Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bethsalem Care |
| Service address: | 10 Education Road HAPPY VALLEY SA 5159 |
| Commission ID: | 6088 |
| Approved provider: | Christadelphian Care Services (SA) Incorporated |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 April 2023 |
| Performance report date: | 1 May 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 Bethsalem Care (**the service**) has been prepared by J Renna, 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 - 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 performance report dated 5 December 2022 for the Site Audit undertaken from 7 November 2022 to 9 November 2022.

The provider did not submit a response to the Assessment Contact – Site report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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.

* Ensure staff have the skills and knowledge to initiate assessments and update care plans where changes to consumers’ health are identified or when incidents occur; and
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 from 7 November 2022 to 9 November 2022, where it was found the service was unable to demonstrate each consumer was supported to take risks to enable them to live the best life they can. Specifically, there was no evidence demonstrating risks associated with activities of choice had been explained to consumers and/or their representatives, or that effective interventions had been implemented to minimise risk of harm.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed and updated risk management policies, provided staff education on the updated policies and dignity of risk, audited and updated all consumer risk assessments and management plans, and undertook maintenance to the smoking area to improve staff visibility of consumers.

The Assessment Team found these improvements were effective and was satisfied the service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. As a result, the Assessment Team recommended Requirement (3)(d) met.

The Assessment Team’s report demonstrates one consumer, who undertakes a risky activity, could describe strategies to minimise their risk of harm. Three sampled care plans demonstrated risks associated with activities of choice are documented, risk mitigation strategies are implemented and reviews are undertaken annually or when the consumer’s condition changes. Staff were knowledgeable of consumers who engage in risky activities, including interventions in place to minimise risk. Risk management strategies were observed to be used by staff when sampled consumers were undertaking their risky activity of choice.

However, information and evidence in the Assessment Team’s report under Requirement (3)(e) in Standard 2 Personal care and clinical care demonstrates risks associated with one consumer’s choice to eat food outside of Speech pathologist recommendations have not been assessed. Staff were aware of the risk and said they monitor the consumer and intervene if they notice them eating incorrect food. The consumer’s behaviour support plan indicates the consumer has severe cognitive impairment and food is a behavioural trigger.

I have considered the balance of evidence and acknowledge one consumer has not been supported to take risks, however, all other consumers sampled had appropriate strategies in place to minimise risk of harm. Furthermore, as the consumer has severe cognitive impairment and food is a known behavioural trigger, I find the evidence better aligns to Requirement (3)(e) in Standard 2 Personal care and clinical care, due to the service’s failure to review care and services in response to behaviours, rather than supporting them to take risks. This negative outcome for one consumer does not indicate systemic failure in relation to this Requirement.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(e) | 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. | Non-compliant |

Findings

In relation to Requirement (3)(a), the Assessment Team was satisfied the service demonstrated assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. The Assessment Team recommended Requirement (3)(a) met. Nine consumers and one representative said staff are knowledgeable of consumers’ individual risks and were satisfied with care and services received. Sampled care plans showed consumers are assessed on entry using a range of comprehensive assessment tools, and where risk is identified, personalised risk mitigation strategies are implemented. Staff were knowledgeable of assessment and planning processes, and considered care plans include sufficient information to inform safe and effective care and services.

In relation to Requirement (3)(e), the Assessment Team was not satisfied the service demonstrated 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 recommended Requirement (3)(e) not met and provided the following evidence relevant to my finding:

* One consumer’s care plan was not consistently reviewed following falls, behavioural incidents or on the identification of risk-taking behaviour. Of the six falls experienced within a three-week period, a falls risk assessment was only completed on one occasion and there was no evidence that existing strategies had been reviewed. This does not align with the organisation’s falls management procedure. Within an 11-day sampled period, the consumer had five episodes of aggressive behaviour, however, there was no evidence demonstrating their behaviour had been assessed or management strategies had been reviewed. Furthermore, staff said the consumer regularly eats food that does not align with Speech pathologist recommendations and progress notes demonstrates at least one occasion where the consumer ate food not in line with their assessed need. There was no evidence demonstrating a risk assessment had been undertaken or the representative was notified for this behaviour.
* One consumer’s risk of pressure injuries was not reassessed and new interventions were not implemented, following development of a new pressure injury.
* One consumer’s pain was not evaluated following a fall which resulted in a fracture. Pain charting was undertaken which demonstrated mild pain, however, it was not evaluated and pain management strategies were not implemented. A Physiotherapist assessment was not undertaken following the fall and the most current assessment (dated prior to the fall) was not reflective of the consumer’s current movement and ability to perform tasks.
* Management acknowledged assessments have not been consistently completed following incidents or change in condition and have recently developed a care plan review procedure to guide staff.

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

In coming to my finding, I have considered the Assessment Team’s findings and information in their report, which demonstrates care and services are not reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

The intent of Requirement (3)(e) expects organisations to ensure care and services they provide meets consumers’ needs safely and effectively. I find this did not occur for sampled consumers, as care and services were not reviewed following falls and behavioural incidents, or in response to risk taking behaviour.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) and non-compliant with Requirement (3)(e) in Standard 2 Personal care and clinical care.

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)