

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Bethanie Illawong |
| Commission ID: | 7128 |
| Address: | 1 Rodd Place, HAMILTON HILL, Western Australia, 6163 |
| Activity type: | Site Audit |
| Activity date: | 27 November 2024 to 29 November 2024 |
| Performance report date: | 19 December 2024 |
| Service included in this assessment: | Provider: 1009 The Bethanie Group Incorporated Service: 4656 Bethanie Illawong |

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 Illawong (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The approved provider submitted an email on 18 December 2024 stating they would not be lodging a formal response to the Site Audit report.

# Assessment summary

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

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

This Quality Standard has been assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff respected their culture and diversity. Staff described how they demonstrated respect to consumers and recognised them as individuals. Care planning documentation included information on consumer backgrounds.

Staff demonstrated awareness of cultural preferences of consumers and outlined how this influenced delivery of care and services. Care planning documentation included information on cultural needs. The service identified potential improvements for cultural inclusiveness, with continuous improvement actions developed and being implemented. Consumers said they received care and services which were culturally safe.

Consumers and representatives said consumers were encouraged to make choices, communicate their decisions, and maintain relationships of choice. Staff explained how they supported consumers make decisions about their daily routine, and when others should be involved in their care. Care planning documentation recorded consumer decisions within preferences and directives.

Consumers verified they were supported to live their best life, and if this involved risk, they were consulted on potential risks and mitigating strategies. Staff explained processes to evaluate and mitigate risks associated with consumer decisions and activities. Care planning documentation evidenced risk assessments were undertaken with consumers where risks were identified within preferences and choices.

Consumers explained available written information and verbal updates helped them make choices about personal and clinical care, meals, and activities. Consumer meeting minutes verified consumers received updates about planned changes.

Staff followed policies, procedures, and their confidentiality agreement in relation to consumer privacy and ensuring personal information was kept confidential. Staff gave examples of how they respected consumer privacy and confidentiality, with consumers confirming these actions were undertaken. Staff were observed delivering care in a manner respectful of consumer privacy. Consumer information was accessed within password protected electronic devices.

# Standard 2

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

This Quality Standard has been assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Care planning documentation evidenced use of validated risk assessment tools to identify risks and develop strategies to inform delivery of care. Staff described how they were guided by care and services plans when delivering consumer care. A clinical admission checklist was followed for new consumers to develop an initial interim care and services plan transitioning to a comprehensive care and services plan within 6 weeks, when all assessments were completed.

Consumers said they were consulted on goals and preferences, including for end of life wishes, within entry processes or advance care planning discussions. Care planning documentation included consumer preferences and care needs aligned with consumer feedback. Staff explained how they captured consumer wishes in advance care planning and end of life care.

Care planning documentation incorporated input from a range of providers and specialist services. Staff said consumers nominated who should participate or represent them in care planning meetings. Representatives confirmed they were consulted in assessment and planning processes, and their input was welcomed.

Consumers and representatives said they were aware of the contents in the care and services plan, and a printed copy was stored in the consumer’s room behind the door. Care and services plans were also accessible to staff through accessing the electronic care management system on handheld devices.

Staff explained the process for reviewing care and services plans annually, following incident, or where clinically indicated. Care planning documentation evidenced consideration of effectiveness of strategies with changes made for change of health status. Consumers and representatives said they were aware when reviews resulted in changes to care and services.

# 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 |
| 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

This Quality Standard has been assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives said consumers received personal and clinical care to support health and well-being. Staff demonstrated awareness of the tailored care strategies to meet consumer needs and aligned to best practice guidelines. Monitoring and evaluation of care delivery was captured within care planning documentation.

Staff demonstrated awareness of actual or potential risks to consumers and described monitoring and management strategies. Representatives were aware of consumer risks and actions to minimise harm. Care planning documentation reflected risks were managed in line with documented strategies, with monitoring of effectiveness.

Staff described how they supported consumers nearing end of life, engaged palliative care specialists, and managed pain. Representatives of consumers receiving end of life care said pain was well managed and the consumer was kept comfortable. Training on palliative care symptoms and management was provided to staff, and specialised assessment tools were used to identify consumers transitioning to palliative care.

Care planning documentation demonstrated deterioration or change of consumer health was identified and responded to. Staff could describe signs and symptoms of clinical deterioration and escalation pathways or required actions. Monitoring tools were used to support staff identification of change or deterioration, with policies and procedures to inform required actions.

Consumers and representatives said staff knew consumer needs and preferences. Staff explained methods of sharing information about consumers, including through care and services plans, handover, or updates.

Staff described referral processes for a range of providers and organisations. Consumers and representatives said referrals aligned with consumer needs and were timely. Care planning documentation evidenced referrals made to a range of allied health professionals and specialist providers.

Measures to minimise risk of infection included screening processes for all those entering the service, policies and procedures, an outbreak management plan, and vaccination programs. Clinical staff explained procedures to ensure appropriate antibiotic prescribing, including identifying symptoms and reviewing pathology results.

# Standard 4

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

This Quality Standard has been assessed as compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers explained how they were connected with services and supports to maintain their independence or improve their mobility. Allied health staff said they undertook assessment to develop a suitable lifestyle program and coordinated equipment for consumers to meet their goals for well-being and independence.

Spiritual and emotional needs of consumers were supported through pastoral care services. Staff were confident they could identify and take appropriate action for consumers experiencing low mood or at risk of isolation, including escalating to the medical officer or psychology services. Consumers described how their emotional and spiritual needs were understood and maintained.

Consumers said they were supported to pursue interests and social activities, including within the local community, and they kept in touch with people of importance. Staff described functions and activities to support social interaction and engagement whilst aligning with consumer interests.

Staff in various roles outlined how information about the consumer’s condition, needs, and preferences were shared. Consumers and representatives said they did not have to repeat information about their needs or preferences.

Staff gave examples of referrals made to meet consumer needs for services and supports, including for allied health and volunteer organisations. Care planning documentation evidenced referrals were made in a timely manner.

Consumers and representatives gave positive feedback on the quality and quantity of provided meals. Staff said the menu was formed through feedback from consumers and dietitian review. A variety of meals were provided, and consumers had access to alternate options if they didn’t like items on the menu.

Consumers said equipment was easily accessible, suited to their needs, clean, safe, and well-maintained. Staff described monitoring processes to ensure safety and suitability of equipment.

# Standard 5

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

This Quality Standard has been assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers described the service environment as welcoming and homely, with ability to personalise their room and spend time with others in communal areas. Consumers said they found the service easy to navigate, with support rails available in corridors to enhance independent movement.

Staff said they followed cleaning and maintenance schedules to ensure the service environment was safe, clean, and well-maintained. Consumers verified they could move freely through the service and were observed accessing outdoor areas. Consumer rooms and communal areas were observed to be clean.

Consumers and representatives said furniture and equipment was suitable, clean, and well-maintained. Staff explained shared equipment was cleaned between consumer use, and documentation demonstrated regular maintenance, with reporting processes for hazards. Furniture and equipment were observed to be clean, safe, and well-maintained.

# Standard 6

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

This Quality Standard has been assessed as compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives said they felt supported to provide feedback or make complaints. Staff received training on the complaint process and could describe different avenues for complaint lodgement and how they could support consumers if required. Documentation demonstrated consumers and representatives received information on how to provide feedback or make complaints.

Although some consumers were unaware of external supports for complaints, none reported they had any need for assistance as management was approachable. Information on advocates and complaint services was provided in consumer information and displayed. Management said language services could be accessed if required. Documentation demonstrated an advocacy service attended for information sessions on 2 occasions in 2024.

Consumers said they received timely resolution of complaints, describing actions reflective of the organisation’s open disclosure process. Documentation demonstrated complaints were recorded, with appropriate action taken. Management advised if they cannot reach a resolution acceptable to the complainant, the matter is escalated to organisational level for ongoing action.

Management described how they analyse complaints and feedback to develop continuous improvement plans. Meeting minutes recorded discussion of improvements with consumers.

# Standard 7

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

This Quality Standard has been assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff said the workforce was sufficient to meet consumer needs in a timely manner. Management explained workforce planning processes to ensure the right number and skill mix of staff. Rostering documentation demonstrated vacant shifts were filled, and the service met obligations for nursing hours.

Consumers said staff treat them with kindness, respect, and understanding. Policies and procedures informed expectations of staff in the provision of person-centred care, including a code of conduct. Staff interactions with consumers were observed to be kind, caring, and respectful.

Consumers described staff as competent and well trained. Documented position descriptions outlined qualifications and requirements for each role. Management demonstrated they monitored staff compliance with professional registration and security clearances.

Management described recruitment and onboarding processes to support staff perform their roles. Mandatory training was undertaken by all staff on an annual basis, and documentation reflected compliance of all staff.

Staff explained the formal appraisal process, which enabled them to discuss their role and training requirements. Management outlined formal and informal processes to monitor staff performance, including through observations and reviewing incidents and feedback. Documentation demonstrated action was taken when staff actions did not meet expectations.

# Standard 8

|  |  |
| --- | --- |
| 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**

This Quality Standard has been assessed as compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives described the methods through which they were supported to engage in the development and evaluation of care and services. Records of meetings, surveys, and consultations with consumers and representatives included input on key areas, including meals and service environment. The service has one representative in the organisation’s consumer advisory body.

The organisational structure reflects delegations, responsibilities, and accountabilities of the governing body and executive management team. Reporting mechanisms inform the governing body of service performance, including analysis and developed improvement actions, to enable oversight and accountability. Organisational policies and procedures were developed and reviewed by the governance risk and compliance team to guide staff practice.

Organisation wide governance systems for key areas were known by staff, with communication processes to share information for oversight. Information systems ensured staff had access to consumer records, meeting minutes, policies and procedures, reporting tools, education resources, and workforce information. Financial governance included allocating a budget, expenditure authorisations, and monthly monitoring.

The risk management framework included processes to prevent, identify, and high impact or high prevalence risks for consumers with evaluation of effectiveness of strategies. An electronic incident reporting system enabled staff reporting and oversight at management and organisational level, with sharing of learnings of recommendations within the organisation newsletter. Staff demonstrated they understood their role and responsibility to recognise and report elder abuse or neglect. The framework supported consumer decision making to live their best life, including where this involved risk.

Organisational clinical governance and quality systems provided a framework and oversight of clinical care. Policies and procedures informed the provision of safe and quality clinical care, with reporting of infections, clinical incidents and restrictive practice monitored to identify potential improvements. Data for clinical practice was benchmarked against national data for evaluation, including use of antibiotics. Staff verified open disclosure principles embedded within daily practices.

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)