Bethanie Subiaco

Performance Report

45 Bishop Street
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**Commission ID:** 7445

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 9 March 2022

**Date of Performance Report:** 11 May 2022

# Performance report prepared by

Andrea Hopkinson, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(e) |  Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 6 April 2022.
* referral information received by the Commission.
* the Infection control monitoring checklist completed by the Assessment Team on 09 March 2022.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team assessed Requirement 2(3)(e) in relation to Standard 2 Ongoing assessment and planning.

The Assessment Team recommended this Requirement as not met, as the service was unable to demonstrate effective systems and processes were in place for the prompt identification, assessment and review of consumers’ changed care needs.

The Approved Provider submitted a response including further information in relation to the Assessment Team’s findings. Based on the information before me, I find the service Non-compliant in this Requirement. The reasons for my decision are outlined below.

As one of the five specific requirements have been assessed as Non-compliant, the overall Quality Standard is assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team found the service was not able to demonstrate care and services were reviewed regularly to ensure their effectiveness, when circumstances changed or when incidents impacted on consumers’ needs, goals and preferences. The Assessment Team provided the following information and evidence relevant to my findings:

For Consumer A, the Assessment Team noted:

* While staff were aware of the consumer’s refusal of personal care, behavioural strategies had not been reviewed regularly for their effectiveness.
* There were no personalised strategies or interventions to guide staff relating to the consumer’s refusal of care and there were no reviews or updates in care plans (since August 2021), following the identification of a skin condition on the consumer’s head (in March 2022) which required regular treatment.
* Staff were unable to articulate what recent changes have been made to the consumer’s personal hygiene needs.
* Clinical management confirmed behaviour management strategies had not been reviewed regularly for effectiveness and the skin condition of the consumer’s head had deteriorated.

Consumer B (diagnosed with postural hypotension), had two falls (between December 2021 to January 2022) and experienced a change in health status, which included increased back pain and oedematous legs after their falls.

Although the Assessment Team noted the consumer had been reviewed by medical officers/professionals:

* A request for a physiotherapist review had been delayed and there was no evidence to support an occupational therapist had reviewed the consumer.
* No further personalised strategies for falls management had been developed or documented and staff were not able to articulate if the consumer required any falls management strategies or equipment.
* Care staff interviewed were unable to explain if the consumer needed their legs elevated and the service was not able to demonstrate timely notification of daily weight gain over 250 g to a medical officer. The Assessment Team information regarding daily weights showed in some cases, an increased weight gain of approximately 2 kgs.
* Representative feedback identified they were not aware of the reason for the fall nor changes made to the consumer’s care plan and previous progress notes (following the first fall) recorded the representative was concerned about the consumer’s mobility and health status.

The Approved Provider’s response included clarifying information as well as the submission of additional evidence such clinical documentation.

In relation to Consumer A, its response identified:

* Following the visit, the consumer had deteriorated on 10 March 2022 and follow up discussions and reviews were attempted. The consumer passed away in hospital after being transferred for emergency end of life care.
* There was challenges in consent for assessments being completed and due to the consumer’s decline, the service was not able to review Consumer A’s behaviour assessments and care plans.

In relation to Consumer B,

* It provided evidence of the post fall assessment including a pain assessment and outlined a wound assessment/charting was completed by the registered nurse post the fall (in December 2021).
* The service acknowledged the care plan and fall prevention strategies were not reviewed after the fall. The care plan has since been reviewed and updated.
* Falls prevention and management would be discussed in the next clinical meeting with all registered staff and clinical management would monitor all falls for next 3 months.
* The consumer had recovered well, their mobility had not changed since the fall, their fall was discussed at the care team meeting on 4 January 2022. The physiotherapist reviewed the consumer’s care plan at the end February 2022 with no changes to mobility status. The consumer continued to have ongoing (long standing) back pain and this was managed well with regular walking, hot packs and occasional pain relief medication.
* Following the second fall in January 2022, the consumer was reviewed by on call medical officer on the same day and oral antibiotics prescribed.
* In relation to weight gain – it provided evidence of the medical officer’s review on 4 February 2022 for weight gain, with medications to manage the fluid increases charted. Although the Approved Provider’s response considered the service escalated the weight gain appropriately, its plan for continuous improvement plan identified a number of deficiencies in the monitoring and escalation of the weight gain for this consumer.

In coming to decision about compliance about this requirement, I have considered the Assessment Team’s findings and Approved Provider’s response. While I accept, the service was not able to follow up regarding behaviour management strategies for Consumer A (given the change in focus for care), I note the Approved Provider’s response did not adequately address care or actions that were in place leading up to the consumer’s decline.

In relation to Consumer B, I acknowledged the initial reviews and follow up undertaken by the service in relation to the consumer’s fall. Whilst additional information had been provided by way of medical officer notes and assessments following the initial fall, I am not persuaded by the Approved Provider’s response that there was consistently appropriate escalation and review of changes in care for the consumer.

I also note the Assessment Team identified further deficiencies relating to the reassessment and review of strategies under Standard 3 Requirement (3) (b). This included Consumer D and E, where their wounds or pressure injuries had not been reassessed or strategies reviewed for their effectiveness and Consumer F’s behaviour management plan was not updated. The Approved Provider’s response has been considered and details of its response are outlined under Standard 3.

While I acknowledge the improvements and actions being undertaken, at the time of the Assessment Contact, the service was not able to demonstrate it had effective processes for the review of care and services following changes or incidents. I note the service will require a period of time to fully implement all actions and to demonstrate the sustainability of its systems. Therefore, based on the information before me, I find the service Non-compliant with this Requirement.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team assessed Requirement (3)(b) in relation to Standard 3 Personal care and clinical care and recommended this Requirement as not met as the service was unable to demonstrate the effective management of high impact and high prevalence risks relating to pressure injuries and wound management, behaviour management and the administration of psychotropic medication as last resort.

The Approved Provider submitted a response including further information in relation to the Assessment Team’s findings. Based on the information before me, I find the service Non-compliant in this Requirement. My reasons are outlined below under the relevant Requirement.

The Quality Standard is assessed as Non-compliant as one the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team identified that high impact or high prevalence risks associated with the care of each consumer were not effectively managed in relation to the pressure injuries and wounds, behaviours and use of psychotropic medication as a last resort. The Assessment Team provided the following information and evidence relevant to my findings:

For Consumer A, progress notes for 1 March 2022 showed the consumer to have a skin condition on their head that was painful, and a discharge was present. During an eight-day period, the consumer had been reviewed by the medical officer and prescribed a course of antibiotics. On 8 March 2022, the nurse practitioner directed staff to undertake twice weekly medicated washes. However, the Assessment Team observed:

* The consumer’s hair did not appear to be tidy, it was noted to be blood stained and the wound was leaking fluid.
* Whilst staff were able to sometimes identify the consumer was in pain through non-verbal methods, there were no directions of how to monitor their pain.
* Instructions had not been updated with the recent directives, following the nurse practitioner’s review; wound charts provided limited descriptions and photos showed the area affected had deteriorated between 2 March and 8 March 2022.

Consumer C was prescribed ‘as required’ PRN psychotropic medication as a last resort when agitated.

* The Assessment Team noted on two occasions in February 2022, strategies listed in the behaviour support plan were not documented as trialled or implemented prior to the use of PRN medication.
* Hourly sighting charts did not show the consumer’s safety had been monitored following the administration of medication on both occasions.
* Although staff knew the consumer’s behaviour and risk of leaving the unit, they did not refer to listed interventions or to the behaviour support plan.

In relation to Consumer D, the service was unable to demonstrate it had managed the consumer’s pressure injury on their toe effectively with further deterioration of the wound noted.

* The Assessment Team was provided with conflicting information as to cause of the pressure injury (from October 2021).
* Skin assessments did not provide the location of the injury or any further detail. The wound was noted to deteriorate in December 2021 where it had grown in size and depth and the wound colour was black.
* The service reported the wound had been reviewed by a wound specialist remotely, however there was no evidence of this or that changes in treatment or staging had occurred.
* Clinical management had agreed the wound had deteriorated, and revision of the consumer’s wound treatment plan would be needed.

In relation to Consumer E, the service was unable to demonstrate it had managed their pressure injuries effectively and further deterioration was noted.

* The service identified a stage 1 pressure injury on the consumer’s lower spine as well as excoriation on their sacrum (August 2021).
	+ In March 2022, the excoriation had deteriorated and was reclassified as a stage 2 pressure injury. Clinical staff were not knowledgeable about the wound.
	+ In relation to the stage 1 pressure injury, clinical management agreed it had deteriorated to a stage 2 pressure injury and as a result would review and reclassify the wound treatment plan.
* While the Assessment Team observed Consumer E to be positioned as per an occupational therapist directive for another medical condition, this position was noted to be directly on the consumer’s pressure injuries.
* Clinical management confirmed the consumer’s pressure injuries were not being managed effectively and would refer the consumer to a wound care specialist.

Consumer F had left the service unescorted at the end of November 2021, however their behaviour support plan did not identify this risk and had not been reviewed since the incident and prior to their move to the secure unit.

The Approved Provider did not predominately refute the Assessment Team’s findings and provided further clarifying information, its plan for continuous improvement and evidence of completed clinical documentation. It also reported the following actions had been completed following the assessment contact:

* The report was discussed with all staff and the service planned to undertake further training with clinical staff on behaviour management and pressure injury management.
* A plan for continuous improvement has been drafted to address any opportunities for improvement that were identified during the Assessment Contact.

In relation to Consumer A, the Approved Provider’s response has already been captured under Standard 2. It also provided a plan for continuous improvement which outlined the ineffective management of Consumer’s A behaviours.

In relation to Consumer C, the service acknowledged that non-pharmacological behaviour strategies were not documented, and that further documentation training was being provided to staff. Furthermore, from April 2022, staff in memory support area had commenced a dementia handover time intervention and behaviour care plan review each day.

In relation to Consumer D,

* The pressure injury was identified and escalated (in October 2021); relevant wound documentation was commenced, and a referral undertaken to the nurse practitioner. The nurse practitioner had reviewed the consumer six days later and this was discussed at the care meeting on the same day as the review.
* The service acknowledged the wound had deteriorated since October 2021, the organisation’s Clinical mentor has reviewed the pressure Injury on 22 March 2022 and new wound assessment completed. A referral had been made however due to the consumer palliating, a further review was not considered appropriate. Weekly reviews and skin assessment continued for one week until the consumer passed away. It reported the consumer peacefully palliated with positive feedback from family on the care provided.

In Consumer E, who has two pressure injuries (sacrum and lower spine).

* Since the visit, the wound assessment on both pressure injuries has been reviewed by the Clinical mentor and a referral completed.
* A skin assessment and follow up occupational therapy assessment has been completed with the care plan updated and communicated to staff in handover.
* Clinical mentorship for all clinical staff on wound management and behaviour management has been organised for training in April 2022.

In relation to Consumer F, it acknowledged the consumer’s behaviour support plan has not been updated since their move to memory support unit on 29 November 2021. However, the consumer was planned to move out of the service at the beginning of April 2022 and behavioural charting had commenced for 7 days starting 23 March 2022.

In coming to a view about compliance, I have considered the Assessment Team’s findings and the Approved Provider’s response. I acknowledged the improvements actions being implemented in relation to reassessment, referral or further review of consumers’ care needs including the provision of additional education for staff. However, the effectiveness of actions is still yet to be evaluated to determine their sustainability in managing high impact/high prevalence risks. Specially I note:

* In relation to Consumer A’s management of their skin condition, I note following its identification there had been medical officer review, antibiotics prescribed, and further review conducted by the nurse practitioner. I also acknowledged the review occurred by the nurse practitioner had occurred the day prior to the visit and following the visit the consumer started to deteriorate. However, I am concerned by the Assessment Team’s observations and interview with staff as to what interventions had been implemented following the nurse practitioner review. Furthermore, the Approved Provider’s plan for continuous improvement identified a number of significant deficiencies in care for this consumer.
* In relation to Consumer C, I note the Approved Provider has acknowledged gaps in the documentation for PRN psychotropic use including safety monitoring. It outlined improvements required in its behaviour management processes and reported education would be provided to staff. While I am concerned staff did not have an understanding of listed behaviours, the Assessment Team did observe the consumer to be interacting with staff and other consumers in an activity during the visit.
* For Consumer D and E their skin integrity (wounds/pressure injuries) had not been effectively managed. Further deterioration was noted, and referral/review of the wound management plan had not occurred. Whilst these have since been reported as being reviewed and further education planned for staff, the effectiveness of improvement actions is yet to be determined.
* In relation to Consumer F, as I do not have any further evidence surrounding the ineffective management of the consumer’s behaviours, I have therefore considered this in relation to Standard 2 Requirement 3 (e).

While actions are being implemented, at the time of the Assessment Contact, the service was not able to demonstrate the effective management of high impact or high prevalence risks. I note the service will require a period of time to effectively demonstrate the sustainability of its systems and therefore, based on the information before me, I find the service Non-compliant with this Requirement.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service was overall able to demonstrate how feedback and complaints were generally recorded to support a review and monitoring by management. Most sampled consumers considered they were encouraged and supported to give feedback and make complaints, and appropriate action was taken. For example:

* Most consumers interviewed felt they could make complaints to staff or via the feedback forms if/when required.
* Majority of consumers interviewed felt there was nothing to complain about, saying they were very happy however, representatives did not always feel appropriate action had been taken after lodging a complaint.

The majority of staff were aware of the internal logging process for when feedback was received verbally by consumers and knew their reporting requirements.

There was a system to ensure feedback and complaints were dealt with in a timely manner and were addressed satisfactory for the service and complainant.

The organisation has policies and procedures to deal with complaints effectively while generally using open disclosure policies to acknowledge when things go wrong.

While I note there was an overall process in place for the management and actioning of feedback and complaints, I note there were some gaps identified by the Assessment Team in relation to some consumers’ and staff knowledge surrounding the complaints process at the service. Furthermore, a few consumers and/or representatives felt their complaints had been fully addressed. While the Approved Provider did not provide a specific response in relation to this Requirement, during the Assessment Contact, the Assessment Team noted follow up was being conducted including one representative’s complaint was still being investigated/actioned. The service is however still required to ensure the ongoing sustainability and effectiveness of its complaint’s mechanisms.

The Quality Standard has not been given an overall rating as not all requirements have been assessed.

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Overall sampled consumers considered the organisation was well run, risks associated with their care were generally managed, they were supported to make choices to enable them to live a life they choose, and they were confident staff were able to keep them safe and provide a good standard of care.

The organisation overall demonstrated it has a risk management framework in place to identify and respond to the abuse and neglect of consumers as well as the management of incidents. Staff were trained to identify and respond to incidents including recording all incidents in the incident management system. Registered staff were able to describe their role and responsibility in incident management and procedures were in place for guiding staff in the reporting of incidents required under the Serious Incident Response Scheme.

In relation to supporting consumers to live the best life they can, the organisation demonstrated it had a Customer Choice Agreement Procedure to guide staff. There was a multidisciplinary team, including relevant allied health and the medical officer involvement in completing assessments and considering strategies to minimise risk to consumers. Family meetings were held to ensure consumers understand the risks, and strategies for minimising the risk of harm were discussed.

The Assessment Team noted the organisation had a Clinical Governance Framework which included policies and procedures such as the Serious Incident Response Procedure, Clinical Incident Management Procedure and Open Disclosure Policy, which guide staff in effective risk management and managing and preventing incidents. High risk incidents and incidents which resulted in poor outcomes for consumers were referred to the organisation’s Route Cause Analysis Peer Group and the Clinical Governance Team, for review. Learnings and opportunities for service improvements were identified, formed a part of the plan for continuous improvement (PCI), and were shared across the organisation’s facilities.

Although the Assessment Team reported the service used a range of processes to ensure staff were identifying, managing, escalating and mitigating risks to consumer including care team meetings, use of validated risk assessment tools, ongoing education for staff and the collection and analysis of clinical data for trends (on a monthly basis), the Assessment Team found high impact and high prevalence risks had not been effectively managed for consumers as outlined in Standard 3 Requirement (3) (b). I acknowledge as part of the Approved Provider’s response it had developed an action plan and commenced actions to address deficiencies including appropriate referral, updating of care interventions and support by a Clinical mentor. However, the organisation is still required to ensure it governance systems are effective in managing risks and should continue to monitor the effectiveness of these.

The Quality Standard has not been given an overall rating as not all requirements have been assessed.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

# 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 2 Requirement (3)(e)**

* The service to ensure changes in consumers’ care or health status is effectively identified.
* Reassessments are undertaken to guide the development and evaluation of strategies following changes or incidents.
* Regular reviews of consumers’ care and services are undertaken to inform care delivery and improve outcomes for consumers.

**Standard 3 Requirement (3)(b)**

* The service consistently implements effective systems for management of high impact or high prevalence risks.
* Wounds and pressure injuries are assessed, monitored and escalated on an ongoing basis and action taken to prevent or reduce deterioration.
* Staff are knowledgeable of interventions used and the management of specific consumers’ care needs.
* The service to implement effective monitoring processes to ensure consumers’ care is effectively being managed.