Bethanie Illawong

Performance Report

1 Rodd Place   
HAMILTON HILL WA 6163  
Phone number: 08 6222 9500

**Commission ID:** 7128

**Provider name:** The Bethanie Group Incorporated

**Site Audit date:** 8 March 2022 to 10 March 2022

**Date of Performance Report:** 14 April 2022

# Performance report prepared by

Michelle Glenn, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The following information has been taken into account in developing this 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 consumers, representatives, staff and others
* the provider did not submit a response to the Site Audit report.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are kind and caring, they are treated with dignity and respect and their cultural identity is valued;
* they are supported to exercise choice and independence regarding their care and service delivery;
* they are able to make decisions about how they wish to live their life; and
* information is available to help them make choices about personal and clinical care, food options and lifestyle activities.

Consumer files sampled included individualised information about each consumer. Consumer care plans reflected personal histories, preferences for care, friends and family of special significance to the consumer, activities of interest, whether the consumer wished to take risks, and aspects of their lives which were of particular importance in relation to their identity, culture and diversity.Staff were observed to speak to consumers respectfully and demonstrated knowledge of consumers’ individual backgrounds, needs and preferences.Information was observed displayed around the service reminding staff of the organisation’s mission and values and promoting inclusion and respect.

Consumers are supported to exercise choice, maintain relationships and independence and communicate their decisions. For the consumers sampled, clinical, care and lifestyle staff described how each consumer is supported to make informed choices about their care. Staff stated they discuss choices with consumers, and where a consumer may have cognitive issues limiting their capacity to make informed choices, staff liaise with the nominated representative or Guardian.

Consumers confirmed they are supported to make decisions about how they wish to live their life. Where a consumer chooses to partake in an activity which includes an element of risk, care files sampled demonstrated risk assessments are completed which include the risk, consultation with the consumer and/or representative, contributing factors and actions to mitigate the risk. Staff described processes initiated to enable consumers to engage in activities where risk has been identified and strategies they implement to minimise impact of risks.

Consumers confirmed information is provided and communicated to them to enable them to make choices about the care and services they receive. Consumers receive information through a number of avenues, including meeting forums, newsletters, noticeboards, menus and activity planners. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential. Electronic records are password protected and are kept secure.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Compliant**

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

*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.*

**Requirement 1(3)(d) Compliant**

*Each consumer is supported to take risks to enable them to live the best life they can.*

**Requirement 1(3)(e) Compliant**

*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.*

**Requirement 1(3)(f) Compliant**

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found most sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they are in regular contact with staff and are involved in discussions relating to care planning and identification of risks;
* staff contact representatives regularly to ensure their relatives’ current needs and goals are being addressed in line with their preferences;
* they have been involved in care planning discussions and are able to talk regularly with the Medical officer about managing clinical and other issues of importance to the consumer; and
* they are satisfied the service keeps them informed of the outcomes of assessments and with associated changes to the way care is delivered.

A range of assessments are completed on entry and on an ongoing basis. Information gathered from consultation with consumers and/or representatives and assessment processes is used to develop individualised care plans which incorporate each consumer’s goals, needs and preferences. Additionally, validated risk assessment tools are used to inform care planning, including in relation to pressure injuries, falls, depression and pain, and strategies are developed to mitigate risks.

Consumer files sampled clearly outlined consumers’ goals and preferences relating to care and services and there are processes to identify consumers’ preferences relating to advance care planning and end of life planning. Regular review processes ensure information remains current and reflective of consumers’ current care and service needs.

Assessment documents, care plans and progress notes sampled demonstrated staff work with the consumer and/or representative to ensure care and service provision is in line with consumers’ needs and preferences. Involvement of other providers of care, including Medical officers and allied health professionals was also noted.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers and documented in a care plan which assists staff to deliver care and services in line with consumers’ preferences. Discussions relating to care plans are undertaken with consumers and/or representatives after entry, at six monthly care plan review meetings or when consumers’ circumstances change.

There are processes to ensure care plans are up-to-date and meet the consumer’s current needs, including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Compliant**

*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.*

**Requirement 2(3)(b) Compliant**

*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.*

**Requirement 2(3)(c) Compliant**

*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.*

**Requirement 2(3)(d) Compliant**

*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.*

**Requirement 2(3)(e) Compliant**

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found most sampled consumers considered that they receive personal and clinical care that is safe and right for them. Consumers and representatives indicated where a change or deterioration in a consumer’s condition or health occurs, the service responds promptly, including by initiating referrals to Medical officers and/or allied health professionals for a review. Representatives are satisfied they are informed of any changes or updates to consumers’ condition.

Assessments of an individual consumer’s health and well-being are undertaken by registered nursing staff, based on validated tools, and drive interventions based on best practice care. Care plans sampled demonstrated appropriate, individualised management and monitoring strategies had been implemented for behaviours, restrictive practices, pain and skin integrity. Staff described how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files sampled demonstrated appropriate assessment and management of risks relating to falls, nutrition, skin integrity and restrictive practices. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and discussed specific strategies to mitigate the risks.

The service has processes to identify each consumer’s needs, goals and preferences in relation to end of life. Clinical staff described how the service works closely with a palliative care consultancy team, the Nurse practitioner and Chaplain to ensure the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Where changes to consumers’ health are identified, care files sampled demonstrated, assessments and monitoring processes are implemented and referrals to Medical officers and/or allied health professionals initiated. Additionally, care files demonstrated representatives are kept informed and care plans are reviewed and updated. Clinical staff said they report changes to consumers’ health and well-being to relevant staff through a range of different avenues, including handover processes. Additionally, where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff.

An effective infection prevention and control program is in place which in line with national guidelines and the service has a designated Infection prevention and control lead. The service demonstrated appropriate application of standards and precautions used to minimise the risk and prevent transmission of infections to consumers, including in relation to COVID-19. There are processes to monitor use of antimicrobials. An influenza vaccination program is in place for consumers and staff and the majority of consumers have received three doses of the COVID-19 vaccination.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

*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.*

**Requirement 3(3)(b) Compliant**

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

**Requirement 3(3)(d) Compliant**

*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.*

**Requirement 3(3)(e) Compliant**

*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.*

**Requirement 3(3)(f) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 3(3)(g) Compliant**

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* they are supported to take part in community and social activities of interest to them and are encouraged to maintain social and personal relationships;
* they are supported to do the things they want to do and described how the services and supports for daily living have improved their independence, health, well-being and quality of life;
* they can acknowledge and observe sacred cultural and religious practices and celebrate days that are meaningful to their culture and/or religion; and
* they are generally satisfied with meal choices and alternatives available.

Consumers’ needs, goals and preferences are identified through assessment processes, documented and made available to the staff to inform the type of services and supports provided to the consumer, and the way they are provided. These assist consumers to remain as independent as possible and maintain a sense of well-being. Life story assessments are undertaken to identify each consumer’s background, values, leisure and activities of interest, cultural and lifestyle needs, and individual pursuits. Care files sampled also included an Occupational therapy and lifestyle care plan identifying supports for consumers’ emotional, spiritual and psychological well-being, where required.

Consumers are provided with appropriate services and supports for daily living, including participating in their internal and external communities, doing things of interest them and maintaining social and personal relationships within the service and in the community. The activity program varies from month-to-month and includes a range of both group and individual activities tailored to consumers’ needs and preferences. A sample of activity charts demonstrated consumers are encouraged and supported to participate in activities and do things of interest to them. Consumers’ participation in leisure interests and activities is regularly evaluated and reviewed, taking into consideration consumer feedback, to ensure it continues to meet the needs and preferences of consumers.

Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated. Consumers and representatives indicated the service has processes to communicate important information about consumers’ services and supports and how to deliver them and stated staff know what consumers need.

Meals are prepared and cooked fresh on site in line with a four-week rotating menu. Menus are reviewed six-monthly with input from a qualified Nutritionist, clinical and hospitality staff and changes are made based on results and feedback from consumers. For consumers sampled, care planning documents reflected consumers’ dietary needs and/or preferences, including cultural/spiritual considerations, size/level of assistance and diet type and consistency.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use. Risk and other assessments are conducted on equipment by allied health staff to ensure it is used for its intended purpose and suitable to consumers’ current needs. Internal monitoring processes ensure equipment provided is maintained.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found most consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* they feel safe, comfortable and at home in the service, and are able to personalise their rooms with personal items and pictures;
* they are satisfied with the environment and enjoy being able to use outdoor areas;
* the equipment used is suitable for their care needs and safe.

The service environment was observed to be welcoming, calm and clean. There are a number of internal and external areas for consumers to meet with each other and with visitors. Way-finding signs were generally limited due to recent painting work, however, personalised wayfinding signs were observed for one consumer who indicated these have been very helpful for them.

The service was observed to be was safe, clean, well maintained and comfortable. The service environment supports free movement of consumers throughout all internal and external spaces within the service boundary. Consumers were observed throughout the duration of the Site Audit using outdoor areas which were noted to provide shade and were appropriately furnished.

Staff described how they ensure the service environment and equipment is safe, cleaned and maintained. Preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues. Contracted services are utilised to maintain and inspect aspects of the environment and equipment. Cleaning of consumer rooms and common areas are undertaken in line with a schedule.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

**Assessment of Standard 5 Requirements**

**Requirement 5(3)(a) Compliant**

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

**Requirement 5(3)(b) Compliant**

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

**Requirement 5(3)(c) Compliant**

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that most consumers sampled considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* they felt they could make complaints and felt safe to do so;
* they felt that explanations were given and changes were made in response to issues raised; and
* they described ways that the service has learnt from complaints and made improvements to the quality of food and meal service.

Consumers and representatives sampled were aware of and had utilised the service’s feedback and complaints mechanisms, including feedback forms, email, meeting forums, surveys or directly with staff or management. Staff described how they respond to complaints or feedback raised by consumers and/or representatives, including completing feedback forms on the consumer’s behalf or raising the issues with management. Management have an open-door policy and regularly walk around the service and visit with consumers and representatives to gain feedback.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis through newsletters and meeting forums. Feedback forms and external complaints and advocacy information was observed on display and feedback boxes were available.

A feedback register is maintained demonstrated where feedback or complaints are received, appropriate and timely follow-up and action is taken. An open disclosure framework guides staff in relation to processes which must be carried out when adverse incidents impact consumers. Staff demonstrated an understanding of what open disclosure means and the importance of following these principles in line with the organisation’s policies and procedures.

Complaints are collated, reviewed and analysed on a monthly basis to identify trends and improvement opportunities. The continuous improvement plan included feedback received from consumers, representatives, and staff and improvements implemented across the service in response. Consumers provided examples of improvements that had been made in response to feedback they had provided.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Compliant**

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

**Requirement 6(3)(d) Compliant**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that all consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* staff provide care in a timely manner and call bells are answered in a reasonable amount of time;
* there are generally enough staff and consumers get the care they need;
* staff are kind, caring and gentle when providing care; and
* feel confident staff are skilled to meet consumers’ care needs.

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Management described how they allocate resources to ensure the right skills and mix of staff are available in each area of the service to meet consumers’ needs and preferences. There are processes to manage planned and unplanned leave, including through a casual pool of staff and agency staff. Staff across all designations indicated the service generally maintains staff coverage whenever possible. Sufficiency of staff is monitored through a range of mechanisms, including feedback processes and consumer acuity levels.

Staff interactions with consumers were observed to be kind, caring and respectful. The service has a person-centred care approach to care which guides staff in the delivery of care, which is dignified, respectful and culturally safe.

The organisation’s recruitment processes ensure the workforce have the skills and knowledge to effectively perform their roles. Staff onboarding processes include appropriate checks and a corporate and site orientation program. The organisation has documented core competencies/capabilities for different roles and a spreadsheet is maintained detailing required training by role and identifying frequency of renewal of training for each role. Records sampled demonstrated mandatory training and competency tests have generally been completed by staff.

Staff are supported to develop in and perform their roles through induction processes, a corporate training program and in-service toolbox training. Educational requirements are considered and planned in response to data gathered through complaints, audit results, clinical indicator analyses, performance appraisals, industry changes and regulatory compliance. Staff described how they have input and provide feedback to the service about their training and support needs and indicated they generally felt supported by management and comfortable to ask for advice or assistance.

The organisation has a staff performance framework. Staff performance appraisals are conducted on an annual basis and assist to accurately monitor staff performance and identify areas where further training or upskilling may be required. Management described staff performance management processes implemented where poor performance is identified and indicated they are guided in this process by organisational policies and processes.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 7 Human resources.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

*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.*

**Requirement 7(3)(b) Compliant**

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

**Requirement 7(3)(c) Compliant**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

**Requirement 7(3)(d) Compliant**

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

**Requirement 7(3)(e) Compliant**

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are engaged in the development, delivery and evaluation of care and services through meeting forums, focus groups, feedback processes, surveys and care and service review processes. The Chief executive officer attends consumer and representatives meetings across the organisation as part of a roadshow, providing consumers and representatives an opportunity to provide feedback.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s Board ensures it has adequate oversight of and participation in continuous improvement initiatives at both a service and organisational level. The governing body has ensured its culture and values are instilled in staff through management embodying the promoted culture and values which are reflected through their work.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the Board is aware and accountable for the delivery of services.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff sampled were aware of organisational policies and procedures relating to these aspects and described how they implement these within the scope of their roles.

Based on the evidence documented above, I find The Bethanie Group Incorporated, in relation to Bethanie Illawong, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.