Performance

Report

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| Name: | Bethanie Fields |
| Commission ID: | 7273 |
| Address: | 111 Eaton Drive, EATON, BUNBURY, Western Australia, 6232 |
| Activity type: | Site Audit |
| Activity date: | 26 February 2024 to 29 February 2024 |
| Performance report date: | 19 March 2024 |
| Service included in this assessment: | Provider: 1009 The Bethanie Group Incorporated  Service: 5601 Bethanie Fields |

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 R Beaman, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and;
* the provider confirmed on 15 March 2024 they would not be submitting a response to the assessment team’s response.

# 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 confirmed they are treated with dignity and respect and their identify and culture valued. Consumers confirmed they are able to make decisions about the way care and services are delivered to them including the choice around who is included in that process and the way it is communicated. Consumers were satisfied they are supported to take risks to do the things they wish to do and confirmed strategies to mitigate risks are discussed with them. Observations showed consumer’s dignity is respected in all aspects of care and service delivery with staff delivering care to consumers in privacy.

Staff demonstrated understanding of consumers’ specific needs and preferences and described ways in which they support consumers to exercise choice over their own care and services including through food and lifestyle choices. Staff confirmed they have received training in consumer choice and decision making and described the ways they ensure consumer privacy is maintained and information kept confidential.

Documentation conformed consumer choice in relation to the way they wish to receive care, when and with who they wish their decisions to be communicated with or included in. Where a risk activity is undertaken consumer care plans documented the risk activity and strategies in place to ensure consumer safety in expressing their choice to take those risks. Consumer care documentation recorded the ways in which consumers wish to receive care in line with cultural safety including where gender specific care is the choice of consumers.

For the reasons detailed above, 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

Consumers and representatives were satisfied assessment and planning was undertaken in a way that included them in the development, was safe, and met their care and service needs, goals, and preferences. Consumers confirmed staff regularly review their care and communicate the outcomes with them and they had access to care documentation. Representatives where appropriate confirmed they are kept informed of any changes and incidents that occur with consumers.

Documentation confirmed assessment and planning is undertaken with validated risk assessment tools and that risks to the care of consumers is considered in the assessment process and reflected in consumer care documentation. Care planning documentation was observed to be current and, in most cases, included advanced care directives for consumers. Where an advanced care plan was not in place consumer wishes were recorded in other documentation to guide staff when required.

Staff had knowledge of the assessment and planning systems in place and described the admissions process and how consumer assessments are planned and undertaken with the consideration of risks including falls, skin integrity and other health conditions. Staff provided examples of when they review consumers assessment for effectiveness following an incident or change in condition. Observations showed consumer care plans are accessible to consumers and providers of care and documentation recorded the outcomes of assessments.

For the reasons outlined above, 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

Consumers and representatives were satisfied with the care and services delivered to them and felt it was safe, tailored to their needs and right for them. Consumers were confident staff managed their health and wellbeing appropriately including any risks that may impact their health.

Consumers confirmed staff know them well, communicate their care requirements appropriately, and they don’t have to repeat their needs, goals and preferences for care and services to other providers of care.

Documentation showed where deterioration is detected there are processes in place to manage consumers safely and effectively. Documentation showed there are effective processes in place for timely referrals for consumers and end of life needs, goals and preferences are respected, recorded, and communicated and the consumer’s comfort and dignity maximised.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care, how they manage risks and communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

For the reasons above, 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

Consumers and representatives confirmed they receive services and supports for daily living that meets their needs, preferences and optimises their independence. Consumers were satisfied with the lifestyle program and the meals including the dining experience. Consumers confirmed they could participate in the service community within and outside, were referred to other providers of lifestyle care as required and felt safe using the equipment to engage in the lifestyle program.

Staff demonstrated knowledge of consumers' likes and preferences in relation to the lifestyle program and described ways in which they were able to support consumers to engage in things that interest them and support consumers to spend time with those they have friendships with. Staff were able to provide examples of how they support consumers with additional emotional support where they identified a need, or it was requested of them.

Documentation sampled reflected consumers’ likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual, and psychological needs.

Equipment used as part of consumers engagement with lifestyle and maintaining their independence was observed to be clean, safe, and well-maintained.

For the reasons above, 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

Consumers and representatives were satisfied with the service environment and confirmed it was clean, comfortable, and well maintained. Consumers confirmed they felt safe at the service and their independence was optimised and they were able to easily navigate to areas of choice throughout the service environment. Consumers and representatives confirmed they were able to personalise their own spaces and were satisfied issues requiring maintenance were addressed and resolved in a timely manner.

Observations confirmed consumers have access to indoors and outdoors and are able to freely move throughout as they wished. The service environment was observed to be clean with furniture and equipment suitable and safe for consumer use.

Documentation confirmed a routine and preventive maintenance schedule is in place and any items consumers notify or staff identify requiring fixing are communicated effectively and rectified in a quick timeframe.

For the reasons above, 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 and representatives confirmed they felt encouraged and supported to provide feedback including making complaints, and when they did so, the system was easy to use and were able to access external services for further assistance if required. Consumers were satisfied staff and the service acted upon their feedback, suggestions and where they made complaints they were resolved in a timely manner. Consumers confirmed staff use open disclosure when something goes wrong. Observations confirmed information about providing feedback and making complaints was displayed throughout the service and accessible to consumers.

Staff demonstrated understanding the organisation’s feedback system and described ways in which they supported consumers to provide feedback and making complaints about care and services. Staff confirmed they receive training about the complaints process and showed knowledge of open disclosure and the way in which they apply this including apologising to consumers when something goes wrong, or an incident occurs.

Documentation confirmed the service maintains a feedback register and all complaints received are recorded including any action taken and discussion that has occurred with the complainant of the outcome. Complaint documentation recorded consumer and/or representative satisfaction in the outcome. The services’ continuous improvement plan confirmed consumer feedback is used to improve care and services.

For the reasons detailed above, 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

Consumers and representatives were satisfied with the level and mix of staff and conformed staff are kind and caring and deliver care and services in a respectful manner. Consumers felt confident staff were well trained and knew their role and did them well. Staff were observed interacting with consumers in a kind and caring manner, delivering care and services in a respectful way that maintained consumer privacy and dignity.

Staff confirmed they receive regular training and were able to ask for additional training when they felt they needed it. Staff were satisfied they had enough support to undertake their roles and deliver care and services in a way that meets consumers’ needs, and preferences.

Management confirmed staff are monitored via observation, review of incidents and feedback from consumers, representatives, and other staff. Documentation confirmed where staff performance is identified as requiring additional support or improvement staff are monitored and where required performance management is actioned in a timely manner.

Documentation confirmed staff are recruited with appropriate qualifications to the role they are undertaking, and training is provided to staff routinely or on an ad hoc basis where issues requiring further education are identified.

For the reasons detailed above, 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 and representatives confirmed they are engaged in the development, delivery and evaluation of care and services in various ways including, through care conferences, care planning reviews, and regular surveys around care, food, and lifestyle services. Consumers and representatives were confident the service was well run.

Documentation showed there are a range of ways the organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care, including various regular care leadership meetings, internal audits, and clinical care meetings. The organisation has up to date policies and procedures in place to guide staff practice in relation to risk management, organisational and clinical governance.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure changes to legislation, or the Quality Principles are monitored and communicated when required, continuous improvement is consumer focused, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high-impact or high-prevalence risks. Observations and documentation confirmed consumers are supported to live their best life and where risks are taken those are mitigated with strategies to ensure safety. Staff described how they use the incident management system to manage and prevent incidents including those that require reporting to external services.

Staff demonstrated knowledge of the clinical governance framework including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

For the reasons detailed above, 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)