Performance

Report

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| Name of service: | Bethanie Edinboro |
| Service address: | 130 Edinboro Street JOONDANNA WA 6060 |
| Commission ID: | 7140 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 12 October 2022 |
| Performance report date: | 15 November 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 Edinboro (**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; 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
* the Performance Report dated 23 March 2022 for an Assessment Contact – Site undertaken on 18 January 2022.

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

# 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 sampled said consumers are treated with dignity and respect, and staff value their identity, culture and diversity. Care and services provided to consumers are culturally safe and staff deliver care and services in a way that is respectful of consumers’ ethnicity, culture and relationship status. Staff were observed interacting with consumers in a way that respected their dignity and acknowledged their choices. Care files sampled reflected what was important to consumers to maintain their identity. Care files also included consumers’ preferences, backgrounds, and culture to assist staff to deliver care and services in line with consumers’ wishes and to assist in identification of issues that may impact on consumers’ feelings of cultural safety.

Consumers are supported to exercise choice, maintain relationships and independence and communicate their decisions. Care files identified consumers’ individual choices relating to when care is delivered, who is involved and how the service supports them to maintain relationships. Consumers sampled said the service supports them to make decisions about their care and family involvement and they make choices every day relating to the care and services they receive.

Consumers described how the service supports them to take risks which enable them to live the best life they can. Where a consumer chooses to engage in an activity with an element of risk, consultation with consumers and/or representatives occurs to support them to understand the benefits and possible harm and management strategies are developed to reduce the risk of harm.

Information provided to consumers is current, accurate and timely, and communicated in a way that is easy to understand and enables them to exercise choice. Consumers receive information through a various of avenues, including meeting forums, newsletters, menus, activity calendars and noticeboards. Staff described how information is provided to consumers and how they assist them to understand the information. Consumers were satisfied information is available to assist them make choices about personal and clinical care, food options and lifestyle activities and they can participate in monthly consumer meeting forums. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find 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

Care files sampled demonstrated a range of assessments relating to clinical and well-being aspects of care are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, a range of validated assessment tools are used to identify consumers’ needs, including risks, and strategies are developed to mitigate risks. Staff described how risk assessment tools are used to identify risk and plan care and consumers or representatives said the service had discussed risks with them. Care files also identified and addressed consumers’ needs, goals and preferences relating to care and services, as well as advanced directives and consumers and representatives said staff had discussed consumers’ wishes with them. Staff said they are currently undertaking education relating to how to have conversations about advanced care planning and end of life care.

Care files demonstrated staff work in partnership with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and Allied health specialists was also noted. Representatives described how they had been involved in care planning processes.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers. Consumers and representatives stated they have access to care plans and care files sampled demonstrated consumers and/or representatives sign a copy of the care plan. There are processes to ensure care plans are up-to-date and meet consumers’ current needs, including when changes are required due to an adverse event or a change in consumers’ health condition.

Based on the Assessment Team’s report, I find 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

Requirements (3)(a) and (3)(b) were found Non-compliant following an Assessment Contact undertaken on 18 January 2022 where it was found:

* each consumer did not receive safe and effective care that was best practice, tailored to their needs and optimised their health and well-being; and
* high impact or high prevalence risks associated with the care of each consumer were not effectively managed, specifically risks related to swallowing, falls and hearing loss.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including providing education to staff relating to falls, communication and sensory impairment, deterioration and dysphagia.

At the Site Audit, the Assessment Team recommended all Requirements in Standard 3 Personal care and clinical care met. A range of assessments are completed on entry and on an ongoing basis to identify each consumer’s care needs and preferences. Care plans are developed from information gathered through assessment processes and conversations with consumers and/or representatives, ensuring management strategies are tailored to consumers’ needs and optimise their health and well-being. Consumers and representatives were satisfied consumers receive personal and clinical care that is safe and right for them, including in relation to care preferences and pain.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks relating to skin integrity, pressure injuries, behaviours, hearing loss and restrictive practices. Staff demonstrated an awareness of the high impact or high prevalence risks and discussed strategies for sampled consumers to mitigate the risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life and care files demonstrated involvement of specialist services where additional support and expertise is required. A care file for a consumer approaching end of life demonstrated care and services provided respect their wishes and care and clinical staff were familiar with the consumer’s wishes. Representatives of two consumers who had passed were satisfied with end of life care provided.

Where changes to consumers’ health are identified, care files demonstrated assessments and monitoring processes are implemented and timely referrals to Medical officers and/or Allied health specialists initiated. Care staff were familiar with sampled consumers’ current care needs and said they notify clinical staff of any changes to consumers’ health and well-being. Consumers and representatives confirmed changes to consumers’ health and condition is recognised and responded to in a timely manner. There are processes to ensure information relating to consumers’ condition is shared and documented, including with staff, Medical officers and Allied health specialists. Consumers and representatives felt staff knew consumers and their care needs and they did not feel they had to repeat information.

An effective infection prevention and control program is in place and the service has a dedicated Infection prevention and control lead to guide staff on minimising the risk of infections and when standard and transmission-based precautions are required. Numerous policies and plans are available to guide staff in relation to outbreak management, including COVID-19, and management of infections. Staff demonstrated an understanding of antimicrobial stewardship principles and described practical strategies used to minimise the spread of infection.

Based on the Assessment Team’s report, I find 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

There are processes to ensure each consumer gets safe and effective services and supports for daily living that meets their needs, goals and preferences and optimises their independence, health, well-being and quality of life. A leisure and lifestyle assessment is completed with consumers and/or representatives to assist with development of a lifestyle program that is tailored to the consumer’s needs, goals and preferences. Staff described how they support consumers to do the things they want to and consumers and representatives were satisfied consumers’ needs, goals and preferences relating to lifestyle are met and their independence, health and well-being was a priority.

Consumers were confident their emotional and spiritual well-being was a priority with staff and indicated they have good relationships with staff and the Chaplain, and can talk to them when they feel down. A range of programs are provided which are focused on emotional and psychological well-being of consumers and referrals to Medical officers and/or Allied health specialists are initiated where additional support is required. Where consumers are identified with a low mood or do not wish to attend the activity program, additional emotional support is provided, including through provision of one-on-one visits.

Consumers said they are provided with appropriate services and supports for daily living, including support to participate in their internal and external communities, do things of interest them and maintaining social and personal relationships within the service and in the community. A lifestyle program is maintained and has been developed in consultation with consumers to ensure the program meet their needs, goals and preferences. Consumers were observed participating in a range activities; activities were interactive, inclusive and well received by consumers.

Care files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers indicated their condition, needs and preferences had been effectively communicated and staff refer them in a timely manner to appropriate Allied health services, organisations or providers, where required, to meet their changing needs.

Consumers sampled expressed satisfaction with the variety and quantity of the meals provided and indicated alternative choices are offered. The menu has been developed with input from a Dietitian and there are processes to seek input and feedback from consumers regarding the menu. All consumers appeared to enjoy their meals, the meal service felt unrushed and consumers were observed using specialised equipment to assist them to maintain independence.

Equipment used by staff was observed to be safe, suitable, clean and well maintained. Preventative and reactive maintenance processes ensure equipment provided is maintained. Staff confirmed they have access to equipment when they need it, and consumers said they feel safe when using equipment and it is easily accessible and suitable for their needs.

Based on the Assessment Team’s report, I find 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 Assessment Team observed the service environment to be welcoming and easy to navigate. The service is located in two separate buildings with its own communal sitting and dining areas. The service has a homely environment and all rooms include a small kitchenette, a bedroom with ensuite bathroom and a separate living area. Consumers and representatives said the environment is welcoming, consumers like living at the service and they can personalise their rooms.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers. Consumers were observed moving freely both indoors and outdoors. Regular cleaning of consumer rooms and common areas is undertaken in line with a task list. Consumers said the environment is clean, well maintained and comfortable.

Furniture, fittings, and equipment were observed to be safe, clean, well-maintained and fit for purpose. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues and hazards. Contracted services are utilised to maintain and inspect aspects of the environment and equipment. Consumers stated equipment they use is suitable for their care needs and safe.

Based on the Assessment Team’s report, I find 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 sampled said they are encouraged and supported to provide feedback, including complaints, about the care and services they receive. However, most consumers and representatives indicated they were very happy with the care and services provided and do not have to make any complaints. Consumers are encouraged to provide feedback through a range of avenues, including surveys and consumer meeting forums, and feedback forms and boxes are located within the service. Staff described how they support consumers to provide feedback and make complaints, and consumers said they can ask staff to assist them to complete feedback forms, if required.

Consumers are provided with information about internal and external feedback and complaints mechanisms and advocacy and interpreter services can be arranged, where required. Feedback forms and external complaints and advocacy information was also observed on display. Consumers and representatives were aware of the different methods available to them to raise complaints.

An electronic complaints management system is maintained and includes clear allocation of responsibilities and timeframes for responding to complaints. Complaints and feedback documentation sampled demonstrated organisational procedures are followed and appropriate action is taken to resolve complaints. Where the service is not able to reach an agreement acceptable to the consumer and/or representative, the service arranges for all parties to meet and discuss any outstanding issues and develops an individual action plan for continuous improvement. Staff were aware of open disclosure processes and consumers and representatives were satisfied with the way in which complaints were managed and confirmed an open disclosure process is used when things go wrong.

Feedback and complaints are reviewed and used to improve the quality of care and services. Feedback and complaints are reviewed, monitored and analysed monthly to identify continuous improvement initiatives and discussed at consumer and staff meeting forums. Feedback from consumers and review of the complaints register indicated complaints are monitored and reviewed and services are improved. Consumers said were satisfied their feedback is used to improve care and services.

Based on the Assessment Team’s report, I find 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

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Staffing is monitored to meet consumers’ changing needs and there are processes to manage short notice absences. Consumers and representatives said although staff are busy at times, they were satisfied there were enough staff to meet consumers’ care and service needs.

Overall, observations demonstrated, and consumer and representative feedback confirmed, workforce interactions are kind caring and respectful of each consumer’s identity culture and diversity. However, four consumers and/or representatives stated while consumers were always assisted with their care requirements, the tone of some staff was not always kind, specifically agency or casual staff and night shift interactions.

The service has processes to ensure the workforce is competent and has the skills and knowledge to effectively perform their roles. All care workers have a minimum qualification of Certificate III with the exception of some care workers who have been at the service for extended time frames (over 20 years) and demonstrated competence over years of service. Job descriptions are available to guide staff practice and training is allocated based on the requirements for each role. Training records sampled demonstrated 98% staff compliance with mandatory competency and training rates. Consumers and representatives said staff are competent in their roles and provide effective delivery of care and services.

Staff were satisfied they receive the training and support they require to deliver the outcomes required by these Standards and consumers and representatives stated staff are well trained to provide the care consumers require. Training records demonstrated regular education is provided. Staff said the service provides a lot of education and that the recent education about the new advance care planning and process has empowered staff to feel more confident to have those conversations with consumers and their relatives.

The service has a staff performance framework which ensures staff performance, including casual and agency staff, is regularly assessed, monitored and reviewed and processes to manage underperformance were demonstrated.

Based on the Assessment Team’s report, I find 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 in the development, delivery and evaluation of care and services through meeting forums, feedback processes, surveys and care and service review processes which contribute and are used to drive continuous improvement. The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body comprises of a Board of directors who are supported by various sub-committees. Reports, which include clinical care and service risks, are provided to relevant sub-committees and the Board, ensuring the Board’s awareness and involvement in the delivery of services.

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 Board 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. Staff were aware of the incident reporting system and described reporting processes.

The organisation has a clinical governance framework, embedded in all organisational policies and procedures and to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff awareness of organisational policies and procedures relating to clinical governance was demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find 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)