Performance

Report

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| Name of service: | Bethanie Kingsley |
| Service address: | 190 Twickenham Drive KINGSLEY WA 6026 |
| Commission ID: | 7203 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Site Audit |
| Activity date: | 6 September 2022 to 8 September 2022 |
| Performance report date: | 18 October 2022 |

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 Kingsley (**the service**) has been prepared by Kathryn Spurrell, 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.
* the provider’s response to the assessment team’s report received 30 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 said they are treated with dignity and respect by staff, who spoke about consumers respectfully and were knowledgeable about each consumer’s preferences. Staff were observed interacting with consumers respectfully and explained how they supported consumers’ dignity of choice and decisions.

Consumers said the service delivers services and care in a culturally safe environment and care planning documents include an ‘about me’ section which included goals, therapy and lifestyle interests, behaviour and cognitive wellbeing and spiritual care preferences. Lifestyle staff said they support consumers to celebrate their culture throughout the year including national holidays such as ANZAC day and Christian holidays such as Christmas and Easter.

Consumers explained how they are supported to make choices about their care, have access to their family and are supported to maintain relationships. The service documents consumers decisions about the care and services they receive in the consumer care plan and consumer choice agreement. Staff discussed admission processes including how the care plan is developed in consultation with the consumer and their representative.

Consumers said they are supported to take risks to enable them to live the life they choose. Clinical care staff described the processes for assessment and care planning including documenting risks associated with consumer choice.

The service provides information to consumers and their representatives in a range of ways, consumers confirmed they are provided information about daily activities through a monthly activities calendar, and daily menu. Representatives reported receiving updates from staff about their consumers in a timely manner including when there are any changes to their condition.

Care staff were observed by the Assessment Team to deliver care and services to consumers in a respectful manner and respecting privacy such as knocking before entering a consumer’s room. The service maintains policies and procedures for the management of privacy of consumers and the management of their 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 confirmed their involvement and consultation in the care planning and assessment process. The service explained in detail how the results of assessments including risk assessments are used to inform the delivery of safe and effective care for consumers. Staff identified the high impact high prevalence risks at the service such as falls, unplanned weight loss and behaviours and described the process of incorporating assessments for high impact high prevalence risk into consumer’s care.

Consumers and representatives confirmed they have been given the opportunity to discuss their current care needs, goals, and preferences, including advance care or end of life planning if they wished to talk about it. The Assessment Team observed care documents that reflected consumers goals, needs and preferences including advance care planning and end of life care wishes.

Care plans included input and reviews by registered staff, allied health professionals and providers of other care and services involved in the care of the consumer. Consumers’ assessment outcomes are communicated through care conferences and documented in the consumers' care plan and progress notes. Care staff said they have access to consumers’ care plans and other care documents via the electronic care documentation system. Consumers and their representatives confirmed they know about the outcomes of assessment and planning, and copies of care plans are provided and readily available to them.

The service has systems and processes to review consumer care and services on a quarterly basis and when changes occur. Care plans were observed to be reviewed following critical points in care such as an incident, cognitive decline, medical decline, an acute hospital admission, or extended leave.

# 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

The Assessment Team reviewed care and service plans, progress notes, medication charts, and monitoring records, which reflect individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The Assessment Team identified that the front doors of the service were locked overnight and discussed with management the potential environmental restraint issues arising from this, however, the Assessment Team did not find the locked doors a demonstration of non- compliance overall.

The Approved Provider’s written response of 30 September 2022 further explained that while the front doors to the service are locked to those entering in the evening, visitors and consumers can still exit the service freely at any time, providing further support to the Assessment Team’s recommendation of compliance.

The service demonstrated they have managed high impact, high prevalence risks to consumers, in particular falls, unplanned weight loss and behaviours using best practice assessment tools to reduce the instances of falls and weight loss.

Consumers and representatives said they have discussed end of life planning with staff and a review of care documentation reflects end of life care planning is in place for those consumers who chose to have one in place.

The Assessment Team inspected care planning documentation which reflected the identification of and response to changes and deterioration in consumers’ condition. Consumer representatives confirmed they are contacted by the service whenever there are changes to their consumer’s condition. The service uses a flowchart for early identification of deterioration in consumers and staff received additional training and have access to a nurse practitioner to provide support and education as needed.

Consumers and representatives were satisfied with their care plans and their preferences are documented. Care plans were specific for each consumer’s needs including dietary preference, behaviour management and mobility considerations, and personal care preferences.

The service makes referrals to other providers or organisations in a timely manner, care planning documentation showed evidence of a referral process to other allied and specialist health care providers.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. Management described how they use monitoring tools, monthly reporting, and quarterly medication advisory committee meetings to maintain oversight and benchmark antibiotic usage against national standards and other services within the organisation.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed they receive services that are safe and reflect their personal needs and preferences. Lifestyle staff described how the assessment and care planning processes are undertaken with each consumer and their representative. A review of care plan documentation shows each consumers’ personal history, goals, safety needs, mobility, personal care preferences, meals, lifestyle preferences, behaviour and cognitive wellbeing and spiritual care needs are all recorded.

Consumers described how they engaged in meaningful activities that were satisfying to them and provided examples of how the service promoted their spiritual, emotional, and psychological well-being. Consumers said they have formed friendships and can stay connected to the community both inside and outside of the service. Staff described how they work with community organisations to enable consumers to follow their interests and community connections.

Staff described individual consumers’ history, needs, and preferences and explained how they are notified of any changes to the consumer’s needs. The service has a process for ensuring all staff are updated with any changes to the consumers’ needs or preferences through an electronic client management system, which is used to monitor and track consumer progress notes, care plan and health needs.

Consumers described receiving supports from external services and care planning documents show referrals of consumers to various health providers and external services such as palliative care, Dementia Services Australia and the State Administrative Tribunal for the appointment of guardians as required.

The service provides meals that are varied and of suitable quality and quantity. Most consumer feedback was positive stating they always had choices of what they want to eat, the food was tasty, hot and they received plenty of it. Hospitality staff and management explained the menu is developed in consultation with a dietician, who considers the nutritional content of the menu and the distribution of main ingredients to ensure varied meals.

The assessment team observed equipment throughout the facility to be clean, well maintained and undergoing routine testing for safe and proper use. Staff described how the equipment is routinely cleaned to minimise the transfer of any infection.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said they find the facility very welcoming, safe, and homely. The Assessment Team observed a well-maintained service that provided several indoor and outdoor areas for consumers to spend time in. Consumers were observed moving around the service freely and independently both indoors and outdoors. Bedrooms included a kitchenette and an ensuite and were decorated with the consumer’s personal effects.

The service demonstrated that it has processes and practice which ensure the service environment is safe, clean, well maintained, and comfortable for consumers.

Consumers said the furniture fittings and equipment are clean, well maintained, and suitable for them. The Assessment team observed a range of equipment including walkers, wheelchairs, and lounge chairs throughout the service including equipment used to support personal care.

# 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 are encouraged and supported to provide feedback and make complaints and described the channels available to them to do so, which included consumer meetings, feedback forms, or speaking directly with staff. Staff described how they encourage and respond to consumer feedback, including escalating issues as needed.

Consumers knew they had access to various methods for raising and resolving complaints and the Assessment Team observed signage and literature outlining feedback processes throughout the service. Staff were aware of consumer feedback processes, which included supporting consumers to use advocacy or interpreter services as required.

Consumers and representatives said management was responsive to any matter they raised. The service demonstrated it takes appropriate action and uses an open disclosure process when things go wrong. The service has a continuous improvement process and feedback, and complaints provide a key avenue for identifying areas for improvement.

# 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 felt they receive quality care and services from staff who were skilled and knowledgeable and said there were enough staff to available to maintain a high standard of care. Staff reported being satisfied with the roster and said there was enough time and staff allocated on shifts.

Consumers said staff are kind, caring and respectful and described trusting and supportive relationships with staff. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

The service has systems to ensure staff have the skills, qualifications, and knowledge to perform their roles effectively. The key responsibilities for each role are set out in their position descriptions. Consumers said they have confidence in the staff and their delivery of care and services meets their social, cultural, psychological, and medical care and support needs.

The service has systems that ensure staff are recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. Staff confirmed they receive training, equipment, and support to provide the care and services consumers require.

Training records indicate the service consistently monitors compliance with training requirements. Management regularly monitors and reviews the performance of staff. There is a formal process for performance review and management described the informal reviews that occur through observation and supervision of staff practice and the monitoring and feedback processes within the service.

# 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

The service involves consumers and representatives in the development and evaluation of change to the service and the care and service they receive through various means including monthly meetings with consumers. Consumers stated they feel included in the design and delivery of care and services and described ways the service has acted on feedback to meet their needs.

The service has information management and governance systems to capture, analyse and report information to enable the Board to monitor service delivery to consumers.

The service demonstrated it has an effective risk management framework. Risks are reported, escalated, and reviewed by management at the service level and by the organisation’s executive management, including the Board. Feedback is communicated through service and organisation meetings, leading to improvements to care and services for consumers.

The clinical governance framework addresses anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure. Registered staff demonstrated a shared understanding of antimicrobial stewardship and explained the need to discourage unnecessary use of antibiotics.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)