Brightwater Birralee

Performance Report

155 Odin Road
INNALOO WA 6018
Phone number: 08 9445 6600

**Commission ID:** 7232

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 1 October 2020

**Date of Performance Report:** 28 January 2021

# Publication of report

This Performance Report **may 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 8 Organisational governance** |  |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

This performance report details the Commission’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 site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved Provider’s response to the Assessment Contact - Site report received 29 October 2020.

# 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) within this Standard. No other Requirements within this Standard were assessed.

The Assessment Team have recommended Requirement 3(3)(a) is met.

Based on the Assessment Team’s report I find the service Compliant with Requirement 3(3)(a). The Approved Provider’s response did not refer to this Requirement.

The reasons for my decision are detailed under 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.*

The Assessment Team found the service demonstrated that each consumer gets safe and effective personal and clinical care that is best practice, tailored to meet their needs and optimises consumers’ health and well-being. Specific feedback provided by consumers and representatives included:

* A consumer said they prefer their shower before breakfast and staff are very accommodating of this.
* Representatives stated they were very happy with the care their consumers received.
* A consumer said they were ‘very happy’ with the way the nursing staff were caring for a wound on their foot. Nurses check the dressing daily and change it every second day.
* A consumer said they prefer female care staff and staff meets this need when personal care is delivered.

The Assessment Team reviewed policies and procedures in place to guide staff in providing individualised personal and clinical care reflecting best practice.

Documents reviewed by the Assessment Team included care plans containing personalised strategies for the provision of care, such as preferred showering times, a preference for female care staff to assist with personal care and the importance attending church services. Care plans contained evidence of being regularly reviewed by clinical staff and updated as care needs, and consumers’ clinical conditions changed, such as after falls. Records relating to wound care, use of restraints, skin integrity and pain management confirm staff are following policies and procedures, and involving the appropriate people in decision-making about the delivery of personal and clinical care to ensure it remains effective and appropriate.

During interviews with the Assessment Team staff spoke of the individualised clinical and personal care provided to specific consumers and the processes in place to ensure it remains safe and effective.

The Assessment Team reviewed evidence of processes in place to monitor staff compliance with this Requirement and to identify opportunities for continuous improvement.

For the reasons details above I find the service Compliant with Standard 3 Requirement (3)(a).

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Assessment Team assessed Requirement (3)(d) within this Standard. No other Requirements within this Standard were assessed.

The Assessment Team have recommended Requirement 8(3)(d) is not met.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with Requirement 8(3)(d). A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

The reasons for my decision are detailed under the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found that the service overall has effective risk management systems and practices in place to manage risk and support consumers to live the best life they can and has policies and procedures in place to direct staff in the provision of care. The Assessment Team also found that documents reviewed and interviews with staff indicated the service did not obtain appropriate consent to use a low-low bed as a restrictive practice and was unable to demonstrate an accurate understanding of mandatory reporting of an allegation of assault, and specifically an allegation of the unreasonable use of force. These findings were based on the following information:

* Care staff reported a consumer who was using a low-low bed was able to transfer from sitting to standing and walk if the bed is raised up from the floor. Another staff member indicated low-low beds are not considered forms of restraint.
* A restrictive practices form relating to the use of a low-low bed included information indicating consent to use the bed to minimise the risk of the consumer walking unassisted had been provided verbally but did not contain details of who provided consent or when it was provided.
* A consumer’s representative made an allegation of rough handling in June 2020. Complaint resolution documentation shows an investigation was completed, feedback was provided to the representative who indicated their satisfaction with the outcome, and no mandatory report was made about the allegation.
* No evidence was reviewed in relation to the assessment of the consumer’s mobility and repositioning requirements, or pain management after the allegation of rough handling was made.

The Approved Provider submitted a response to the Assessment Team’s report, including supporting documentation. The Approved Provider maintains appropriate consent was obtained to implement the low-low bed as a restrictive practice and the service acted appropriately in response to feedback provided in June 2020.

In relation to the use of the low-low bed I have reviewed email correspondence confirming consent to use the low-low bed was given by the representative on the day the restrictive practices form was completed. I have also reviewed a care plan clarifying the consumer’s needs in relation to transferring from bed to standing, and walking. While care staff were correct in reporting the consumer was able to transfer from sitting to standing and walk if the bed is raised up from the floor, the consumer was also assessed as not safe to do this independently, prior to the assessment contact visit, and must be assisted by one person when they do this. The Approved Provider also clarified the staff member’s comment about the use of the low-low bed in this situation not being considered a form of restraint indicating it is considered a restrictive practice as opposed to a restraint. I consider the additional evidence submitted by the Approved Provider confirms staff do understand when the use of low-low beds is a restrictive practice, and appropriate consent was obtained in this situation.

In relation to the allegation of rough handling that was not reported as a mandatory report, I have reviewed the initial correspondence from the representative, the feedback provided by management following their investigation, and the representative’s response to the feedback. The evidence indicates the consumer’s representative was concerned enough to make management aware of what the consumer had reported to them, suggesting staff were ‘unusually rough’. I consider it would have been appropriate for the service to treat the information as an allegation of rough handling, follow the mandatory reporting pathway, and undertake their own investigation.

In relation to consideration of the consumer’s mobility and repositioning requirements and pain management after the concern was raised by the representative, I have reviewed documents confirming re-assessments were completed prior to the assessment contact visit occurring and consider these appropriate.

Specifically, in relation to the lack of reporting of an allegation of rough handling as detailed above I find the service Non-compliant with Standard 8 Requirement (3)(d).

# 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.

**Standard 8 Requirement (3)(d)**

* Ensure all staff demonstrate their understanding of the requirement to report all allegations of rough handling as mandatory reports.