Performance

Report

**1800 951 822**

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| 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: | Site Audit |
| Activity date: | 7 November 2022 to 9 November 2022 |
| Performance report date: | 5 December 2022 |

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 Denise McDonald, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 30 November 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **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.

* **Requirement 1(3)(d)** – the service ensures each consumer is supported to take risks to enable them to live the best life they can.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Assessment Team found the following requirement was not met:

* Each consumer is supported to take risks to enable them to live the best life they can.

The Assessment Team found the service did not support two named consumers to safely take risks. In relation to a named consumer who chose to smoke at the service, the consumer and their representatives advised the service did not discuss risks related to smoking and they had not signed a risk assessment or dignity of risk form. The care planning documentation detailed risk mitigation strategies including the supervision of the consumer when smoking. The Assessment Team observed the named consumer smoking unsupervised during the site audit. Staff confirmed the named consumer was not supervised when he smokes. The care planning documentation for another named consumer who chose to consume alcohol at the service identified risks associated with consumption of alcohol, however, did not record any risk minimisation strategies.

The Approved Providers’ written response received on 30 November 2022, provided evidence which demonstrated the medical officer of the named consumer who chose to smoke had consulted with the consumer and discussed risks involved with smoking in June 2021 and August 2022. The Approved Provider advised the named consumer had cognitive capacity and consented to the risk. Reminders of the risk mitigations strategies were provided to staff, including to observe the consumer whilst smoking and the visibility of the smoking area was improved. The Approved Provider advised the mobility of the named consumer who chose to consume alcohol at the service had declined and their risk of falls had significantly reduced. The named consumer’s care plan was reviewed, and their alcohol is now stored in the treatment room. The service has updated their dignity of risk policy to include a process for regular monitoring and review or risk-taking behaviours.

Whilst I acknowledge the actions of the Approved Provider and additional information outlined in their response dated 30 November 2022, I consider, at the time of the Site Audit the service failed to demonstrate each consumer is supported to take risks to enable them to live the best life they can. The service did not demonstrate appropriate consultation or reasonable care in the implementation of risk mitigation strategies related to the named consumer who chose to smoke at the service.

Therefore, I find Requirement 1(3)(d) is non-compliant.

I am satisfied the remaining five requirements of Standard 1 are compliant.

Consumers said staff treat them with dignity and respect and felt valued as an individual. Staff spoke about consumers in a respectful manner an demonstrated they are familiar with consumers’ backgrounds and preferences. Care planning documentation evidenced that consumers’ culture, diversity, identity, and personal preferences are acknowledged.

Consumers confirmed the service recognised and respected their cultural background and provided care that was consistent with their cultural preferences. Information about consumers’ cultural and spiritual needs was captured in their care planning documentation. Staff identified culturally and linguistically diverse consumers living at the service and described how culture influences the delivery of their care and services.

Consumers reported being supported to exercise choice and independence, and said they are able to make decisions about how their own care and services are delivered. Management and staff described how consumers were supported to make choices, maintain independence and relationships of choice. Care planning documentation identified consumers’ individual choices around how and when care is provided, who is involved in their care and how the service supports them in maintaining relationships which are important to them.

Consumers confirmed they were kept informed and supported to make choices and decisions about the things they liked to do. Staff described how information was provided to consumers to assist them to make choices in line with their needs and preferences. Updated information such as the daily menu and lifestyle program schedule was displayed in the service.

Consumers and staff described how privacy was respected by staff, including staff knocking on doors prior to entering and closing doors when providing personal cares. Staff were observed to respect consumers’ privacy. Staff were guided by a privacy and confidentiality policy which outlined how the service protects consumers’ privacy and keeps personal information confidential.

# Standard 2

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| 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)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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. | Compliant |

Findings

The service was found non-compliant in relation to Requirement 2(3)(a) following an Assessment Contact in May 2022. Evidence in the site audit report dated 7 to 9 November 2022 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement.

Where non-compliance was previously identified in relation to consideration of risks in consumer care planning and assessment, the service had conducted a care plan audit which identified and updated all relevant care plans. Care planning documentation reviewed by the Assessment Team recorded assessments of consumers’ needs and risks to their health and well-being. Staff described the care planning and assessment process, how they identify risks to the consumer, and how it informs the delivery of care and services. Non-compliance was previously identified in the recording of pain assessments; however, the service has updated their processes to enhance the documentation of pain management practices on the electronic case management system. The service had reviewed and updated the assessment and care planning policy and procedure which outlined that care plans are reviewed annually or when a consumer’s condition changes and when incidents occur.

Consumers and representatives said they were involved in the assessment and planning of consumers’ care, including end of life planning. Care planning documentation confirmed consumers’ end of life preferences are identified and addressed. Staff were supported by a policy which outlined the importance of discussions with consumers and representatives around end of life planning, promoting consumer choice, and reviewing consumers’ care plans following a change in consumers’ needs or preferences.

Consumers and representatives said the service partners with consumers and others who the consumer wanted to involve in care planning and assessment, including medical and allied health professionals. Management described partnering with consumers in care planning and processes for making referrals to allied health professionals. Care planning documentation recorded involvement of consumers and others, including medical and allied health professionals in the care planning process.

Consumers and representatives felt the service effectively kept them up to date and informed about the consumers’ care planning and assessments and confirmed care planning documentation is readily available and accessible to them. Progress notes demonstrated staff updated representatives of care outcomes through telephone calls and in person. Management and clinical staff described how they effectively communicated outcomes of assessment and planning to consumers and their representatives.

Care planning documentation evidenced consumers’ care and services were reviewed on a regular basis and when consumers’ circumstances changed, including as a result of deterioration or incidents. Management and clinical staff described care planning documentation was reviewed annually or when required and consumers and representatives reported care needs were regularly discussed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives sampled said they received care which is safe and right for them and meets their individual needs and preferences. Management and clinical staff described process which ensured clinical and personal care is aligned to best practice. The service had processes in place to manage restrictive practices, skin integrity, and pain in line with best practice. Consumer care documentation reflected individualised care that was safe, effective, and tailored to the needs and preferences of the consumer.

Care planning documentation demonstrated high impact and high prevalence risks were identified and monitored and detailed strategies and procedures to manage risks. Management and staff described how risks are identified, assessed, and managed for the safety, health, and well-being of consumers. The service was supported by a high-risk care policy which provided guidance on preventing and managing high impact and high prevalence risks including falls, pain, choking and hydration and nutrition.

Consumers and representatives said when a consumer needed end of life cares, the service supported them to be as free from pain as possible and to have those important to the consumer with them. Staff explained the assessment process following a change to a consumer’s condition, including consumers who are nearing the end of life. Staff described how they maximised a named consumers’ comfort in accordance with the recorded preferences.

Consumers and representatives said the service was responsive to consumers’ changing care needs and were informed of any deterioration to their health. Staff explained how deterioration was reported and assessed by clinical staff. Care planning documentation and progress notes demonstrated deterioration or changes to consumers’ condition were identified and responded to.

Consumers and representatives expressed satisfaction with the communication of consumers’ needs, preferences, and changes to condition. Staff described how information about consumers’ needs, preferences, and condition are documented within the organisation and with others where responsibility is shared. Care planning documentation and progress notes provided adequate information to support effective and safe sharing of consumers’ information and supported continuation of care.

Consumers and representatives reported timely and appropriate referrals were made when needed. Consumers’ care planning documentation and progress notes demonstrated referrals to other providers and organisations were timely and appropriate. The service was supported by a process for making referrals which outlined staff responsibilities throughout the referral process.

The service had documented policies and procedures which guided staff in relation to antimicrobial stewardship, infection control, and the management of a COVID-19 outbreak. Staff demonstrated an understanding of precautions to prevent and control prevention and steps they could take to minimise the need for antibiotics. The service had a consumer and staff vaccination program and maintained records of influenza and COVID-19 vaccinations.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed they were supported to participate in activities they like and were provided with appropriate support to optimise their independence and quality of life. Staff described how they partnered with consumers to conduct a lifestyle assessment and demonstrated an understanding of consumers’ preferences, which aligned to the information in their care plan. The Assessment Team observed consumers of varying levels of ability engaged in daily living activities during the site audit.

Consumers described how the service promoted their emotional, spiritual, and psychological well-being. Care planning documentation included information on consumers’ emotional, spiritual, and psychological well-being needs, goals, and preferences. The activities schedule evidenced activities to support consumers’ needs, including church services, bible reading and reminiscing activities.

Consumers felt supported to participate in activities both within the service and in the outside community. Staff provided examples of consumers who were supported to maintain relationships with other consumers and people who reside outside of the service. Care planning documentation identified people important to individual consumers and activities of interest to them.

Consumers and representatives said consumers’ condition, needs and preferences are effectively communicated within the service and with others who share responsibility for care. Staff described how information about consumers’ condition, needs, and preferences are shared, including through communication books, handovers, and updates in the electronic case management system. Care planning documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Care documentation demonstrated the service collaborated with external providers to support the diverse needs of consumers. Consumers confirmed they are provided support by other organisations and services. Staff described how the service supplemented care and services with external providers, including referrals to counsellors and linguistically diverse volunteers.

Consumers expressed the variety, quantity, and quality of the meals provided met their needs. Care planning documentation reflected consumers’ dietary needs and preferences. The service had process and systems in place which included consumers in the development of the menu and allowed consumers an opportunity to provide feedback in relation to the quality of food provided.

Consumers and representatives reported access to equipment, including mobility aids, shower chairs, and manual handling equipment, which assist them with activities of daily living. Staff confirmed access to equipment and explained how equipment is kept safe, clean, and well-maintained. A range of equipment, including mobility aids and leisure and lifestyle equipment was observed to be suitable, clean and in good condition.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives confirmed they find the service environment to be welcoming and easy to understand. Staff described aspects of the service which helped consumers to feel welcomed and optimised consumers’ sense of belonging and ease of navigation. The Assessment Team observed various areas which optimised consumers’ interactions including lounges, large televisions, bookshelves, external courtyards, and gardening areas.

Consumers and representatives said the service environment was safe, clean, and well-maintained. Management and staff described how the service is cleaned in accordance with a daily cleaning schedule, which included consumers’ rooms and communal areas. Consumers were observed moving between wings of the service and to outdoor areas.

Staff demonstrated how equipment is kept clean and safe and provided evidence of completed cleaning schedules and preventative and reactive maintenance logs. Consumers confirmed equipment is checked, cleaned, and maintained regularly. The Assessment Team observed furniture and equipment to be clean and in good condition. \

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives confirmed they knew how to provide feedback or make a complaint and felt comfortable to do so. Management and staff described avenues for consumers to provide feedback and complaints, including suggestion forms, consumer meetings or verbally. The Assessment Team observed locked suggestion boxes which allowed consumers to provide anonymous feedback and consumer meeting minutes demonstrated discussion of feedback and complaints.

Consumers and representatives said they were aware of, and have access to, advocates, language services, and other methods for raising and resolving complaints. Management and staff confirmed information around advocacy services was available in different languages for consumers. The Assessment Team observed the service was actively promoting advocacy services with information easily accessible to consumers and representatives.

Consumers and representatives said the service responded to and resolved complaints or concerns when they were raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure and explained how they would apologise to consumers if something went wrong. The service’s feedback and complaints register demonstrated appropriate action was taken and an open disclosure process was followed, following the receipt of a complaint.

Consumers and representatives felt their feedback is used to improve services. Management described how feedback and complaints were used to drive continuous improvement across the service. The service was supported by a feedback and complaints procedure which included receiving, monitoring, and actioning feedback from consumers and their representatives.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers and representatives felt the service had sufficient staff to meet their needs. Some consumers and representatives reported the service is short staffed at times, however, did not identify any impact to the quality of care received. Management and staff described how the service ensured adequate staff, including the utilisation of a pool of casual staff. The Assessment Team reviewed the call bell report which demonstrated an average call bell response of less than ten minutes.

Consumers and representatives said staff are kind, caring and gentle when providing cares. The Assessment Team observed staff greeted consumers with their preferred name and demonstrated they were familiar with consumers’ individual needs and identity. Staff interactions with consumers were observed as kind, caring and gentle.

Staff were confident the training provided has equipped them with knowledge to carry out care and services for consumers. Consumers and representatives felt staff were competent and sufficiently skilled to meet their care need. Position descriptions included key competencies and qualifications required for each role.

Staff said the service provided mandatory and supplementary training to support them to provide quality care, and management described ensuring staff received required training to perform their roles in accordance with the Quality Standards. Mandatory training records indicated all active staff had completed all mandatory training at the time of the site audit.

Staff explained their performance was monitored through annual performance appraisals. The Assessment Team identified that a large number of annual performance appraisals were overdue, however, management described how staff performance was being managed for individuals identified to be underperforming, despite the delays due to COVID-19 outbreaks. Performance appraisals was an identified area for improvement and recorded in the services’ plan for continuous improvement.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said the service was well run and felt the service sought input from them and listened to their suggestions. Management described how consumers were engaged in the development, delivery and evaluation of care and services through a variety of mechanisms including consumer meetings, feedback forms, surveys, consumer committees and conversations with staff, management, and the chief executive officer (CEO). The Assessment Team observed consumers approaching management and the CEO to discuss living experience and share their feedback.

Management described how the governing body ensured safe and quality care was delivered, including though weekly management meetings with the board, the oversight of quality indicator reports and the participation of the CEO in sub-committees such as quality, business operations and workplace health and safety committees. The Assessment Team reviewed documentation, including internal audits and monthly board meeting minutes, which demonstrated the involvement of the board in quality, clinical governance, and risk management matters.

The service was supported by effective organisation wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Management said they were subscribed to a range of newsletters, industry alerts and said they regularly browse the Commission’s website to monitor changes to aged care laws. The service demonstrated all staff had received the required COVID-19 vaccinations and had current police checks and professional registrations.

The service was supported by risk management frameworks, policies, and guidelines to support the management of risks. Management reported high impact or high prevalence risks were trended and analysed monthly. Staff confirmed receiving serious incident response scheme (SIRS) and elder abuse training as part of the mandatory training schedule. SIRS documentation demonstrated the effective identification and response to an incident of abuse of a named consumer.

The organisation had an effective clinical governance system which ensured quality and safety of clinical care and included anti-microbial stewardship, minimising the use of restraint and open disclosure. Clinical staff demonstrated an understanding of strategies to minimise the use of antibiotics and restrictive practices, and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)