Performance

Report

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| Address: | 114 Norton Promenade, DALYELLUP, Western Australia, 6230 |
| Activity type: | Site Audit |
| Activity date: | 27 November 2023 to 30 November 2023 |
| Performance report date: | 17 January 2024 |
| Service included in this assessment: | Provider: 1009 The Bethanie Group Incorporated  Service: 27835 Bethanie Dalyellup |

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 Dalyellup (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others; and
* a performance report dated 12 September 2023 for an assessment contact undertaken 19 July 2023 to 20 July 2023.

The provider did not submit a response to the assessment team’s report.

# 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

Staff interactions with consumers showed consumers are valued and treated as individuals. Consumers feel they are treated with dignity and respect by care staff who know them well. Representatives said the service takes the time to get to know consumers’ culture, identity and preferences as part of the move in process, and this is reflected in the care they observe when visiting family members.

Consumers feel comfortable with the care and services and said care staff know their preferences and wants and work to support these. Personal information relating to each consumer is used to guide staff in the provision of culturally safe care and services. Where a gender specific carer or culturally identified care service is required, these preferences are considered through rostering processes. Staff described use of picture cards and/or communication cards in different languages to ensure consumers are engaged in their care needs and wants on a daily basis, and said getting to know consumers well enables them to provide culturally safe care. Consumers are satisfied they are able to make decisions about the care and services they receive and maintain relationships that are important to them. Staff described how they escalate changes to consumers’ care and services and support consumers to communicate their care needs and preferences.

Consumers and representatives said consumers are supported to understand the risks involved in doing activities that are important to them. Care files demonstrated consumers are involved in discussions with allied health and clinical staff regarding potential risks involved in activities they choose to partake in which include an element of risk, including management strategies to minimise risk. Staff described how they work with consumers to understand risk and mitigation strategies to enable consumers to continue to be as independent as possible and undertake activities of interest which may involve risk.

Information provided to each consumer is current, accurate and timely. A range of avenues are used to communicate with consumers, including meeting forums, focus groups, emails, and activity planners. Consumers and representatives said they receive timely updates and staff described how communication is tailored to each individual consumer, including consideration of cognitive understanding. There are processes to ensure each consumer’s privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice 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

Representatives said they receive regular contact with management and staff and are encouraged to be involved in discussions relating to care planning, including identification of risks. A range of assessments are completed on entry and ongoing and are used to identify risks to consumers’ safety, health and well-being. Information gathered through assessment processes and consultation with consumers and/or representatives is used to develop individualised care plans which include strategies to reduce risk and guide provision of care and services. Care files include a range of identified risks, including those related to pressure injuries, behaviours and falls, and include input into assessment and planning by allied health professionals. Care files also include consumers’ preferences and current care needs, things and people important to them to maintain their health and well-being, and care needs and preferences relating to care at end of life.

Outcomes of assessment and care planning are communicated to consumers and documented in a care plan which is available to consumers and to staff to assist in provision of care and services. Care files demonstrated care and services are regularly reviewed, including in response to changes in consumers’ condition and when incidents occur. Recommendations made by general practitioners and allied health professionals are incorporated into care plans, where required. Consumer and representative meetings are held where care plans and the outcome of assessments are reviewed and discussed. Most consumers and representatives interviewed are satisfied the service keeps them informed of the outcome of assessments and whenever changes occur in the way care is to be delivered.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers 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

Each consumer receives safe, tailored and effective personal and clinical care, including in relation to wounds, diabetes, and pain. Systems and processes assist to identify, monitor, and effectively manage high impact or high prevalence risks associated with consumers’ care. Best practice guidelines are followed and appropriate measures applied to mitigate the level of risk to consumers, whilst supporting their independence and self determination to make their own decisions. Care files include appropriate assessment and strategies to mitigate risks relating to chemical restraint, pain, swallowing and weight loss. Care files also evidence involvement of general practitioners and allied health professionals in assessment and management of high impact or high prevalence risks. Staff were knowledgeable of sampled consumers and strategies and interventions for preventing risk, and consumers and representatives said staff provide consumers personal and clinical care which is safe and right for them.

The service works collaboratively with general practitioners and the chaplaincy care team to ensure the needs, goals and preferences of consumers nearing their end of life are recognised and addressed, their comfort maximised, and their dignity preserved. A care file for a consumer who had recently passed away included an end of life pathway reflective of their preferences, involvement of the general practitioner and pastoral care team and support provided to the consumer and their family. The care file also included provision of care needs during the palliative phase, including medication changes to maintain comfort. The representative said management and staff were very caring and supportive towards the consumer and family and ensured they were able to spend quality time with them prior to their death. They said staff respected the consumer’s privacy and ensured their comfort and dignity were respected and maintained.

Care files demonstrated deterioration in a consumer’s condition is identified promptly, and where required, timely referrals to general practitioners and/or allied health professionals, or transfer to hospital are initiated. A clinical deterioration procedure, policy and quick reference guide are available to support staff to recognise the signs and symptoms of clinical and cognitive deterioration enabling concerns to be reported to clinical staff for review. There are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared. Consumers and representatives said staff are aware of consumers’ care needs and know how they like the care to be delivered.

The service has an effective infection prevention and control program that aligns with nationally recognised guidelines and applicable governing standards. An infection prevention and control lead is responsible for overseeing training and monitoring of staff practice at a service level, with a corporate infection prevention control lead overseeing matters at an executive level. An outbreak management plan is available to guide staff practice, with the plan regularly reviewed. Antibiotic therapy is only prescribed when a consumer is symptomatic, returns a positive pathology result for infection or has a history of infection related illness. Consumer infections are monitored and reviewed monthly to identify and target trends. Staff were observed practicing appropriate infection control processes and said they have received infection control training.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# 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 are satisfied consumers are supported to continue to undertake activities safely, and maintain a sense of independence. Allied health staff described, and care files demonstrate supports provided to consumers ensure they are able to maintain their independence and continue to do things they wish to do in order to optimise their quality of life. Services and supports for daily living promote consumers’ emotional, spiritual and psychological well-being. Staff take time to get to know each consumer to enable them to support consumers in undertaking things that are important to them. Non-denominational chaplaincy services are onsite and referrals can be made on behalf of consumers wishing to discuss and engage their spirituality. Consumers feel supported to celebrate what is important to them.

Consumers are supported to participate in their community, do the things of interest to them, and maintain important relationships. An activity planner and special events calendar is maintained and includes a range of daily activities for consumers to participate in. Consumers have direct input into what activities are arranged each month through a weekly therapy assistant meeting. The service is building relationships with community supports, agencies and services to ensure they have services to assist in community engagement as the service grows.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up to date with consumers’ changing needs and preferences, and consumers and representatives said consumers do not have to repeat themselves and they have access to a range of services.

Meals provided are varied and of suitable quality and quantity. Staff demonstrated an understanding of consumers’ modified diets, allergies and individual preferences. Consumers are supported to provide feedback on the meals through food focus groups, and the service has a resident choice of the month to encourage further input into meal plans and options.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Suitability of equipment to support consumer independence is assessed by allied health staff. Care staff described how they maintain equipment, including maintenance and cleaning processes, and consumers said equipment is assessed, suitable, clean and maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living 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

The service environment is welcoming, easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function. The service is a new build, and has been fitted with brand new fixtures, fittings and equipment. There are multiple meeting spaces, including a bar and multipurpose meeting space, and each consumer’s room is individualised with display cabinets containing personal effects, photographs and mementos at the entrance to assist consumers with recognition. Signage for each wing, room locations and directions are in large font throughout the service, and rooms are individually numbered. Consumers interviewed feel at home in the service, said the service is a lovely place to live and they are encouraged to use all the social spaces when friends and family visit.

The service environment is safe, clean and well maintained, and enables consumers to move freely both indoors and outdoors. While access to a main courtyard was restricted to consumers in the memory support area during the site audit, access to other outdoor areas was available. While the assessment team identified that all doors leading to outside areas were heavy and difficult to open for most consumers, there was no indication that this was an issue for consumers. Preventative and reactive maintenance processes, supported by contracted services, as well as cleaning processes are in place. Consumers and representatives are satisfied the service is clean and welcoming and said consumers have access to equipment that meets their needs.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# 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, representatives and others are encouraged and supported to provide feedback and make complaints through various avenues, including provision of feedback forms, meeting forums, focus groups, care plan review processes and surveys. Consumers are made aware of and have access to advocates and other methods for raising and resolving complaints through provision of information packs on entry. This information is also available throughout the service. Staff described how they support consumers to provide feedback and make complaints, including by completing feedback forms on a consumer’s behalf or reporting to registered nursing staff.

Appropriate action is taken in response to complaints and an open disclosure process used when things go wrong. Organisational systems ensure complaints are followed up and appropriate action is taken, including reporting, logging, investigating and actioning complaints. A complaints register is maintained and demonstrates complaints are responded to in line with the organisation’s processes. Most consumers and representatives said they have not needed to make a complaint, however, are confident the service acts appropriately and promptly when responding to feedback and complaints.

Feedback and complaints are used to improve the quality of care and services. While not all complaints have been entered in the organisation’s system for trending purposes, complaints have been actioned individually or in groups, and management was able to provide examples of improvements which have been implemented in response to feedback and complaints received.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints 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

A master roster is maintained with continuity of care by ensured through allocating consumers to relevant staff and maintaining core regular staff in each wing, with a core team of dementia-trained staff, including regular agency staff allocated to the dedicated memory support wing. Shift vacancies and risk strategies are implemented to ensure consumers’ care needs are met and there is a focus on ongoing recruitment needs to ensure a planned and considered approach to increasing occupancy. Most consumers and representatives said there are enough staff to look after consumers’ daily care needs and they feel safe in the service and well cared for.

All consumers and representatives said staff treat consumers with kindness and care about them, and the staffing model supports consumers’ gender, diversity needs and preferences. Recruitment and performance review processes include signature behaviour and value measures the organisation expects, and staff sign code of conduct agreements on commencement acknowledging expected behaviours. Feedback and complaints processes assist to identify poor staff interactions, with a staff performance management approach implemented in response.

Consumers and representatives said staff are competent and able to meet consumers’ lifestyle and care support needs. Staff education is followed up with supervisory sessions and competency assessments to ensure staff effectively perform their roles. A three-month onboarding program for registered nurses, which includes a clinical competency assessment handbook, provides increased support, development and resources ensuring they are equipped to fulfil their role as a leader in the aged care environment.

The service’s workforce is recruited, trained and supported to deliver the outcomes required by these Standards. Interview and selection processes include checking the accuracy of applications, including qualifications, references and police checks. On commencement, staff undergo a corporate orientation and site induction which includes a buddy process, and receive training at regular intervals, including annual mandatory modules. Further staff training needs are identified through feedback processes, audits, clinical indicators, performance management reviews, and industry changes and regulatory compliance. There are processes to monitor staff compliance with training requirements.

There are processes to regularly assess, monitor and review the performance of each member of the workforce. Clinical staff monitor care staff capabilities and performance through handover processes, clinical rounds and review of care documentation. Identified issues are reported to management with performance management processes implemented in response. Probationary/annual performance appraisals have not been undertaken for each staff, however, these are planned to be completed by the end of 2023. Most consumers and representatives are satisfied with the care and services provided and said staff perform their roles well.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# 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

Consumers are engaged and supported in the development, delivery and evaluation of care through direct consultation, meeting forums, focus groups, feedback and complaints processes and surveys. One consumer has been appointed a member of the consumer clinical advisory group committee to act as an advocate for other consumers. A representative from the co-located residential village is part of the organisation’s consumer advisory group and attends residential consumer services meetings, as well as meeting with the organisation’s executive team members to provide feedback and suggestions about the care and services provided.

The governing body promotes a culture of safe, inclusive and quality, care and services and is responsible for overseeing the organisation’s strategic direction and policies for delivering care to meet the Quality Standards. The organisation’s core values, priorities and strategic directions are promoted and communicated throughout the service. A range of committees are in place and reporting processes ensure the governing body is aware of and accountable for the delivery of care and services provided. Changes made driven by the organisation’s governing body in response to consumer feedback, experience and incidents include implementation of outbreak response teams and a partnering care program.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

Requirement (3)(e) was found non-compliant following an assessment contact in July 2023 as an effective clinical governance framework, specifically in relation to recognising and minimising the use of restraint was not demonstrated. In response, the service implemented a range of actions to address the non-compliance, including, but not limited to, undertaking a full review of the psychotropic medications register with consideration of whether medications could be ceased or titrated; attending medication assessments in the first 24 hours of entry, identifying consumers prescribed psychotropic medication; and provided restrictive practice training to staff. At the site audit, an effective clinical governance framework, supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated. Management and staff awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

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