on restrictive behaviour and restrictive practices are scheduled for integration into service staff meetings in November 2022.
* The service evidenced staff training and education resources include modules for restrictive behaviour and restrictive practices. These are scheduled for mandatory completion by all staff in the services region, and the service demonstrated intent to monitor completion to ensure staff uptake and adherence.

The service evidenced comprehensive changes had been implemented: updated plans for continuous improvement, draft restrictive practices policy and procedure, restrictive practices online training modules (for new care staff induction and orientation), responsive behaviours training module content, team meeting agendas including ‘toolbox’ sessions on reactive behaviours and restrictive practices.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)