

**Performance Report**

**1800 951 822**

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| Name: | Bethanie Waters |
| Commission ID: | 7276 |
| Address: | 18 Olivenza Crescent, PORT KENNEDY, Western Australia, 6172 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 7 November 2024 |
| Performance report date: | 5 December 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.

# 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; and
* a performance report dated 14 August 2024 for an assessment contact undertaken 18 July 2024.

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

# Assessment summary

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| Standard 3 Personal care and clinical care | Not fully assessed |
| **Standard 8** Organisational governance | **Not fully 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 3

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| 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. | 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. | Compliant |

Findings

Requirements (3)(b) and (3)(d) were found non-compliant following an assessment contact undertaken in July 2024 as high impact or high prevalence risks relating to behaviours and restrictive practices were not effectively managed; and deterioration or change in consumers’ condition was not effectively identified or managed. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, staff training on management of behaviours, falls, wounds, pain medication, and recognition, response and management of deterioration; reviewed behaviour care plans to ensure they reflect external specialists’ recommendations; and enhanced monitoring of key performance indicators in relation to identification and development of strategies for management of high impact or high prevalence risks and consumers at risk of deterioration.

At the assessment contact in November 2024, processes to effectively identify, assess, plan for, manage and review high impact or high prevalence risks associated with consumers’ care were demonstrated. Policy and guideline requirements are followed and measures applied to mitigate the level of risk to consumers, whilst supporting their independence and self determination to make their own choices. Care files demonstrate effective management of risks relating to falls, behaviours, restrictive practices, and pain. Care files also evidence involvement of allied health and specialist services in the management of identified risks. Consumers and representatives are happy with the way staff manage consumers identified at risk of falls, changed behaviours and developing pressure injuries.

Care files evidence timely and effective management of deterioration or changes in consumers’ health and wellbeing. Where changes in consumers’ condition have been identified, care files evidence monitoring of vital signs, completion of clinical observations, consultation with general practitioners, and transfer to hospital for further investigation. Staff described signs and symptoms of clinical deterioration and how they respond, with care staff stating they report changes in consumers’ health to the registered nurse. Staff also described use of a stop and watch tool to alert clinical staff where they notice something different in a consumer’s daily care routine or health. Consumers and representatives are happy with the way the service responds to change or deterioration in condition.

Based on the Assessment Team’s report, I find requirements (3)(b) and (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**

The organisation demonstrated effective risk management systems and practices, supported by policies, procedures and staff training. Incidents are reported through an incident management and reporting portal, with management alerted to incidents in the system that fall within their responsibility. An incident and serious incident response scheme (SIRS) register is maintained and shows timely reporting, investigations and actions have been undertaken to mitigate further incidents. Consumer risks and incidents are monitored and risk mitigation strategies assessed by the clinical care team and clinical governance team meetings. Executive level staff monitoring of incident reports occurs for quality control and to ensure timely investigation and action. The governing body monitors data and trends in relation to managing consumer related risk, with board meeting minutes including data relating to SIRS incidents, clinical incidents, and mitigation strategies implemented. Nursing staff demonstrated good understanding of their role in responding to and investigating incidents for their root cause to prevent reoccurrence.

A consumer dignity of risk register is maintained and documentation shows relevant consents and records of risk discussions with consumers, to enable them to live their best life.

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)