Performance

Report

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| Name of service: | Bethanie Geneff |
| Service address: | 39 Hertha Road INNALOO WA 6018 |
| Commission ID: | 7181 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 20 April 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 Geneff (**the service**) has been prepared by M. Nassif, 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.

# 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 considered consumers were treated with dignity and respect, and were able to maintain their identity. Documentation evidenced consumer’s identity, culture and diversity was captured. The service had policies that outlined the principals of treating people with dignity and respect and recognises diversity in consumers.

Consumers said their culture was respected, and staff supported their preferences. Staff demonstrated knowledge of consumers cultural identity, and described ways they supported consumers. Care planning documents contained personalised information about consumers cultural and spiritual needs.

Consumers confirmed they were supported to make decisions about care and services, and were able to maintain connections and relationships within and outside the service. Staff provided examples of how they supported consumers to maintain relationships with people important to them. Care planning documents evidenced consumers were supported in their decisions, and outlined ways to meet consumers preferences.

Consumers and representatives confirmed they were involved in risk assessment processes to support consumers to do the things they wanted to do. Staff acknowledged consumers right to make decisions involving risks to live a good quality of life. Care planning documents evidenced risks were assessed and discussed with consumers and representatives, and strategies documented.

Consumers provided examples of how information was provided to them in a way that helped them make decisions about care and services. The service provided information through different formats to assist consumers with decisions, as observed around the service environment.

Consumers and representatives confirmed consumers’ privacy was respected, as confirmed by observations. Staff explained how they maintained consumers privacy, such as knocking on a consumer’s door before entering. The service’s privacy management framework set out responsibilities to maintain the confidentiality of consumers personal information.

# 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 confirmed consumers needs and preferences, including risks, were considered in assessment and planning processes. Care planning documents demonstrated risks to consumers were considered through assessments with documented strategies in place.

Care planning documents contained information about consumers current needs, goals, and preferences, including end of life wishes. Consumers and representatives confirmed they had discussed advance care and end of life planning. Staff demonstrated a comprehensive knowledge of what was important to consumers in relation to how their personal and clinical care is delivered.

Consumers and representatives confirmed they were actively involved in the assessment, planning, and review of consumers’ care and services. Staff demonstrated knowledge of consumers preferences, including who they wanted to be involved in their care. Documentation demonstrated consumers, and others involved in care, were consulted during assessment and planning for consumers’ care and services.

Consumers and representatives were aware of, or had a copy of, the care and services plan. Staff explained the ways they communicated updates to the care and services plan, such as telephone or email communication. This was consistent with documentation.

Management explained consumers’ care and services were reviewed for effectiveness, including when circumstances changed, as evidenced in care planning documents. Care planning documents indicated that changes in consumer conditions, such as deteriorating wounds and pain, trigger reassessment for consumers and appropriate changes to care and services. Consumers and representatives confirmed staff responded accordingly to changes in consumers circumstance or condition.

# 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 said they are satisfied with care and services and feel it is delivered the way they wish. Staff explained they referred to care planning documents to identify what was important for each consumer, to ensure safe and effective delivery of care. Care planning documents demonstrated care is delivered in line with best practices and to meet the needs of consumers.

Care planning documents identified high impact and high prevalence risks to consumers and documented strategies to manage those risks. Staff provided examples of high impact, high prevalence risks for consumers and strategies in place, consistent with care planning documents. Policies guided staff on the management of high impact, high prevalence risks associated with the care of consumers.

Consumers considered the service would support their end of life care in a comfortable manner. Staff explained how they supported consumers through the end of life process, such as encouraging family visits, regular repositioning, pain relief, and pastoral care. Care planning documents outlined ways staff could support consumers dignity and comfort.

Consumers and representatives said the service recognised and responded to changes in consumers condition in a suitable and timely manner. Staff explained how they identified and responded to deterioration consistent with procedure, such as changes to consumers eating, walking, or sleep. Care planning documents evidenced changes to consumers condition were identified and responded to appropriately.

Consumers and representatives confirmed information was effectively communicated between staff and other providers of care and services. Staff explained how they shared information about consumers such as documented handover processes and meetings. Care planning documents demonstrated information about consumers needs and preferences was documented and shared to support consumers care.

Consumers and representatives said referrals were timely and appropriate. Care planning documents demonstrated involvement of other providers of care and services, such as allied health professionals.

Staff demonstrated an understanding of how to minimise the need for antibiotics to ensure they are used appropriately, and provided examples of how they minimised infection related risks. Consumers and representatives said they were satisfied with the service’s management of COVID-19 precautions and other infection control practices.

# 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 said they received supports which met their goals, preferences, and needs. Staff demonstrated knowledge of what was important to consumers. Care planning documents contained information about what was important to consumers, and supports needed to help them do the things they wished to do. The service’s lifestyle program demonstrated consumers with diverse needs and preferences were supported to participate in a wide variety of activities and interests.

Consumers confirmed their emotional, spiritual, and well-being needs were supported. Care planning documents evidenced consumers’ spiritual and well-being needs were considered, with strategies to guide staff. Staff said that they support the psychological needs of consumers in a way that is appropriate and if they required additional support, they would initiate this.

Consumers said they were supported to participate in their community within and outside the service environment. Staff provided examples of how they supported consumers social and community participation, and to do things of interest to them. Care planning documents identified activities of interest for the consumers, how they are supported to participate in these activities and in the wider community.

Staff explained the processes in place to share information about consumers internally and with others responsible for care, such as verbal and written communication. Documentation confirmed information was shared about consumer needs and preferences.

Staff provided examples of how consumers were referred to other organisations and providers of care and services. Care planning documents demonstrated collaboration with other services and providers. Consumers and representatives said the service offers to refer them to external providers to support their care and service needs.

Consumers reflected meals were of a suitable quality and quantity. Staff explained, and documentation confirmed, the service had systems in place to provide consumers appropriate meals in line with their preferences and dietary requirements.

Consumers and representatives provided complimentary feedback about cleanliness and maintenance. Maintenance documentation identified the service had appropriate systems in place to undertake preventative maintenance and respond to faults in a prompt manner. Staff explained the processes for scheduling cleaning and maintenance including infection control and responding to calls for assistance.

# 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 said the service was welcoming and encouraged a sense of belonging. The service environment had various facilities and spaces for consumers to interact with others, and dedicated areas to support consumers religious and cultural practices. Consumers confirmed they could find their way around the service with ease. The service environment was observed to be well maintained and allowed for easy navigation.

Consumers said the service environment was clean, well maintained, and comfortable. Consumers were observed freely accessing various indoor and outdoor areas of the service environment. Documentation demonstrated cleaning audits and scheduled and reactive maintenance are completed regularly in a timely manner.

Staff were observed cleaning throughout the site audit and described processes in place. Observations demonstrated maintenance testing and monitoring processes were in place for furniture, equipment, and other items. Policies and documentation confirmed the service had appropriate systems in place to maintain the function and cleanliness of the service environment, furniture, and 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 said they were supported to provide feedback and make complaints. Staff explained ways to support consumers provide feedback or complaints. Feedback forms were observed located throughout the service and feedback options were outlined in consumer newsletters.

Staff were aware of and explained what they would do to support consumers to access advocacy and language services. Information was observed throughout the service to support consumers in providing feedback and complaints, including advocacy and language service options.

Consumers and representatives confirmed appropriate action was taken in response to complaints, and provided examples of staff using an open disclosure process. Management explained, and documentation confirmed, the service had an open and transparent process in responding to feedback and complaints.

Consumers and representatives provided examples of changes to care and services in response to feedback or complaints. Management explained the processes in place in responding to and resolving feedback and complaints. Documentation confirmed the service responded to feedback and complaints, and made improvements to 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

Consumers and representatives said staff met consumers’ needs and responded to calls for assistance in a timely manner. Management explained the workforce planning strategies in place, including responding to unplanned leave. Documentation demonstrated staff were rostered across the service, and all shifts were filled. Call bell data demonstrated calls are answered promptly, consistent with consumer feedback.

Consumers said staff were respectful of their identity, diversity, and understood their background and cultural preferences. Staff demonstrated knowledge of consumers needs and preferences, consistent with consumers and representatives feedback. Management said policies and procedures set out expected staff behaviours.

Management explained the processes in place to ensure the workforce was competent, and had the right qualifications and knowledge to perform their roles. Policies set out the key qualifications and knowledge required for each role. Documentation confirmed staff had the relevant qualifications, registrations, and checks to perform their duties, consistent with position descriptions.

The service had documented systems in place to recruit, train, and equip staff to deliver care and services. Documentation confirmed staff were trained and supported to deliver the outcomes through mandatory and other training as required, which covered various topics applicable to the Quality Standards.

Management advised staff performance was monitored through performance appraisals, observations, and feedback processes. Performance appraisal documentation confirmed staff were regularly assessed and monitored.

# 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

Management explained how consumers were supported to provide input into the development, delivery, and evaluation of care and services. Meeting minutes demonstrated consumers were involved in evaluation processes involving care and services. Consumers felt they are involved in the development and delivery of care provided.

The organisation’s policies and procedures included information as to how the governing body promotes a culture of safe, inclusive and quality care and services. The organisation had a clinical governance framework that established cascading accountability from management through various committees to the governing body.

The service had policies and procedures to demonstrated effective governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, opportunities for continuous improvement were identified from feedback and suggestions, clinical trends analysis, audits, and external advice.

The service demonstrated effective risk management systems and practices were implemented. Care planning documents demonstrated the service monitored risks, and reviewed incidents to identify areas of improvement and to prevent reoccurrence. Staff described processes in place in identifying abuse and responding to incidents. Consumers were supported to live their best life through consultation and risk assessment. The incident register confirmed reportable incidents were actioned and recorded in line with policy and procedure.

The service had a clinical governance framework in relation to antimicrobial stewardship, minimisation of restrictive practices, and open disclosure. Staff said they have been educated about the policies and provided 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)