Performance

Report

**1800 951 822**

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| Name: | Bethanie Como |
| Commission ID: | 7458 |
| Address: | 30 McNabb Loop, COMO, Western Australia, 6152 |
| Activity type: | Site Audit |
| Activity date: | 17 September 2024 to 19 September 2024 |
| Performance report date: | 22 October 2024 |
| Service included in this assessment: | Provider: 1009 The Bethanie Group Incorporated  Service: 19371 Bethanie Como |

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 Como (**the service**) has been prepared by J Wilson, 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.

# Material relied on

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

* The assessment team’s report for the site audit 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 team’s report received 11 October 2024.
* The performance report dated 17 May 2024 for the assessment contact undertaken from 2 April 2024 to 3 April 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives confirmed they have choice over the way care is delivered and who they wish to be involved in the decision making process. Consumers confirmed care and services are delivered in a dignified and respectful manner, their privacy is maintained, and staff value their culture and identities. Consumers and representatives confirmed they are supported to take risks in a safe manner and information provided to them is timely and appropriate. Consumers were confident staff respected their privacy and consumers can decide who can and cannot access information about their care and services. Documentation reflected consumers choice and consultation of risks where appropriate, and information provided to consumers is done so in an appropriate, accurate and timely manner

Staff and management demonstrated understanding of consumer’s cultural needs and diversities and described ways they were able to deliver care and services that meets those needs, goals, and preferences including delivery of care to consumers whose choice was for a specific gender. Staff described ways they support consumers to take risks to do the things they want through discussion and developing ways to mitigate those risks to consumers’ safety. Observations demonstrated staff interacting with consumers in a respectful manner and staff maintaining consumer privacy.

Accordingly, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore the Standard is compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. 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 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Requirement (3)(e) in this Standard was found non-compliant following an assessment contact undertaken from 2 April to 3 April 2024 as the service did not have effective systems and processes to ensure care and services provided to consumers are continually assessed and adjusted to meet their changed needs. The assessment team’s report included evidence of actions taken to address deficiencies identified, including, but not limited to:

* A review and improvement of education processes including toolboxes and mandatory education for clinical and care staff was conducted to enable staff to better understand policies and procedures and to improve leadership and accountability within the clinical team. Management has monitored this through auditing of care documentation and increased surveillance.
* A review of hospital discharges included as a standing agenda item in the clinical team meeting to ensure current information is reflected in the updated care and service plan.
* Daily review of progress notes to identify clinical risks and ensure care and service plans are current and updated following a change in condition.
* Employment of another clinical nurse to monitor compliance and increase audit frequency, audit processes and vigilance to ensure congruence between care requirements, assessments, care planning and care implementation was initiated.
* Review of pressure area care, wound care and falls documentation, including auditing of assessments, charting, staff congruence with procedures and best practice, with ongoing oversight and monitoring by the clinical management team.

During the site audit in September 2024, consumers and representatives were confident their care and services were reviewed when any changes occurred. Care planning documentation reflected regular reviews were undertaken and unscheduled evaluation of strategies were completed following incidents or change in consumer condition. Staff described the processes in place for the regular review of consumer care and services and the specific processes for review of assessment when a change in condition or incident occurs.

In relation to all other requirements, consumers and representatives confirmed consumers are partnered in the development of care and services. Consumers were confident assessments consider the risks associated with their care and risks are documented in care plans appropriately. Consumers confirmed information about assessment and planning is current and in line with their needs, goals and preferences and is accessible.

Documentation confirmed information about consumers’ care and services are aligned with consumer needs, goals and preferences and consider risks associated with consumer care including the risk of falls. Staff demonstrated understanding of the assessment and planning process and described ways they engaged and involved consumer’s in that process.

Accordingly, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore the Standard is compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Requirement (3)(b) in this Standard was found non-compliant following an assessment contact undertaken from 2 April to 3 April 2024 as the service did not have effective systems and processes for the management of high-impact or high-prevalence (HIHP) risks associated with consumers’ care. The assessment team’s report included evidence of actions taken to address deficiencies identified, including, but not limited to:

* Increased education and mandatory training for clinical and care staff, and review of its effectiveness, including diabetes management, wound management and Dementia Training Australia.
* A clinical review of all high-impact, high-prevalence (HIHP) risks, including pressure injuries, wounds, falls, diabetes and behaviours. Additionally, the introduction of a body map form for staff to use as part of activities of daily living daily skin integrity assessments which are reviewed by the CNM.
* Increased discussion at care team meetings, including deterioration, resident medication management reviews, and changed behaviours. Deteriorating consumers and consumers of concern are now standing agenda items in weekly care team meetings. The clinical nurse manager or clinical nurse email clinical staff identifying consumers at risk which is also discussed in huddles. Consumers who are identified and discussed in huddles are discussed in care team meetings.
* Implementation of a 7-day behaviour chart for changed behaviours.
* Monitor and trend clinical indicator data on a monthly basis, including falls with injury, serious incident response scheme (SIRS) pressure injury and nutrition and hydration.
* A review of the handover process, including the implementation of twice daily huddles to discuss deteriorating consumers and consumers of concern with care and clinical staff of that floor. Additionally, the development of a form clinical staff complete for each consumer discussed at huddle and for the clinical nurse manager to review, evaluate and monitor for trends.
* Introduction of a clinical incident reporting system to monitor trends and incident data, including infection, medication incidents, falls, behaviours, pressure injuries.

During the site audit in September 2024, consumers and representatives confirmed care is safe and right for them and said the service explains and reduces the impact of risks. Staff and management confirmed the high impact and high prevalence (HIHP) risks to consumers and described personalised strategies to mitigate identified risks. Management confirmed systems and processes to assess, monitor and evaluate HIHP risks to consumers’ health and wellbeing and demonstrated this in relation to behaviour support for consumer while on site. Care documentation viewed reflected personalised personal and clinical care needs and preferences for consumers, including wound charting for pressure injuries which was consistent with staff and consumer feedback.

In relation to all other requirements, consumers and representatives confirmed they receive personal and clinical care in a way that is safe and right for them. Consumers confirmed staff know them well and they do not have to repeat their needs, goals and preferences for care and services to them or other providers of care. Consumers and representatives confirmed referrals to medical and other health professionals are done in a timely manner and where care is shared consumers are confident information is communicated appropriately.

Consumer care plans reflected consumers’ needs, goals, and preferences in relation to personal care and showed there are effective processes in place for timely referrals for consumers and end-of-life needs, goals and preferences are respected ensuring consumers comfort and dignity maximised. Documentation confirmed staff deliver end of life care in a way that maximises consumer comfort in a dignified manner.

Clinical staff confirmed ongoing commitment to antimicrobial stewardship, while observations showed the service has multiple outlets for hand hygiene and access to personal protective equipment. Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care and how they communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Accordingly, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore the Standard is complaint.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed supports for daily living are tailored to their needs and optimises their health, wellbeing and independence including their mobility. Consumers described how they are supported to maintain personal and social relationships and do things of interest to them. Consumers were satisfied with the quality and quantity of meals and described ways in which staff support them to access spiritual support. Consumers and representatives confirmed information is communicated and shared appropriately in relation to their care needs and they felt safe using equipment to assist with their mobility and participate in lifestyle activities.

Staff described how they support consumers with services and supports for daily living, including how they recognise and respond to changes in the consumers emotional, spiritual or psychological well-being and how they support consumers to maintain connections with the community. Documentation sampled reflected consumers likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual, and psychological needs. Equipment used as part of consumers engagement with lifestyle and maintaining their independence was observed to be clean, safe, and well-maintained.

Accordingly, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore the Standard is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives were satisfied with the cleanliness of the service, confirming it is safe, comfortable, welcoming and easy to understand. Consumers confirmed when there is an issue requiring maintenance they are resolved in a timely manner. Consumers confirmed they were able to access multiple areas of the service.

Observations showed consumers’ rooms were personalised and decorated with photographs and ornaments. Consumers were able to move freely throughout the service. The service environment including consumer rooms and equipment used by consumers to mobilise or be transferred was observed to be clean and well-maintained.

Documentation confirmed the service has an annual planned maintenance schedule in place as well as a risk based system to manage and prioritise preventative maintenance.

Staff demonstrated understanding of the maintenance system at the service and described the ways in which they escalated any issues reported to them to be resolved promptly. Management demonstrated knowledge the importance of enabling consumers to move freely throughout the service and in supporting consumers sense of belonging by recently opening the memory support unit which they had identified to be poorly designed.

Accordingly, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore the Standard is complaint.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives confirmed they felt supported to provide feedback including making complaints about care and services. Consumers reported feeling safe and comfortable to provide feedback to staff and management about care and services and reported satisfaction with the resolution process. Observations showed information about the various ways to raise complaints and provide feedback is displayed throughout the service for consumers and representatives. Consumers and representatives confirmed they knew how to access advocates if required.

Staff demonstrated understating of feedback mechanisms and described ways in which they support consumers to provide feedback including complaints and how they use open disclosure when things go wrong.

Documentation confirmed external advocacy service providers attend the service to provide presentations to consumers and representatives on how to access their services. Documentation confirmed a feedback register is maintained as feedback is provided and records the actions taken and discussions with the complainant. Documentation reflected feedback being used to drive continuous improvement including consumers making suggestions about food options they would like to have been promptly introduced to improve food quality.

Accordingly, I find all requirements in Standard 6 Feedback and Complaints compliant, therefore the Standard is compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following an assessment contact undertaken from 2 April 2024 and 3 April 2024 as the service did not demonstrate they provided staff with the knowledge and skills to consistently and effectively perform their role. Staff were not supported by the service to effectively manage and monitor high-impact and high-prevalence risks. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Increased mandatory training for all staff to better understand the organisation policies and procedures including but not limited to medication training, falls prevention, blood glucose monitoring, change behaviour and incident management policy.
* Implementation of daily huddles to discuss deteriorating consumers and consumers of concern with care and clinical staff present as part of the handover process. The clinical nurse manager reviews, evaluates and monitors clinical indicator trends.
* Management continues to monitor and provide training to all staff to enable them to effectively perform their roles.

During the site audit in September 2024, consumers and representatives confirmed they were confident staff know what they are doing, and they are happy with the quality of care and services they receive from staff. Staff confirmed they receive job descriptions identifying the requirements for their role and they have attended annual mandatory training sessions along with regular toolbox training on a range of topics. Management confirmed they maintain contractual agreements with external agencies who provide staff to the service to ensure they have the necessary competencies to deliver quality care and services. Documentation confirmed the service monitors staff knowledge and qualifications to effectively perform their roles.

In relation to all other requirements, consumers and representatives were satisfied with the mix and number of staff to deliver care and services in a way that meets their needs, goals, and preferences. Consumers confirmed they are assisted in a timely manner when they used the call bell and staff treated consumers in a kind, caring and respectful manner.

Staff were observed interacting with consumers in a kind and respectful manner, maintaining consumer dignity and privacy when delivery care. Staff confirmed they are provided regular training and have regular performance appraisals. Management provided specific instances where performance management has been undertaken as a result of the service’s staff performance monitoring systems and processes in place. Documentation confirmed the service schedules staff performance appraisals which are completed within organisational timeframes.

Accordingly, I find all requirements in Standard 7 Human Resources compliant, therefore the Standard is complaint.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following an assessment contact undertaken from 2 April 2024 to 3 April 2024 as the service did not demonstrate the system for managing high-impact high-prevalence risks associated with the care of consumers is effective. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The service has conducted a clinical review of all high-impact, high-prevalence (HIHP) risks, including and not limited to falls, pressure injuries, skin tears, unplanned weight loss, diabetes and behaviours.
* The service is analysing data to monitor and trend clinical indicator data on a monthly basis, including medication incidents, behaviours, falls with injury, pressure injury, nutrition and hydration.
* The service timely reports serious incident response scheme (SIRS) incidents to the Commission in relation to the provider’s obligation to ensure consumer safety and the timely initiation of the investigation.

During the site audit in September 2024, documentation confirmed the service has a risk register that monitors consumer risks. Staff and management employ a multidisciplinary approach to discuss and mitigate risks. Management confirmed monthly clinical reports based on quality indicators are reported to the Board.

In relation to all other requirements, consumers and representatives said they are engaged in the development, delivery, and evaluation of care and services including through input into the consumer advisory group. Consumers and representatives recall undertaking surveys and felt comfortable giving feedback and making suggestions for improvements to the quality of care. Documentation confirmed feedback is sought from consumers through regular consumer advisory body meetings which capture consumers’ experience, complaints and feedback, governance and clinical reports which are presented to the Board and drives continuous improvement.

Management described and documentation showed various ways the organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care, including Board members visiting the service each month to engage with consumers, representatives and staff members to gather their feedback and suggestions for improvement whilst monitoring the delivery of care and services. The Board uses consolidated reports to monitor care and service delivery, including reports from the governance committee. The organisation has up to date policies and procedures in place to guide staff practice.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure, continuous improvement is consumer focused, the service is able to purchase equipment for care and service delivery when required, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training.

Consumers are supported to live their best life which includes consultation with consumers and completing risk assessments for those who prefer care and services that are not in line with recommendations advised by health professionals. Management described how they use the incident management system to manage and prevent incidents including those that require reporting to external services.

Documentation conformed the organisation has policies and procedures to guide staff in relation to clinical governance. Staff demonstrated knowledge of the clinical governance framework including antimicrobial stewardship, minimising the use of restraint and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

Accordingly, I find all requirements in Standard 8 Organisational governance compliant, therefore the Standard is complaint.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)