Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Bethanie Peel | 22 July 2022 |
| Commission ID: | Activity type: |
| 7211 | Site audit |
| Approved provider: | Activity date: |
| The Bethanie Group Incorporated | 20 June 2022 to 22 June 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 Peel (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Sit Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* 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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers and representatives reported consistently positive feedback about how staff treated them and staff showed a good understanding of consumers’ backgrounds and preferences and described how this guided the staff’s approach to meet consumers individual care needs.

Staff were observed treating consumers with respect and greeting them by their preferred names. Care planning documents reflect consumers’ cultural, spiritual and activity preferences. Consumers are supported to exercise choice and independence. They are encouraged to maintain relationships with people inside and outside of the service.

Staff described to the Assessment Team how they encourage consumers to be independent and respect their choices. Consumers said information provided to them is generally accurate and timely and permits them to make choices. Care planning documents showed that staff complete appropriate risk assessments and staff explained that discussions are held with consumers and their representatives to support consumers to take risks.

Consumers said staff discussed individual risks with them and consistently respect their choices to engage in activities involving risk. Staff described strategies they use to support consumers’ choices, and these are documented in care plans.

Staff were able to describe the various ways that the service provides information to consumers regarding their care and services that enables them to exercise choice.

Consumers confirmed their privacy and confidentiality is respected. Staff outlined the practical ways they respect the personal privacy of consumers, such as, knocking on consumers’ doors prior to entry and closing their doors during the provision of care. Physical care documents and records were secured when not in use and handover of information between shifts was conducted in a private room.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Consumers and their representatives confirmed they are involved with assessment and care planning, on entry to the service and then during periodic reviews. Staff described how they use assessment and planning processes to inform safe care delivery, through identifying consumers’ needs, goals and applicable risks. Care plans note consumers’ preferences, including for advance care and end of life care.

Care planning documents reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals. Consumers and their representatives said staff explain information regarding care and they have access to care planning documents. The service demonstrated care and services planning documentation reflect outcomes of assessment and planning for each consumer and are readily available to the consumer.

Care planning documents reflected regular reviews occur, at least every three months and following any change of circumstances or condition of the consumer and representatives confirmed that they are informed when any changes occur. The service reviews clinical indicators and monitors trends to identify areas of risk and strategies for improvement.

The organisation’s assessment and care planning policies and procedures set out the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflects consumer care needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and representatives considered that consumers received personal and clinical care that was safe and tailored to meet their needs. Staff described consumers’ individual care requirements and used this knowledge to deliver personal and clinical care aligned to meet their needs.

Staff demonstrated an understanding of risks involved with consumers condition and used strategies to maximise their well-being and comfort. The service demonstrated it adequately manages high prevalence risks including falls and infection. Consumers expressed confidence in how the service assessed, communicated, and managed risks and considered they could maintain their dignity in relation to participating in risk taking activities.

Staff described the specific strategies the service had in place to manage risks to consumers’ health and comfort. Care plans reviewed showed consumers received effective care for skin integrity, pain, and behaviour management. Care documents highlighted that the service records consumer advanced care planning and end of life care preferences. Consumers and representatives confirmed changes in a consumer’s condition were responded to in a timely manner.

The service demonstrated it used effective records management processes. Consumer care planning documents showed input from allied health professionals. Consumers and their representatives confirmed consumers care needs and preferences were effectively communicated between staff, medical officers, and other providers of care – through referrals to allied health professionals occurring promptly.

The organisation had policies and guidelines for key areas of care including, nutrition, skin integrity, pressure injuries, medication safety and falls management. Monitoring processes were employed by the service to ensure consumers were provided with safe and effective care included clinical management meetings and review of clinical indicators. Infection control training had been provided to all staff and included handwashing competencies, donning and doffing of personal protective equipment and the minimisation of infection related risks for consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said staff support consumers to participate in activities that are of interest to them, and the service provides supports to enable consumers to optimise their independence and well-being. Staff described how they tailor activities and cater to consumers’ interests and the Assessment Team observed consumers participating in individual and group activities throughout the service.

Staff described how they provide support to consumers to promote spiritual and psychological well-being, including engaging with consumers, theme days and events, referral to other services, and supporting consumers to attend religious services. Consumers and their representatives said consumers are supported to maintain relationships and participate in the community. Staff described how they support consumers to receive visitors and keep in contact with family and friends.

Care plans showed referrals are made to other services and organisations to support consumers to engage in activities and enhance their well-being. Consumers provided positive feedback and satisfaction with the quantity, quality and variety of meals and food service. Care plans reflected consumers’ dietary needs and preferences.

Hospitality staff described how they were informed of consumers’ needs and how they evaluated the suitability of the menu. The kitchen was observed to be clean and tidy and kitchen staff were observed to be adhering to general food safety and work health and safety protocols.

Consumers and staff confirmed that suitable, well-maintained equipment was available to meet consumers’ needs.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 described feeling at home and as though they belonged in the service and feeling safe and comfortable in the environment. Consumers rooms were observed to be individualised, decorated, and contained personal items.

The service had multiple common areas throughout the facility for consumers and representatives to utilise, which was observed by the Assessment Team as maintained at a comfortable temperature and easily accessed by consumers.

Staff described the maintenance and cleaning schedules undertaken at the service and a review of documentation reflected regular and appropriate cleaning and maintenance of the service environment. Chemical storage and medication rooms were locked to ensure consumer safety and operational areas, such as the laundry room were observed to be clean and tidy.

Furniture, fittings and equipment within the service was safe, clean and well maintained. The service had processes in place to ensure preventative and reactive maintenance is conducted regularly, with maintenance staff available throughout the week. A review of the maintenance request logs found that maintenance issues are raised and actioned quickly within the service.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 felt encouraged, safe and supported to provide feedback and make complaints individually or with the assistance of staff. Staff advised that consumers were encouraged to provide feedback and demonstrated they know the service’s escalation process for managing complaints from consumers and representatives. For example, the service maintained a feedback register that included compliments, complaints, and suggestions.

Consumers were aware of advocacy and other external complaints services available and felt confident the service would resolve issues and take appropriate action. Staff were aware of advocacy services available to consumers and representatives and materials were observed to include methods for how consumers and representatives can contact these services.

The service demonstrated that feedback forms were available in multiple languages for consumers and representatives to provide suggestions. Representatives said they felt comfortable raising feedback directly to the service management. Consumers and representatives were confident that prompt and relevant action is taken by the service when responding to complaints.

The service had complaint handling procedures and policies in place to instruct staff on how to manage feedback and grievances. Staff demonstrated an understanding of open disclosure policy. The organisation has a continuous quality improvement plan that demonstrates a commitment that the service will work in partnership with consumers and representatives to address issues and learn from any incidents in a process of continuous improvement.

# Standard 7

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| Human resources | | Compliant |
| 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 were satisfied with the number of staff available at the service and considered their conduct in the way they provide care to be professional and kind. Consumers reported they received quality care and services when they need them from staff who are knowledgeable, capable and considerate and said staff respect their identity and used their preferred names.

Staff interviewed indicated that although they occasionally felt short staffed it never effected the care received by consumers, the Assessment Team observed staff assisting consumers in a way which was respectful and did not rush consumers through their daily care tasks.

A review of staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform the duties of their job. The monthly training reports showed that training programs are monitored and communicated to management, highlighting staff completed and outstanding training status.

Staff reported that if they needed training in new skills or subject matter, the service would ensure the training is provided to them. Staff said they received the mandatory training required for their job as well as training about the Serious Incident Response Scheme; incident management; manual handling; and infection control. All of the staff files the assessment team reviewed, showed that all workers had completed training appropriate for the requirements of their roles.

Management stated monitoring of staff practice occurs through the day-to-day observations of staffing practice and consumer feedback and staff complete an annual performance appraisal.

# Standard 8

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| Organisational governance | | Compliant |
| 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 demonstrated that consumers are engaged in the development, delivery and evaluation of care and services and supported in that engagement. Consumers and their representatives reported generally positive feedback about their experience being involved in planning their own clinical care and in-service improvements.

The governing body monitored the service’s performance in relation to the Quality Standards through monthly reports that detailed the performance of the service.

There were organisation wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance as well as feedback and complaint management. Opportunities for continuous improvement are identified through audits, complaints and monthly consumer surveys on various domestic topics such as laundry, food and incidents. Staff had been educated about the policies and were able to provide examples of their relevance to their work.

The organisation had implemented effective risk and incident management systems and used appropriate practices to identify, report, prevent and manage risks and incidents. Staff advised that have received mandatory training and education, wound management, restrictive practices, antimicrobial management, and elder abuse.

The service had a clinical governance framework in realtion to antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff demonstrated a shared understanding of these frameworks and could identify the key components of the open disclosure policy. Management advised that an open disclosure process is applied following an adverse event, and as part of the service’s complaints management process.

1. The preparation of the performance report is in accordance with section s40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)