Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Bethanie Waters |
| Commission ID: | 7276 |
| Address: | 18 Olivenza Crescent, PORT KENNEDY, Western Australia, 6172 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 18 July 2024 |
| Performance report date: | 14 August 2024 |
| Service included in this assessment: | Provider: 1009 The Bethanie Group Incorporated  Service: 5719 Bethanie Waters |

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 Waters (**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 report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management;
* the provider’s response to the assessment team’s report received 9 August 2024 which includes commentary relating to evidence presented by the assessment team, supporting documentation, and a plan for continuous improvement addressing the issues identified; and
* a performance report dated 27 March 2024 for a site audit undertaken from 5 February 20924 to 8 February 2024.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | 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 3 requirements (3)(b) and (3)(d)**

* Ensure staff have the skills and knowledge to:
* identify changes in consumers’ behaviour, implement appropriate, individualised management strategies to minimise impact to the consumer and others, and monitor effectiveness of strategies;
* identify, assess, manage, plan for, and monitor use of restrictive practices, including chemical restraint and seclusion;
* use restrictive practices in line with legislative requirements, including ensuring regular review; and
* in response to changes in consumers’ health and condition, identify contributing factors, implement appropriate monitoring and management strategies, and review and evaluate effectiveness.
* Ensure policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks and deterioration or change in consumers’ condition are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures, and guidelines in relation to management of high impact or high prevalence clinical risks and deterioration or change in consumers’ condition.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as the two requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(b) and (3)(d) not met.

The assessment team recommended **requirement (3)(b)** not met as high impact or high prevalence risks, specifically behaviour and medications for two consumers, were not effectively managed.

A consumer (Consumer A) has a recent history of behavioural incidents, including 10 reported through the serious incident response scheme (SIRS) in the past 12 months, all for unreasonable use of force. While behaviour specialists have been engaged, staff said they do not always follow recommendations and use redirection and reassurance. Staff could not provide specific strategies to effectively manage the consumer’s behaviours. Clinical meeting notes state the consumer is for one-to-one support, however, note this is not possible due to staffing levels. The two most recent SIRS incidents where the consumer was physically aggressive toward two consumers occurred on two consecutive days in July 2024. There is no evidence to show behaviour management strategies have been reviewed following the incidents, or that an investigation has been undertaken to prevent further similar incidents occurring. In addition, the consumer displayed physical aggression towards two staff members on two further consecutive days in July 2024.

While the consumer regularly locks themselves in their bedroom, risks involved and mitigating strategies have not been discussed with the representative, risk assessments have not been undertaken, and strategies to manage and/or mitigate risk are not included in the care plan. A staff member, sitting outside the consumer’s room supervising them, said the consumer had been locked in the room for a few hours, and they probably should check on them, however, needed to ask for a key.

Records show a consumer (Consumer B) has been the aggressor in five SIRS reports since February 2024, all unreasonable use of force. While as required psychotropic medication has been administered to the consumer on 20 occasions since June 2024, strategies used prior to administration are not consistently recorded, or effectiveness of the medication consistently evaluated. A general practitioner review in July 2024 did not record whether a review of the as required psychotropic medication usage was undertaken.

The provider agrees with the assessment team’s recommendation, acknowledging their processes need review. The provider states a site-wide roster review was undertaken in April 2024 resulting in consistent staffing in the wing Consumer A resides. Subsequent to the assessment contact, a meeting has been held with the consumer’s family and clinical team, and the care plan has been reviewed and updated. One-to-one care continued for the consumer with no incidents occurring in the nine days subsequent to the assessment contact, and the consumer has been reviewed by specialist services.

In relation to Consumer B, the provider states a specialist review occurred approximately two weeks prior to the assessment contact, with the first recommended intervention for behaviours noted as redirect and distract the consumer, which has been implemented by staff.

I acknowledge the provider’s response. However, I find for the two consumers highlighted, high impact or high prevalence risks relating to behaviours and restrictive practices, have not been effectively managed.

I have considered while Consumer A’s escalating behaviours were known, alternate strategies to minimise impact of behaviours on other consumers and staff have not been sufficiently considered. Staff said they do not follow behaviour management strategies recommended by behaviour specialists and cited use of generic management strategies. Additionally, care meeting minutes in July 2024 show one-to-one monitoring of the consumer was ‘pulled’ due to staffing issues. Behaviour management strategies have not been reviewed following two incidents towards other consumers in July 2024, and an investigation process to prevent like incidents and minimise impact on the consumer and others has not been undertaken. I have also considered the consumer’s seclusion behaviours have not been appropriately assessed, planned for or managed.

In relation to Consumer B, I have considered restrictive practices, specifically frequent use of as required psychotropic medications, has not been used in line with legislative requirements, nor behaviours effectively managed. While as required psychotropic medications have been administered on 20 occasions since June 2024, non-pharmacological strategies trialled prior to administration and efficacy of the medication has not been consistently recorded. Additionally, while a general practitioner review occurred in July 2024, and a new medication prescribed, there is no indication the psychotropic medication, nor its use since June 2024 has been reviewed. I acknowledge the provider’s response noting a specialist review and recommended behaviour management interventions as redirect and distract the consumer. However, the specialist report also notes to refer the consumer to behaviour specialist services for more input and for occupational therapy input for activities to keep the consumer occupied. The provider’s response does not indicate these measures have been taken. Additionally, while personalised behaviour management strategies are recorded, there is no indication these have been used to manage and/or minimise the consumer’s behaviours.

**Requirement (3)(d)** was found non-compliant following a site audit undertaken in February 2024 as insufficient management of continence and weight loss, as well as actions following adverse medical events were not sufficiently managed, and appropriate actions in response to a change or deterioration in consumers’ health did not occur in a timely manner. The provider has implemented actions in response to the non-compliant finding, including recommencing weekly clinical meetings; and providing registered and enrolled nurses training on clinical deterioration.

At the assessment contact in July 2024, the assessment team recommended this requirement not met as timely actions have not been taken to ensure deterioration or change in two consumers’ condition.

While Consumer A has had a change in behaviour since February 2024, other contributing factors have not been considered or managed effectively. The consumer was unwell in June 2024 with a suspected urinary tract infection. While a referral was made to the general practitioner three days after staff noticed signs and symptoms, a general practitioner review and commencement of antibiotics did not occur until almost five weeks later. There have been four occasions between June and July 2024 where bowel charts show gaps of six to 15 days where the consumer’s bowels are recorded as not open, or no entry recorded by staff. Staff said while on occasion, the consumer will take themselves to the toilet, assistance is required most of the time. During the period of the consumer having a suspected urinary infection and bowels not being recorded as opened, the consumer was involved in four SIRS incidents, two resulting in harm to other consumers.

A consumer (Consumer C) was assessed in February 2024 as being non-ambulant and non-weight bearing which was not recognised nor strategies to prevent or manage development of pressure injuries implemented. A pressure injury developed in March 2024 with a skin integrity assessment completed identifying the consumer had some risk of developing pressure injuries. Interventions to prevent pressure injuries included protective dressing to bony prominences, however, no further interventions to prevent pressure injuries are noted. A further suspected deep tissue injury developed in May 2024, with a range of prevention interventions implemented.

The provider agrees with the assessment team’s recommendation, acknowledging their processes need review. The provider states measures will be implemented for Consumer A to report on bowel motions following social leave outings. The response includes an extract from progress notes in June 2024 to show antibiotics were commenced for a suspected urinary infection. The provider acknowledges lack of investigation or referral of pain and included a general practitioner notation from February 2024 relating to review of pain charting and escalated behaviours, which states non-pharmacological strategies can be tried, and the consumer denies pain.

In relation to Consumer C, the provider’s response includes allied health notes from February 2024 noting the consumer has reduced mobility. The provider states the allied health assessment in February 2024 indicates the consumer was not mobile which is consistent with risk factors for pressure injuries and underscores the importance of diligent care and prevention strategies.

I acknowledge the provider’s response. However, I find deterioration and/or change in condition of the consumers highlighted was not effectively identified or managed.

I have considered while escalation of Consumer A’s behaviours were known, contributing factors, specifically bowel management and pain, were not sufficiently considered to manage behaviours and prevent harm to others. Both these factors are noted on the behaviour specialist’s report following a review of the consumer subsequent to the assessment contact. Additionally, pain is also highlighted as a contributing factor for escalated behaviours in a general practitioner’s notation in February 2024, which also notes the same behaviour specialists recommended the consumer’s pain management plan be reviewed. The consumer was involved in four SIRS incidents in June and July 2024, two resulting in harm to other consumers. In relation to management of a urinary infection, I am unable to decide on the timeliness of response to identified signs and symptoms. The assessment team’s report does not include a date of when the signs and symptoms were first identified. Documentation in the provider’s response shows antibiotics to treat the urinary infection were commenced in June 2024 and not July 2024 as noted by the assessment team.

In relation to Consumer C, I consider timely and appropriate actions were not taken to minimise the consumer’s risk of developing pressure injuries. An allied health assessment in February 2024 notes the consumer is non-ambulant/non-weight bearing, and a skin assessment in March 2024 identifies the consumer as being at some risk of pressure injuries. However, documentation shows more comprehensive preventative strategies were only implemented following identification of a suspected deep tissue injury in May 2024.

**In relation to requirements (3)(b) and (3)(d)**, I acknowledge the actions implemented and/or planned to address the issues identified, as outlined in the provider’s response and plan for continuous improvement. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to these requirements.

For the reasons detailed, I find requirements (3)(b) and (3)(d) in Standard 3 Personal care and clinical care non-compliant, therefore, the Quality Standard is 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)