Bethanie Waters

Performance Report

18 Olivenza Crescent
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Phone number: 08 9593 9300

**Commission ID:** 7276

**Provider name:** The Bethanie Group Incorporated

**Assessment Contact - Site date:** 11 August 2022

**Date of Performance Report:** 5 September 2022

# Performance report prepared by

Michelle Glenn, 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(a) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 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 consumers, representatives, staff, management and others;
* an email from the provider received 17 August 2022 indicating a response to the Assessment Team’s report would not be provided; and
* the Performance Report dated 4 May 2022 for the Site Audit undertaken 1 March 2022 to 3 March 2022.

# STANDARD 3 Personal 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)(a) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 1 March 2022 to 3 March 2022 where it was found the service did not demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to restrictive practices and use of psychotropic medications. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Waters, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Compliant**

*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.*

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 1 March 2022 to 3 March 2022 where it was found the service did not demonstrate each consumer received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to restrictive practices and use of psychotropic medications. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provided training to staff in relation to use of low low beds, restrictive practices, pain and behaviour management and conducting spot checks for low low beds and as required psychotropic medication documentation.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers and representatives sampled were happy with the care consumers were receiving. One representative indicated their relative’s psychotropic medications were ceased, and they had noticed an improvement in their behaviours in the last few months.
* Care plans sampled demonstrated consumers are provided safe and effective personal care, including in relation to pressure injuries, maintenance of skin integrity and restrictive practices.
* There are processes to ensure non-pharmacological interventions are trialled prior to use of as required psychotropic medication and effectiveness of the medication is evaluated. Progress notes sampled demonstrated psychotropic medication reviews are being conducted, including by the General practitioner.
* Clinical staff described process of psychotropic administration, evaluation and documentation of non-pharmacological interventions trialled prior to administering of psychotropic medications, which are being used as last resort

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Waters, Compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Assessment Team assessed Requirement (3)(a) in Standard 4 Services and supports for daily living as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 1 March 2022 to 3 March 2022 where it was found the service did not demonstrate each consumer received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence health, well-being and quality of life. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Waters, Compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Compliant**

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 1 March 2022 to 3 March 2022 where it was found the service did not demonstrate each consumer received safe and effective services and supports for daily living that met their needs, goals and preferences and optimised their independence health, well-being and quality of life. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, commenced a five-day therapy introduction sheet for new admissions and implemented a therapy and activity evaluation tool designed to ensure consumers’ current preferences and goals remain relevant and any new preferences, goals and supports needed are captured. Additionally, new admissions are conducted by a therapy assistant who visits with the consumer daily for five days following entry to assist them to become familiar with the supports and services available and enables therapy assistants to gain insight into the consumer’s needs, preferences and supports during this period.

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* Consumers and representatives sampled were satisfied services and supports for daily living help consumers do the things they want to do.
* All 12 consumer profiles, care plans and therapy/lifestyle care plans for consumers who had recently entered the service included information relating to services and supports for daily living, and 11 care plans included therapy/lifestyle care plans that identified consumers’ preferences, goals and support needs.
* Staff sampled described how they work with consumers to help them do as much as they can for themselves and maintain their independence and quality of life.

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Waters, Compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 1 March 2022 to 3 March 2022 where it was found the service did not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find The Bethanie Group Incorporated, in relation to Bethanie Waters, Compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 7 Requirements**

**Requirement 7(3)(a) Compliant**

*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.*

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 1 March 2022 to 3 March 2022 where it was found the service did not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, analysing monthly call bell reports and using the data to assist with workforce planning and daily staff allocation; added five additional care worker shifts between the hours of 7:00am and 8:00pm; encouraging staff to give feedback regarding staffing numbers and skills mix needed to deliver care and services; and implemented a new recruitment strategy to attract staff. Additionally, call bell data has been added to the monthly agenda for discussion at consumer and staff meeting forums

The Assessment Team provided the following evidence and information collected through interviews and documents which are relevant to my finding in relation to this Requirement:

* The majority of consumers and representatives sampled said there are enough staff to provide care and services. They indicated staff do not rush or hurry consumers and consumers do not have to wait long periods after pressing the call bell.
* Consumers, representatives and staff sampled said they have seen a positive change in the service, including in relation to staffing levels.
* Management liaise with the Occupational therapist regularly to review consumers’ acuity in each wing to ensure daily staffing allocations meet consumers’ requirements. Management keep abreast of current staffing levels, including skill set and length of service, in conjunction with consumers’ acuity to ensure that when reviewing a potential new admission, they have the workforce capacity to deliver quality care and services.
* Call bell records and response times are reviewed monthly, as well as incidents to identify trends to assist with the workforce planning and daily staff allocation.
* Most staff sampled were generally satisfied with staffing levels. Some staff said they could always do with more staff, however, could not provide examples of how current staffing levels impacted consumers’ care and service delivery

For the reasons detailed above, I find The Bethanie Group Incorporated, in relation to Bethanie Waters, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.