Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bethanie Fields |
| Service address: | 111 Eaton Drive, EATON BUNBURY WA 6232 |
| Commission ID: | 7273 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 December 2022 |
| Performance report date: | 23 January 2023 |

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 Fields (**the service**) has been prepared by M Roach, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* The Performance Report dated 18 November 2021 for an Assessment Contact – Site undertaken on 28 to 29 September 2021.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement 1(3)(d) was found Non-compliant following an Assessment Contact conducted on 28 and 29 September 2021. The service did not demonstrate it supports consumers and their representatives to understand risks associated with consumers’ choices and how those risk could be managed to minimise harm.

On 19 December 2022, the Assessment Team identified:

* The service implemented effective improvements including the implementation of a risk register to improve monitoring of consumers being supported to take risks at a service level and targeted staff training to support understanding of the organisation’s ‘customer choice agreement’ procedure.
* Consumers interviewed confirmed the service supports consumers decision-making, including taking risks, to enable them to live the best life they can.
* Consumer care plans sampled showed consumers’ preferences, needs and risks if identified. Risk assessments were completed following the identification of risk. The ‘customer choice agreement’ forms showed the service has undertaken discussions with consumers and representatives, any contributing factors and actions taken to mitigate the risk for the consumer were identified and documented.
* Staff described how they meet consumers’ individualised needs and support consumers taking risks based on their preferences.
* A sampled consumer was observed utilising strategies in place with staff’s support to prevent harm when taking risks as per their preference.

As the service demonstrated a system in place to supported consumers to take risks to enable them to live the best life they can, I find Standard 1 Requirement (3)(d) compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 |

Findings

Requirement 3(3)(a) was found Non-compliant following an Assessment Contact conducted on 28 and 29 September 2021. The service did not demonstrate consumers’ personal and clinical care was safe and effective and based on best practice guidelines in relation to the management of wounds, oral fluid restrictions and medication.

On 19 December 2, the Assessment Team sampled consumers with personal and clinical care needs relating to renal treatments, specific hygiene care routine, fluid intake monitoring, diabetes management, stoma care, wound management and oral/dental health. The Assessment Team identified:

* The service has implemented improvements to address the deficits identified in the previous Assessment Contact.
* Consumers confirmed they are satisfied with the personal and clinical care they receive, stating staff provide clinical and/or personal care which is tailored to their needs.
* Staff described the care needs of consumers and how they deliver best practice care based on consumer needs. These include involving health practitioners when needed.
* Consumers files reviewed showed safe and effective care has been delivered based on consumers’ needs and optimise consumers’ health and well-being. These include, but not limited to, accurate and up to date consumers’ clinical assessments and consistent consumer needs based wound care attendance and oral fluid intake monitoring.
* Staff practice regarding diabetic medication administration with adherence to best practice guidelines has been observed.

As the service demonstrated the delivery of safe and effective personal and clinical care to consumers, I find Standard 3 Requirement (3)(a) compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirement 8(3)(d) was found Non-compliant following an Assessment Contact conducted on 28 and 29 September 2021. The service was unable to demonstrate policies and procedures were followed to support consumers to live their best life.

On 19 December 2022, the Assessment Team found:

* The service implemented improvement actions including the development and implementation of a risk register that is maintained at site level to allow for risks identified to be monitored, reviewed, and evaluated; policies and procedures have been summarised into an assessment and guidance tool for staff to follow, this is in all nursing stations and available online; staff education and training have been provided in relation to the organisation’s ‘customer choice procedure’ and incident assessment and recording.
* Consumers advised they are comfortable the service has balanced their care needs related risks so they can live their best lives.
* Management described the service’s incident management system for reporting, assessing, escalating, recording and monitoring incidents to enable appropriate measures in place to mitigate a re-occurrence.
* Staff described how they support consumers in managing high impact or high prevalence risks and confirmed they received training in relation to Serious Incidents Response Scheme (SIRS) and restrictive practice.
* Reviewed documents showed the service’s SIRS register corroborated the examples provided by staff in relation to responding and reporting incidents and generally reflected the process of communication with consumers and/or their representatives on the recognised risk and open disclosure approach. Risk assessments are undertaken and reviewed to identify risk minimisation strategies in collaboration with consumers and/or their representatives.

As the service demonstrated effective risk management systems and practices in place to manage consumer care related high impact or high prevalence risks, manage and prevent incidents and support consumers to live the best life they can, I find Standard 8 Requirement (3)(d) compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)