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: | 18 March 2024 to 19 March 2024 |
| Performance report date: | 24 April 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 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.

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 assessment contact (performance assessment) – site; the report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response to the assessment team’s report received 17 April 2024. The response includes commentary relating to the deficits identified in the assessment team’s report, as well as a plan for continuous improvement outlining planned actions, planned completion dates and outcomes.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 8 requirement (3)(d)**

* Review incident management systems and practices. Ensure incidents are investigated and strategies identified, implemented and reviewed for effectiveness to prevent recurrence.
* Ensure staff have the skills and knowledge to report and investigate incidents, in line with the organisation’s processes.

# 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 |

Findings

Care files sampled, and staff interviews show consumers receive tailored, best practice personal and clinical care which optimises their health and well-being, including in relation to diabetes and behaviour management. However, for one consumer, time sensitive medications have not been consistently administered at the prescribed times. There are currently no processes to alert when these medications are not administered at the prescribed times, however, management said they will ensure time sensitive medications are administered by clinical staff. High impact or high prevalence risks are identified, assessed and planned for. Care files demonstrate effective management of risks relating to falls and pain, with strategies reviewed in response to changes in consumers’ condition or following incidents to ensure effectiveness. Care files also evidence involvement of general practitioners in the management of consumers’ identified risks.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) in Standard 3 Personal care and clinical care compliant.

# 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 |

Findings

The workforce is planned and regularly reviewed to ensure required staffing levels and skills. Staff allocations are reviewed daily to ensure they meet consumers’ needs, with staffing adjusted where required, including in response to feedback. For example, in response to a change in a consumer’s care needs, an additional staff member was sought for the memory support wing. Staff interviewed feel there are sufficient staff allocated each shift, and said they are able to provide safe and effective care for all consumers without being rushed. Consumers interviewed said they do not have to wait long for assistance when they use the call bell, their care needs are provided consistently at their preferred time, and they receive timely clinical and personal care.

Based on the assessment team’s report, I find requirement (3)(a) in Standard 7 Human resources 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as the one requirement assessed has been found non-compliant.

Effective risk management systems relating to high impact or high prevalence risks; identifying and responding to abuse and neglect; and supporting consumers to live their best life were demonstrated. However, the assessment team found investigation of incidents was not consistently undertaken to reduce and prevent recurrence and recommended this requirement not met. The investigation section for four incidents sampled was blank, and documentation to demonstrate investigations into incidents had been recorded, analysed and trended as part of the incident management process was not provided. Three incidents related to three consumers who had sustained burns following spillage of hot drinks between September 2023 and January 2024, and another incident related to a consumer who had obtained multiple wounds in the month of February 2024. During the assessment contact, management provided evidence to show a process improvement to provide support and education to senior staff on use of the incident management system; and for the person responsible for the incident to document the investigation, root cause analysis, findings and outcomes for improvements using the incident management system.

The provider agrees with the evidence highlighted by the assessment team. The provider’s response, including the plan for continuous improvement, demonstrates a range of measures have commenced or are being implemented to ensure effective management and prevention of incidents through the use of the incident management system. Planned actions include, but are not limited to, providing mentoring on incident management and investigation to site management and senior registered nurses; providing education to all nurses on incident management and investigation; undertaking monthly analysis of incidents to identify trends; and discussing all incidents at required meetings using a multidisciplinary approach to identify strategies to minimise reoccurrence.

I acknowledge the provider’s response. However, I find effective risk management systems and practices, specifically in relation to managing and preventing incidents, were not demonstrated. Investigation processes had not been completed for all four incidents sampled which does not ensure strategies to prevent similar incidents occurring are identified and implemented. Three consumers sustained injuries from similar incidents over a five month period, and one consumer was identified with multiple wounds over the course of a month. As such, I find the organisation is not effectively responding to incidents or identifying improvement opportunities to prevent similar incidents from occurring. I acknowledge the actions planned to address the deficits identified outlined in the provider’s plan for continuous improvement. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to this requirement.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-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)