Performance

Report

**1800 951 822**

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| Name of service: | Bethanie Peel |
| Service address: | 2 Maclaggan Turn COONDANUP WA 6210 |
| Commission ID: | 7211 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 5 July 2023 |
| Performance report date: | 26 July 2023 |

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 M Glenn, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Assessment and planning identifies and addresses consumers’ current needs, including advance care planning and end of life planning. Advance care wishes assessments are completed as part of the entry process and reviewed annually, or as required and staff receive education and support to assist with these conversations. Where consumers provide feedback or their condition changes, care plans are updated to reflect their current needs and goals. Care files sampled included recent advance care directives. Consumers and representatives said they can discuss consumers’ needs and are included in and satisfied with the planning of consumers’ personal, clinical and advance health care directives.

Based on the Assessment Team’s report, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |

Findings

Care files for consumers who had experienced a change in condition and/or deterioration showed prompt recognition and response, including additional monitoring, involvement of General practitioners and Allied health specialists and ongoing consultation with consumers and/or representatives. Staff described how they identify deterioration or a change in consumers’ condition, and their responsibility to escalate these observations to their supervisor and registered staff described actions and the escalation process, in accordance with organisational policy. Consumers and representatives were confident staff know consumers and would pick up a change in their condition and take appropriate action.

Based on the Assessment Team’s report, I find requirement (3)(d) in Standard 3 Personal care and clinical care compliant.

# 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

Effective risk management systems and practices were demonstrated. Data relating to high impact or high prevalence risk is identified through clinical assessments, incident and progress note reviews. The data is analysed and used to create reports which are discussed at related meeting forums. Incident reporting processes support the mandatory reporting of incidents through the Serious Incident Response Scheme (SIRS) and two SIRS incidents sampled confirmed appropriate follow up is undertaken and measures implemented in response to incidents to protect consumers and prevent reoccurrence of similar incidents. Consumers are supported to live the best life they can, including being supported to take risks if they wish to. Related policy and procedure documents guide staff in assessment of consumer risks, with risk mitigating strategies discussed with consumers and/or representatives to ensure consumers can make informed decisions. Clinical and care staff sampled described their role in reporting, documenting, actioning, escalating incidents and were familiar with elder abuse, SIRS, customer choice agreements, and high impact high prevalence risks, commensurate with their roles and responsibilities.

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 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)