Performance

Report

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| Name: | Bethanie Peel |
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| Address: | 2 Maclaggan Turn, COONDANUP, Western Australia, 6210 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 2 October 2024 |
| Performance report date: | 5 November 2024 |
| Service included in this assessment: | Provider: 1009 The Bethanie Group Incorporated  Service: 4739 Bethanie Peel |

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 Peel (**the service**) has been prepared by Jemma Wilson, 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 Assessment Contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 8 Organisational governance | Not fully assessed |

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 8

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| Organisational governance | |  |
| 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 |

Findings

Requirement (3)(d) was found non-compliant following an assessment contact undertaken in March 2024 where it was found the service’s risk management systems and practices had not been effective in investigating risks and incidents to reduce, or prevent repetition to consumers. The assessment team’s report provided evidence of actions taken to address the non-compliance, including, but not limited to the following:

* Undertaking training on reporting and managing incidents for all staff through the ‘incident roadshow’.
* Implementing a tool to trend monthly clinical indicators to assist in identifying and managing incidents and risks.
* Implementing a system to assist in recording investigating and identifying continuous improvement initiatives from documented risks and incidents.

At the assessment contact undertaken in October 2024, documentation demonstrated high impact or high prevalence (HIHP) risks are identified through clinical assessment and by reviewing incidents and are guided by policies and procedures. The service has implemented an incident governance system to monitor, trend and analyse quality indicators in relation to incidents and risks, with HIHP risks discussed at monthly clinical meetings and quarterly quality meetings. Care documentation demonstrates the service identifies risks, which are then discussed with consumers and representatives and communicated to staff.

Staff described how they use the incident management system to manage and prevent incidents, including those that require reporting to external services, and are supported through a range of policies and procedures in relation to incident management. Staff described, and documentation confirmed, mandatory training is undertaken in recognising and responding to abuse and neglect.

Consumers are supported to partake in activities involving risk if they wish to live the best life they can. Processes are in place to identify, assess and minimise those risks in order to support consumers and maintain their safety, with risks monitored by management through the use of a risk register. Staff were familiar with practices to support consumers to undertake risks safely.

Based on the assessment team’s report, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)