Bethsalem Care

Performance Report

10 Education Road   
HAPPY VALLEY SA 5159  
Phone number: 08 8321 0300

**Commission ID:** 6088

**Provider name:** Christadelphian Care Services (SA) Incorporated

**Assessment Contact - Site date:** 4 May 2022

**Date of Performance Report:** 1 June 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 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

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 and others; and
* the provider’s response to the Assessment Contact - Site report received 24 May 2022 and 25 May 2022.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is Non-compliant as the one Requirement assessed has been found Non-compliant.

The Assessment Team assessed Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact and have recommended the Requirement not met. The Assessment Team were not 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.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Christadelphian Care Services (SA) Incorporated, in relation to Bethsalem Care, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Non-compliant**

*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 were not 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’s report provided the following evidence relevant to my finding:

* Consumers’ health and well-being had not been reassessed, including on a six-monthly basis, in line the service’s policy. Thirty-four of 90 consumers had not had assessments completed in over six months.
* Care files for four consumers sampled demonstrated that following incidents, clinical observational assessments were undertaken, and risk management strategies implemented, however, formal risk assessments had not been completed.
* Consumer A indicated they experience severe, ongoing pain. The last pain assessment was dated August 2020 and the care plan was last updated in July 2021. The service did not provide evidence strategies had been reviewed since this date. Repositioning charts indicate repositioning has not been undertaken in line with directives and both the pain and repositioning chart have not been consistently completed.
* While Consumer B developed a stage 1 pressure injury in April 2022, a skin and pressure injury risk assessment has not been updated in response, with the last assessment completed in June 2019.
* Since completion of an initial Skin assessment and Pressure injury risk assessment in October 2020, Consumer C has developed pressure injuries and abrasions. However, the service did not demonstrate the risk to Consumer C’s skin integrity had been reassessed.
* Consumer D sustained three falls in three months in 2022. The Mobility and transfers care plan was not reviewed following the last two falls and prevention strategies did not include interventions in place. The Falls risk assessment have not been reviewed since November 2021.
* Twenty-nine of 90 consumers had not had a pain reassessment completed within the last six months in line with the service’s policy. Additionally, current pain tools contained insufficient information to inform care and services.
* Pain charting for Consumers A and D did not contain any description of the pain, such as location, duration, interventions or their effectiveness to inform care.
  + Evidence that a pain assessment had been completed for Consumer D since 20 October 2021 was not provided despite the consumer sustaining a suspected fracture following a fall in April 2022.
  + While pain charting had been initiated in April 2022 for Consumer A following return from hospital, a pain assessment had not been completed.

The provider’s response included a Continuous improvement plan, directly addressing the deficiencies identified by the Assessment Team, and includes actions completed and/or planned. Actions include:

* Conducted an audit to identify assessments and care plans that require reviewing and updating. Registered nurses have been allocated to complete.
* Implementing a Resident of the day process to facilitate care and assessment review. A policy and procedure are to be developed and education to be provided to staff.
* Electronic pain charting tool reviewed and identified issues with data transfer to the electronic care system. Education relating to the pain chart to be provided to staff.

I acknowledge the provider’s response. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, assessment and planning processes did not consistently inform the delivery of safe and effective care and services.

I acknowledge reassessment and review processes have been impacted by COVID-19 and the effects this has had on staffing. However, I have considered that as reassessment and/or review processes have not been conducted in line with the service’s processes, there is a potential for information in care plans, used to guide staff in delivery of care, not to be an accurate reflection of the care and services consumers require. I find this has the potential to impact on the effective delivery of care and services, particularly where staff delivering care are not familiar with consumers’ care and service needs.

I have also considered that for four consumers sampled, management strategies, including in relation to risk, had not been informed through completion of appropriate assessments. Additionally, pain charting for Consumer A and D did not contain sufficient information to inform development of effective management strategies. As such, I find the service’s assessment and planning processes are not effective to ensure consumers are receiving the best possible care and services to ensure their health and well-being is not compromised.

For the reasons detailed above, I find Christadelphian Care Services (SA) Incorporated, in relation to Bethsalem Care, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

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

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 Christadelphian Care Services (SA) Incorporated, in relation to Bethsalem Care, Compliant with Requirement (3)(b) 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)(b) Compliant**

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

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

* Most consumers and representatives sampled considered that consumers receive personal and clinical care that is safe and right for them. The majority of consumers and representatives expressed satisfaction with management of consumers’ individual risks, including pressure injuries, weight loss, medication and falls.
* One consumer was not satisfied with management of pain, however, documentation review and feedback provided through interviews identified the consumer’s risks had been identified, strategies implemented and effectiveness of strategies regularly reviewed.
* Care files sampled for five consumers demonstrated high impact or high prevalence risks are identified through assessment processes, including use of validated risk assessments.
* Care files sampled demonstrated appropriate management of high impact or high prevalence risks relating to falls, pressure injuries, swallowing difficulties, and restrictive practices, specifically psychotropic medications. Where high impact or high prevalence risks had been identified, additional monitoring and assessments had been implemented, management strategies developed and/or reviewed and evaluated and referrals to Medical officers and/or Allied health professionals initiated.
* Care and clinical staff interviewed were knowledgeable of sampled consumers’ high impact or high prevalence risks and detailed how they identify, assess, and manage such risks, including those relating to falls and behaviours.

For the reasons detailed above, I find Christadelphian Care Services (SA) Incorporated, in relation to Bethsalem Care, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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 and have recommended this Requirement met. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

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 Christadelphian Care Services (SA) Incorporated, in relation to Bethsalem Care, 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.*

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

* The majority of consumers and representatives sampled indicated they were happy with the level of care provided and said that while staff appear busy at times, there was no significant impact on the care consumers receive.
* The service demonstrated processes to ensure the workforce is planned to enable safe and quality care and services. A structured approach is taken for rostering, managing staff leave and recruiting staff. Incident data, feedback, observation and consumer assessment are also considered to ensure sufficient staffing levels are maintained.
* Work schedules and rosters are flexible to accommodate changes in consumer acuity and there are systems to manage unplanned leave.
* The service has had ongoing staff shortages in response to COVID-19 and have implemented specific policies, procedures and strategies to manage staffing shortfalls and to ensure care is prioritised in accordance with the needs of consumers and the right mix and skill of staff is appropriate for each area.
* Six of 14 staff sampled indicated staff numbers are sufficient, four reported the workforce is busy due to staff shortages, however, can absorb the shortages with no direct impact on consumer care and four staff reported staff shortages are impacting on consumer care.
* Observations of lunch time meal service demonstrated there were sufficient staff to assist consumers to attend the dining area and provide assistance with meals for those who required it,. Meals were not rushed, the environment was calm, and staff were engaging with consumers.

For the reasons detailed above, I find Christadelphian Care Services (SA) Incorporated, in relation to Bethsalem Care, Compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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 2 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to initiate assessments and develop and/or update care plans in response to changes in consumers’ health and well-being.
* Ensure reassessment and review processes are undertaken in line with the service’s policy.
* Ensure consumer care plans are updated in response to consumers’ changing condition and clinical incidents.
* 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.