Performance

Report

**1800 951 822**

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| Name of service: | Bethanie Subiaco |
| Service address: | 45 Bishop Street JOLIMONT WA 6014 |
| Commission ID: | 7445 |
| Approved provider: | The Bethanie Group Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 September 2023 |
| Performance report date: | 29 September 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 Subiaco (**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; and
* a Performance Report dated 3 July 2023 for a Site Audit undertaken from 16 May 2023 to 18 May 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a Site Audit undertaken in May 2023 as each consumer was not effectively supported to take risks safely. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including undertaking a full review of each consumer in consultation with their representative, including and allied health review; implemented new electronic customer choice agreement forms; and provided education to administration and concierge staff on safe entry and exit for consumers.

At the Assessment Contact undertaken on the 4 September 2023, policies and procedures were found to be available to guide staff practice on dignity of risk by supporting consumers to make informed decisions about risks and ensuring they are aware of the risks and potential consequences. Clinical and allied health staff undertake assessment processes to identify risks and to develop strategies to mitigate possible risks which are documented in consumers’ care plans. Risk assessments are undertaken in discussion with consumers and their families about mitigating the risks to ensure consumers’ safety. Staff interviewed were knowledgeable of activities consumers partake in which include an element of risk and described strategies implemented to reduce risks. Two consumers interviewed confirmed they are supported to take risks and to do the things they want to do and described discussions they have had with staff and the risks and possible consequences that could occur.

For the reasons detailed above, I find requirement (3)(d) in Standard 1 Consumer dignity and choice compliant.

# Standard 6

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| Feedback and complaints | |  |
| 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

Requirements (3)(c) and (3)(d) were found non-compliant following a Site Audit undertaken in May 2023 as a best practice system for managing and responding to complaints was not demonstrated nor were avenues available to enable improvements to the quality of care and services to be identified actively used. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including introduction of a customer engagement nurse who is responsible for handling complaints and family engagement and ensuring all complaints are trended monthly, reported at meetings, and associated continuous improvement plans are entered, actioned and resolved; and provided education/discussion to staff on how to provide and log feedback and on the organisation's complaint handling policies and procedures.

At the Assessment Contact undertaken on the 4 September 2023, appropriate action was found to be taken in response to feedback and complaints and an open disclosure process used when things go wrong. A complaints and feedback policy is available to guide staff and includes clear responsibilities and timeframes for responding to complaints and feedback. Complaints information viewed confirmed appropriate action had been taken in response to feedback and complaints. Staff described complaints handling processes, including how complaints are escalated and use of open disclosure principles. Consumers and representatives who had made complaints were happy with the actions taken in response to their feedback and said an open disclosure process is used.

Feedback and complaints are maintained on an electronic system to ensure organisation oversight and opportunities for continuous improvement to be identified and actioned. Related documentation, meeting minutes and the service’s plan for continuous improvement demonstrated feedback and complaints are now being trended monthly and used to drive continuous improvement. Consumers and representatives said the service is using feedback and complaints to improve the quality of consumers’ care and services, notably in food services and laundry.

For the reasons detailed above, I find requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints 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

Requirement (3)(d) was found non-compliant following a Site Audit undertaken in May 2023 as effective risk management systems and practices relating to supporting consumers to live the best life they can and managing and preventing incidents were not demonstrated. The assessment team’s report provided evidence of actions taken to address deficiencies identified, including implementation of electronic customer choice agreement forms and improved oversight of consumers undertaking activities with an element of risk; increased general staff training on incident management and how to support consumers to manage risks; and provided training specifically for reception staff who are responsible for monitoring consumers leaving the service unsupervised.

At the Assessment Contact undertaken on the 4 September 2023, effective risk management systems and practices, inclusive of managing high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best life they can and managing and preventing incidents were demonstrated.

A range of processes ensure staff are identifying, managing, escalating, and mitigating risks to consumers. These include validated assessments, daily handovers and team meetings. Documents and electronic care records showed a multi-disciplinary approach is taken in relation to managing of high impact or high prevalence risks. Staff described actions they take if abuse or neglect of a consumer is suspected and related documentation showed issues are appropriately reported and escalated to management. Staff described processes to enable consumers to take risks and how they support them to live their best life. Staff also described their responsibilities for conducting risk assessments and identifying strategies to mitigate risks. Improvements to the care planning system and customer choice agreements have been implemented and continue to be embedded into practice. Incident reports and related consumer documentation included information on what happened and demonstrated the investigation generally looked to identify root causes. Staff described processes to investigate incidents, including collaboration with consumers and their representatives to identify actions to prevent reoccurrence. While information in relation to investigative actions and actions taken to prevent reoccurrence of incidents is embedded in consumer care files, incident management forms are not being utilised as a centralised source of this information.

For the reasons detailed above, 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)