Performance

Report

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| Name of service: | Bethanie Elanora Villas Nursing Home |
| Service address: | 37 Hastie Street BUNBURY WA 6230 |
| Commission ID: | 7854 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Site Audit |
| Activity date: | 3 October 2022 to 5 October 2022 |
| Performance report date: | 17 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 Elanora Villas Nursing Home (**the service**) has been prepared by James Howard 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; 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 Approved Provider’s response to the Assessment Team’s report, received on 1 November 2022
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-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

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.

* Requirement 3(3)(b) – The service must ensure the effective management of high impact or high prevalence risks associated with the care of each consumer.

# 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 staff treated consumers with dignity and respect and valued consumers’ identities, cultures and diversity. Staff treated consumers with care and demonstrated an understanding of consumers’ individual choices and preferences.

Management and staff were aware of consumers’ cultural needs and preferences. Consumers and representatives indicated the service provided care and services that were culturally safe.

Consumers and representatives advised they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. The service had policies and procedures in place which guided staff in supporting consumer choice.

Management and staff described the ways in which they supported consumers to take risks and live their best lives, and discussed consumers who participated in activities which included an element of risk. Consumers and representatives described how the service supported consumers to take risks to continue to engage in activities of importance to them.

Consumers and representatives indicated they received up-to-date information regarding the care and services provided to consumers. The Assessment Team observed screens within the service displayed information regarding the service and upcoming lifestyle activities.

The Assessment Team observed staff knocking on doors prior and waiting for consumers to answer, prior to entering consumers’ rooms. Care planning documentation outlined consumers’ privacy expectations when staff provided daily care and services.

# 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

The service demonstrated it considered individual risks to consumers’ health and wellbeing when undertaking care planning on admission to the service and when required. Staff demonstrated an understanding of the relevant risks to the health and well-being of each consumer and indicated they could access the electronic care management system for further information.

Consumers and representatives confirmed they had input into the planning of their care, including end-of-life care wishes and felt the service addressed their current needs, goals, and preferences. Staff understood consumers’ current needs and preferences, and this information was aligned with care planning documentation.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Representatives confirmed they were involved in consumers’ care planning.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access their consumer care plans upon request. A review of care planning documentation showed staff communicated regularly with consumers and representatives.

Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. Staff demonstrated a shared understanding of the care plan review process and advised care plans were reviewed six-monthly or when changes and incidents occurred.

# 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. | Non-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(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer.

The site audit report noted:

* A consumer with cognitive impairments experienced a fall whilst receiving assistance with activities of daily living. Care planning documentation showed staff performed a vital signs and pain check at the time of the fall, noting nil injuries and minimal pain, and referred the consumer to a physiotherapist and a non-urgent review by a medical officer. Over the following five days, staff did not conduct any follow-up pain assessment and therefore did not identify a need for an urgent medical review. The consumer was later observed by the registered nurse to be in pain, which resulted in an urgent referral to the medical officer and the identification of two fractures.

In its response to the site audit report, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* The service agreed with findings made by the Assessment Team regarding the consumer that was not reviewed by a medical officer or physiotherapist in a timely manner and outlined the service improvements being implemented to minimise the occurrence of similar issues in the future, these include:
  + Staff were reminded of the importance of following the service’s falls prevention and management procedure.
  + The clinical nurse educator was tasked to provide training to staff on the current process to follow when a consumer suffers a fall.
  + The clinical nurse will monitor staff practices to ensure compliance with the service’s policies and procedures and will follow-up with staff where knowledge gaps are identified.
  + A trial of a digital pain assessment tool is currently being implemented within the service. The service indicated this tool will assist staff to identify pain for all consumers, including those with cognitive impairments.

In reaching my conclusion, I considered the information presented by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to address the identified issues. However, at the time of the site audit, staff at the service did not properly follow the service’s procedures and policies regarding clinical care, and this resulted in significant delays in providing care and had a significant impact on a consumer’s health and well-being.

Due to the Assessment Team’s care planning documentation review detailed in the site audit report I consider that, at the time of the site audit, the service did not demonstrate the effective management of high impact or high prevalence risks associated with the care of each consumer. Therefore, I decided the service is non-compliant with Requirement 3(3)(b).

*The other Requirements:*

Care planning documentation showed the care and supports provided to consumers was best practice, tailored to their needs and optimised their health and well-being. Management and staff described consumers’ most significant personal and clinical care needs and staff were observed delivering care in alignment with consumer’s preferences.

Staff described how they provided care to consumers that were palliating to maximise their comfort. The service’s electronic care management system contained policies and procedures which directed staff in the management of end-of-life care, including pain management and comfort care.

Consumers and representatives indicated the service contacted them in a timely manner to discuss any deterioration in consumers’ health or abilities. The service utilised several methods to identify changes to a consumer’s well-being, including communication during shift handovers, progress notes, scheduled reviews, incident reports and clinical charting.

Staff advised information relating to consumers’ conditions, needs and preferences was documented in the service’s electronic care management system and communicated via handover and face-to-face communication. Consumers indicated information regarding their conditions, needs and preferences was effectively shared with staff and other providers of care.

Consumers and representatives advised timely and appropriate referrals occurred, and they had access to health care professionals when required. The service had policies and procedures in place which outlined the referral process to external health services.

Staff were familiar with antimicrobial stewardship and described the measures taken to prevent infection and reduce the prescription of antibiotics. The Assessment Team observed staff following personal protection equipment guidelines, including wearing face masks and using sanitiser.

# 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 described how they were supported with their daily living needs and their preferences were respected. Care planning documentation identified consumers’ needs and preferences and outlined the supports required to assist them to participate in activities of their choice.

Staff described how they provided supports which promoted consumers’ emotional, spiritual and psychological well-being. The Assessment Team observed consumers engaged in activities and services provided by the service.

Consumers felt the service assisted them to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do the things of interest to them. Care planning documentation contained information on individual consumers’ interests, preferences and identified individuals of importance to their lives.

Consumers and representatives indicated staff understood their condition, needs and preferences. Staff described how information was shared with those who were responsible for providing care to consumers.

Care planning documentation showed the service collaborated with other organisations and providers of other care and services. The service had a documented referral process which supported the safe sharing of consumer information between organisations.

Consumers and representatives indicated the meals provided were varied and of suitable quality and quantity. Staff were knowledgeable of consumers’ dietary preferences and requirements of consumers; this information was consistent with care planning documentation.

Staff advised equipment for consumers was readily available, clean and maintained regularly, and described the process used to manage hazards. Cleaning and maintenance schedules were outlined within the service’s policies and procedures and were observed to be followed.

# 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 was welcoming, with a variety of comfortable furniture available and several communal areas for consumers to use. Management and staff described how they made consumers and their visitors feel welcome in the service.

Consumers and representatives indicated the service environment was safe, clean, well-maintained and comfortable, and they were supported to move throughout the service. The service had policies and procedures which guided the organisation in enabling consumers to move freely throughout the service.

The Assessment Team observed furniture and fittings were safe, clean and well maintained. The service demonstrated it had an ongoing and routine maintenance schedule in place, in addition to an annual audit of all specialised equipment.

# 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 stated they were encouraged and supported to provide feedback and make complaints. Staff described the processes in place to support and encourage consumers and their representatives to provide feedback.

Staff demonstrated an understanding of the internal and external mechanisms for providing feedback and making complaints. Consumers and representatives were aware of alternative avenues to raise complaints, such as through the Commission, by using advocacy services or with assistance from family and friends.

Consumers and representatives indicated the service took appropriate action in response to complaints and staff used an open disclosure process. A review of the complaints register demonstrated the use of open disclosure and the timely management of complaints, in alignment with the service’s policies.

Staff described improvements that were driven by the provision of feedback and complaints. The service demonstrated feedback and complaints were trended, analysed, and used to improve the quality of care and services.

# 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

Staff advised the service was suitably staffed to support the delivery of care and services for consumers. A review of call bell data by the Assessment Team showed 92% of call bells were answered within five minutes.

Consumers and representatives advised staff engaged with consumers in a respectful, kind and caring manner and were gentle when providing care. Staff demonstrated an in-depth understanding of consumers, including their needs and preferences.

Consumers and representatives reported they felt staff were skilled in their roles and competent to meet consumers’ care needs. Staff felt supported by management to undertake training provided to them upon commencement at the service and ongoing thereafter.

Management described how they ensured staff met the minimum qualification and registration requirements for their respective roles and ensured they had current criminal history checks. The service demonstrated how it delivered the outcomes required by the Quality Standards by having a workforce that was adequately recruited, trained, and supported.

Staff confirmed their performance was monitored through observations, competencies and mandatory training across a range of subjects. Management advised staff competencies were assessed regularly and the service reviewed and analysed internal audit results and clinical data to monitor staff practice and competencies.

# 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 and representatives felt the service was well run and they had ongoing input into how consumers’ care and services were delivered. The organisation had effective systems to engage and support consumers in the development, delivery and evaluation of care and services.

Management outlined a range of strategies used by the governing body to promote a culture of safe, inclusive and quality care and services. Staff described how clinical indicators, quality initiatives and incidents were discussed at relevant meetings.

There were organisation-wide governance systems in place which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management.

The service had risk management systems, policies and procedures in place which monitored, assessed and managed high impact or high prevalence risks, identified and responded to consumer abuse and neglect, supported consumers to live their best lives and directed how to manage and prevent incidents. Staff described their responsibilities in recording and reporting incidents and changes in consumers’ conditions, including making timely and appropriate referrals.

Management outlined how clinical care practice was governed by policies concerning antimicrobial stewardship, restrictive practices and open disclosure principles. Staff confirmed they received education about these policies and provided practical examples of their relevance to their work.

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)