Performance

Report

**1800 951 822**

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| Name: | Bethanie Como |
| Commission ID: | 7458 |
| Address: | 30 McNabb Loop, COMO, Western Australia, 6125 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 2 April 2024 to 3 April 2024 |
| Performance report date: | 17 May 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 A. Kasyan, 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 assessment contact (performance assessment) – site report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the provider’s response to the assessment team’s report received 8 May 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# 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 2 requirement (3)(e)**

* Ensure effective and timely reviews of care plans, particularly when circumstances change and incidents occur.

**Standard 3 requirement (3)(b)**

* Ensure all consumers’ high impact or high prevalence risks are effectively identified and responded to.

**Standard 7 requirement (3)(c)**

* Ensure staff competency, skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles. Ensure members of the workforce, including care staff follow instructions and guidance provided by registered staff members who have qualifications and authority to direct care.

**Standard 8 requirement (3)(d)**

* Ensure effective risk management systems and practices associated with managing consumers’ high impact or high prevalence risks associated with their care and identifying and responding to abuse and neglect of consumers.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Not Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement (3)(e) is non-compliant.

The assessment team recommended this requirement not met as care files for three consumers who had experienced a change in circumstance or incidents showed care and services were not reviewed for effectiveness. Documentation showed following incidents, such as choking and two falls within a short period of time, consumers’ care plans and assessments were not reviewed to identify if any adjustments were necessary. Care plans remained unchanged, even when these incidents occurred and risk mitigation strategies identified to be not effective. Care plan review did not occur following a consumer’s general decline accompanied with prolonged sitting in a wheelchair resulting in pressure injury and post hospitalisation where there was a change in medication regime resulting in a medication error.

The provider responded to the assessment team’s report acknowledging gaps in identification, assessing, planning and evaluating the health needs of the named consumers. Education for staff has commenced and is incorporated in the service’s plan for continuous improvement.

In relation to choking incidents, the provider described actions staff took in response to the incidents, such as completion of a swallow screen and referrals to a nurse practitioner. The care plan reflects supports the consumer needs during mealtimes which are in line with the consumer’s goals and preferences. In relation to a change in medication regime, while the provider acknowledges staff did not update a care plan and or complete relevant assessment, a progress note entered on the consumer’s return from hospital provided sufficient information and staff updated the medication chart to reflect this change. In relation to the two fall incidents, the provider submitted abstracts from progress notes and advised the consumer was reviewed following both falls, and risk mitigation strategies were changed following the second fall which is evidenced by an allied health professional placing two crash mats either side of the consumer’s bed to reduce impact from falls.

I acknowledge the provider’s response and additional information provided in relation to the named consumers. However, I find that the provider does not have effective systems and processes to ensure care and services provided to consumers are continually assessed and adjusted to meet their changed. Whilst additional information in the provider’s response shows staff did take actions in response to the incidents, these actions did not demonstrate a thorough assessment of the incident’s impact on the consumer’s needs, goals and preferences and that a care plan was updated accordingly. Where there was a general decline in a consumer’s health resulting in a pressure injury due to prolonged sitting in a wheelchair, the service did not undertake review of the effectiveness of the consumer’s risk of pressure injuries in a timely manner or implement pressure injury preventative strategies in response to the consumer’s changed condition.

Based on the reasons summarised above, I find requirement (3)(e) non-compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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

I have assessed this Quality Standard as non-compliant as I am satisfied requirement (3)(b) is non-compliant.

**Requirement (3)(b)** The assessment team recommended this requirement not met because review of four consumers’ files where high impact high prevalence risks had been identified showed delays in recognition of risk and implementing risk management strategies, evaluating interventions for effectiveness and staff not following organisational policies and procedures.

Strategies to manage changed behaviours of one consumer had not been evaluated for effectiveness in relation to supporting staff to manage personal hygiene needs of a consumer who developed an incontinence associated dermatitis that staff failed to resolve for over a month.

Delay in implementing risk management strategies, including an alternating air mattress and specialised positioning support, contributed to the deterioration of one consumer’s pressure injury to a level where tissue damage was considered severe. Pressure relieving interventions have not been implemented in a timely manner following a consumer’s general decline accompanied with prolonged sitting in a wheelchair resulting in a pressure injury that has not shown signs of improvement since it was first identified.

A medication error involving a high risk medication occurred due to management stating staff had no knowledge or experience with a new medication regime.

Staff documented in progress notes the use of bed sensor mats were not very effective, as when activated, the bed sensor alarm triggered a call bell activation that was indistinguishable from a normal call bell alert and there were often not sufficient staff to respond fast enough to the call bell activation to prevent a fall. However, this knowledge had not prompted a review of the use of the bed sensor for a consumer who sustained two falls and a review of the overall effectiveness of the use of bed sensors as a fall prevention strategy across the service.

The provider responded by stating they have implemented changes to the staff huddles, handover and care team meeting agenda to maintain focus of high impact, high prevalence risk of all consumers at the service.

In relation to the consumer with an incontinence associated dermatitis (IAD), the provider states behaviour assessments were completed prior to the assessment contact and the IAD has since resolved.

In relation to the named consumers with pressure injuries, their care was discussed at the care team meetings prior to the assessment contact and actions were put in place immediately.

The provider acknowledges a nurse administered wrong medication to a consumer who was commenced on a new medication regime and an open disclosure approach was used and staff sought medical advice. However, a progress note entered on the consumer’s return from hospital provided sufficient information to guide staff practice and the medication chart was reflective of the new regime. In addition, medication incidents for the service is below the organisation’s set benchmark. In relation to falls incidents and effectiveness of bed sensor mats, the provider notes the nurse call bell report indicates staff respond to its activation in less than five minutes.

In coming to my finding in relation to this requirement, I have placed weight on the evidence in relation to the ineffective systems and processes around management of risks associated with pressure injuries and skin integrity. Three consumers who developed pressure injuries or IAD did not have their risk factors effectively identified and addressed which contributed to pressure injuries deteriorating. The consumer who developed IAD has had this condition for a prolonged period of time with no strategies implemented by the service at the time of the assessment contact. Whilst information and evidence in relation to one medication error and two falls do not indicate systemic issues and the severity of the incidents do not show the service does not manage high impact/high prevalence risks associated with medication management and falls effectively, the intent of this requirement is to ensure effective management of all high impact, high prevalence risks associated with the care of each consumer, including risks associated with pressure injuries.

Based on the reasons summarised above, I find requirement (3)(b) non-compliant.

In relation to **requirement (3)(g),** the assessment team found the service has effective practices to minimise infection relatedrisks. Staff were able to describe how they reduce the risk of infection as part ofeveryday practice. Consumers and representatives were satisfied overallwith how the service manages infection related risks. Documentation evidenced thatthe service supports the visiting general practitioners in appropriate anti-microbial prescribing.

The service has an outbreak management plan that directs staff in the event of a respiratory or gastroenteritis outbreak, including isolation and testing requirements. Staff confirmed they have access to appropriate personal protective equipment (PPE) and are trained in relation to infection prevention and control.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Not Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement (3)(c) is non-compliant.

The assessment team found the workforce is not competent and do not have sufficient knowledge to undertake their roles effectively. Consumer outcomes described in Standard 3 showed staff are not competently identifying risks associated with the clinical and personal care of consumers, including pressure injuries and falls, do not have required skills in administering insulin using sliding scale which has led to a medication error and are not consistently following the organisation’s policies and procedures on incident management. Two representatives advised staff have varying levels of knowledge and skills resulting in an inconsistent approach to care delivery and awareness and management of risks.

Whilst the service has processes to identify deficits in care and clinical staff knowledge or competency in performing their roles, these have not been effective. Evidence, including documentation, and management and staff interviews, showed the service is experiencing challenges with staff culture, including the leadership and confidence of registered staff to direct and monitor care staff, and care staff declining to take direction and perform assigned tasks.

In response to the assessment team’s report and findings, the provider described a range of actions that have already been implemented and planned to address deficits in staff skills and knowledge. Improvements include, but are not limited to, providing care and clinical staff with mandatory face-face education, changed leadership coverage with clinical management working afternoons to provide support and guidance to the afternoon teams. The provider is introducing a new registered nursing onboarding program for new staff and the leadership team will participate in an inaugural leadership program that the organisation will instigate at the beginning of July 2024.

I acknowledge the actions identified by the provider to address clinical and care staffs’ lack of knowledge that they are required to have to effectively perform their roles. However, these actions will take some time to be fully imbedded in staff practice and result in changes to consumer care and services. Members of the workforce, including care staff are required follow instructions and guidance provided by registered staff members who have qualifications and authority to direct care and the provider did not demonstrate this occurs. Deficiencies in staff skills and knowledge have adversely impacted consumers’ health and well-being.

Based on the reasons summarised above, I find requirement (3)(c) non-compliant.

# Standard 8

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| Organisational governance | |  |
| 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. | Not Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied requirement (3)(d) is non-compliant.

The assessment team recommended requirement (3)(d) not met as the service did not demonstrate the system for managing high impact high prevalence risks associated with the care of consumers is effective. While the system includes the collection and analysis of clinical incident data, policies and procedures, a multidisciplinary team meeting, allocation of clinical staff, and organisation clinical governance, the system was not effective for several consumers in relation to management of skin integrity, pressure injuries, medications, falls, behaviours and consumers with complex clinical care needs as described in Standard 3.

Clinical indicator data for March 2024 showed the incidence of pressure injuries, skin tears and unplanned weight loss was above the level expected by the organisation, however, the service could not show there was a robust analysis of the data, and the current system, as reported by management, does not enable ease of analysis of the data.

Organisation management advised they are aware of this deficit and are in the final stages of implementing an electronic system which will enable ease of analysis, trending, and reporting of clinical incident data. The new electronic system will interface with the current incident management system. While the system is almost ready for use, it is not yet fully operational and embedded.

The service did not identify a significant event of elder abuse as a reportable Priority 1 under Serious Incident Response Scheme (SIRS) until after the investigation was completed in relation to four consumers. The service has since taken steps to ensure staff understand they need to report elder abuse immediately and training on incident reporting has been completed.

The provider responded to the assessment team’s report by stating they have responded to the findings in relation to the named consumers in Standards 2 and 3 and their incident management system enables the organisation to track and benchmark clinical incident data and the April 2024 figures for the service indicate the average per month.

Clinical team provide supporting commentary for each incident and the clinical incident summary is to be discussed at the clinical care team meetings. The care team meeting agenda has been changed to reflect consumers with high impact, high prevalence risk.

In relation to the SIRS report that was not made within the 24-hour timeframe, the staff were focused on the consumers, their families, staff at site, involvement with the police and ensuring the environment was safe for all. Education is being provided on serious incident reporting and the importance of using the SIRS decision making tool to assist in decision making.

I acknowledge the provider’s response and corrective actions taken by the service with some commencing prior to the assessment contact in relation to the provider’s obligations to report allegations of elder abuse within 24 hours for Priority 1 incidents. However, I find the service does have effective risk management systems and practices enabling timely identification and responding to abuse and neglect of consumers which require timely reporting of SIRS incidents to the Commission to ensure consumer safety and timely initiation of investigation. Whilst the organisation has undertaken several actions to ensure identification and responding to elder abuse and to minimise the chances of it occurring, some actions on the continuous improvement plan have not been completed and evaluated for effectiveness.

Whilst the provider advised the incident management system enables the organisation to track and benchmark clinical incidents data and the April 2024 figures for the service indicate the average per month, analysis of the data was found by the assessment team to not be comprehensive and a new system for analysing and trending this data is not yet embedded into practice.

Based on the reasons summarised above, I find requirement (3)(d) is non-compliant.

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)