Brightwater Madeley

Performance Report

95 Imperial Circuit
MADELEY WA 6065
Phone number: 08 9303 0300

**Commission ID:** 7272

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 10 August 2021 to 11 August 2021

**Date of Performance Report:** 20 September 2021

# 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Assessment Contact - Site report received 31 August 2021
* the Performance Assessment Report dated 9 March 2021 for the Assessment Contact – Site conducted 19 January 2021 to 21 January 2021

the Assessment Contact – Site report for the monitoring visit conducted 27 April 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Assessment Team assessed Requirement (3)(a) in Standard 1 Consumer dignity and choice as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in Standard 1 Consumer dignity and choice. This Requirement was found Non-compliant following an Assessment Contact conducted 19 January 2021 to 21 January 2021. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(a) met.

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 Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 19 January 2021 to 21 January 2021 where it was found the service did not ensure each consumer was treated with dignity and respect or each consumer’s individual identity and needs were valued. Specifically, issues related to continence management and personal care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Trialled two different brands of continence aids with a sample of consumers. Outcomes of the trial identified products previously used were not effective in meeting each consumer’s continence care.
* In response to the trial, a new continence aid provider was appointed and reassessments of all consumers completed to confirm continence aid requirements.
* Appointed a Continence champion role who has responsibility to provide coaching to others on consumer continence needs.
* Evaluation of the effectiveness of the changes will be made through surveying consumers and/or representatives and review of clinical incident data. The evaluation is expected to be completed in November 2021.
* Staff sampled confirmed changes to consumers’ continence management, including change of aids used, changes to consumers’ care plans and additional rostered care hours implemented to support the dignity of consumers and their toileting needs. Additionally, education has been provided to care and clinical staff.

Information provided to the Assessment Team by consumers, representatives and staff through interviews, observations and documentation sampled demonstrated:

Consumers confirmed they are treated with respect and staff know what is important to them. A representative stated staff are fantastic and treat the consumer with dignity and respect when providing personal care. Staff were observed to interact with consumers in a respectful manner and using different approaches for individual consumers.

Care plans reflected consumer preferences relating to personal care and how care can be provided in a culturally sensitive manner. Staff demonstrated an understanding of what it means to treat consumers with dignity and respect and how they implement this within their scope of practice. Care staff stated they take into account consumers’ personal history when providing care and services and provided examples of how they ensure each consumer is treated with respect and dignity.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

# STANDARD 2 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 Assessment Team assessed Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers. These Requirements were found Non-compliant following an Assessment Contact conducted 19 January 2021 to 21 January 2021. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirements (3)(a) and (3)(e) met.

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 Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirements (3)(a) and (3)(e) 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) 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 service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 19 January 2021 to 21 January 2021 where it was found assessments were not consistently or effectively completed for consumers entering the service or when consumers required reassessment and consumers’ risks were not effectively reassessed following changes or incidents to implement new strategies and to inform the delivery of safe and effective care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a New client assessment planner which is completed for each consumer on entry. Questions on the form consider risk, and prompt staff to complete different assessments, including risk assessments, to assist with tailoring care to consumer preferences and needs.
* Implemented a Client annual assessment planner, which lists relevant assessments to be undertaken. The planner specifies the role of the staff member required to undertake the assessment and the start and finish date of the assessment.
* A daily task list is generated through the electronic care system in the form of an alert to prompt completion of assessments and charting. The process provides clear responsibility for which role is required to complete the task.
* Staff said this improvement has supported how they go about their shift and provides them with a clear timeline on what needs to be completed.
* Implemented a Resident of the day process, including a checklist, which prompts staff to consider risk and undertake assessments as required.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The Assessment Team found the service demonstrated assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. Overall, consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

A range of assessments, including relating to risks, are completed on entry and on an ongoing basis. Information gathered through assessment processes is used to develop individualised care plans and strategies to guide staff in delivery of care and services in line with consumers’ assessed needs and preferences.

Care files sampled included assessments relating to skin and wound management, delirium, activities of daily living, sleep, pain, mobility and transfer, continence and personal profiles, including life history. Care staff confirmed they have access to care plans and described care provided to individual consumers in line with documented care plans.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

### Requirement 2(3)(e) Compliant

*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 service was found Non-compliant with Requirement (3)(e) following an Assessment Contact conducted 19 January 2021 to 21 January 2021 where it was found the service did not appropriately or effectively review consumers’ assessments and strategies in care plans following incidents and changes in consumers’ care. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented a Resident of the day process which prompts staff to undertake a complete review and undertake reassessments as required. The process enables review of the effectiveness of care being provided and determine if changes need to be made in response to consumers’ changing needs or preferences.
* Implemented Falls huddles where following consumer fall incidents, care, clinical and allied health staff discuss the fall, how it could have been prevented and what actions need to be addressed going forward.
* Implemented a daily alert process on the electronic care system. The process alerts staff of requirements for assessment, charting and referrals.
* The processes is monitored ensure reviews are being completed and changes to consumers’ care and service needs implemented where the need has been identified.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

Consumer care plans sampled demonstrated review of care and service needs is undertaken at regular intervals and where changes to consumers’ health is identified or incidents have occurred.

Representatives confirmed where changes to consumers’ care and service needs have been made, including in response to incidents, they have been informed of and/or involved in discussions relating to care plan changes or review. One representative stated they had seen improvements in the consumer’s personal care where strategies had been identified as ineffective and subsequently reviewed.

Staff confirmed they have been involved in Falls huddles following consumer falls and confirmed where incidents have occurred, consumers involved are discussed at clinical meetings.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 NON-COMPLIANTPersonal 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 Quality Standard is assessed as Non-compliant as one of the three specific Requirements assessed has been found Non-compliant.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(a), (3)(b) and (3)(d) in Standard 3 Personal care and clinical care. These Requirements were found Non-compliant following an Assessment Contact conducted 19 January 2021 to 21 January 2021. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirements (3)(b) and (3)(d) met. However, the Assessment Team were not satisfied the actions implemented sufficiently addressed the deficits identified in relation to Requirement (3)(a) and have recommended this Requirement not met. In relation to this Requirement, the Assessment Team were not satisfied the service demonstrated:

* clinical care is tailored to each consumer’s needs in relation to restraint and provision of wound care or that best practice guidelines are followed in relation to pressure area care.

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 Brightwater Care Group Limited, in relation to Brightwater Madeley Non-compliant with Requirement (3)(a) and Compliant with Requirements (3)(b) and (3)(d) 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) Non-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 were not satisfied clinical care is tailored to each consumer’s needs in relation to restraint and provision of wound care or that best practice guidelines are followed in relation to pressure area care for one consumer. The Assessment Team’s report provided the following evidence relevant to my finding:

Consumer A

* The consumer’s bed was observed to be placed to the floor and the consumer upper body was hanging off one side of the bed. The consumer appeared anxious.
* Staff stated the consumer’s bed is placed to the floor so they can go and assist other consumers, ensuring the consumer does not fall. Additionally, staff indicated the consumer is able to ambulate with assistance and had a fall in the morning.
* Restrictive practices and restraint assessment and consent documentation dated in February 2021 had not been signed by the consumer or the representative.
* The documentation notes alternatives to the floor line bed as a sensor mat/beam and indicated risks associated with use of the device as anxiety and decline in mobility.
* Specific instructions relating to use of the floor line bed included, bed should be at an appropriate raised height for the consumer to access to bed independently during the day; bed to be left at lowest level overnight with roll out mats insitu.
* Management advised staff should not be lowering the consumer’s bed during the day.

Consumer B

* The consumer is prescribed a psychotropic medication. The Psychotropic register indicates the medication is prescribed for a diagnosed condition. The care plan does not state the consumer has this diagnosis.
* On the last day of the Assessment Contact, a Specific care management for chemical restraint form was completed stating the medication was for a diagnosis of dementia, behavioural and psychological symptoms of dementia and agitation.
* Management indicated the form was completed as it was recognised the medication was for the purpose of restraint and had been prescribed for the purposes of agitation by the Nurse practitioner. However, the consumer has been taking the medication since February 2021 and the supporting diagnosis is not known.
* Management indicated previous to the recent diagnosis of agitation to support the use of the medication, the Nurse practitioner suspected the consumer had Depression, however, no formal diagnosis was made or documented.
* The representative thought the medication was prescribed for agitation and aggression. The representative stated they were not sure what medication the consumer was currently receiving and thought the service may have stopped one of the medications.

Consumer C

* A Wound assessment and care plan dated 28 July 2021 noted that a pressure injury occurred on this day. The injury was classified as a stage 2 pressure injury.
* Eleven days after the pressure injury was identified, the wound was noted to have progressed to an unstageable wound. No changes to the dressing regime, care of surrounding skin or frequency of review by the Registered nurse were made in response to the deterioration of the wound.
* The wound was listed for review on the day following identification, however, the review did not occur until the 30 July 2021. A subsequent review was listed for one week later, however, did not occur until 8 August 2021, 11 days later.
* Care staff sampled stated they are required to conduct skin integrity checks while attending consumers’ activities of daily living and notify the supervisor of any changes to skin integrity.
* Clinical staff sampled were unsure as to why the injury was identified as a stage two pressure injury and why the injury quickly deteriorated to become an unstageable injury, indicating this may be due to the consumer’s declining condition.

The provider’s response provided further clarification relating to the issues identified in the Assessment Team’s report relating to Consumers A and B. The provider’s response included, but was not limited to:

In relation to Consumer A

* A sensor mat would have been in place as part of the consumer’s falls prevention strategies to avoid use of the floor line bed during the day.
* During the Assessment Contact visit, the sensor mat was damaged and awaiting replacement. The replacement was received and put in place two days after the Assessment Contact.

In relation to Consumer B

* Review of documentation confirmed the medication order and diagnosis were correct up until the second day of the Assessment Contact when a change was noted by the Nurse practitioner. This was an error.
* Subsequent discussions, including with the General practitioner have confirmed the medical diagnosis and implementation of the medication in March 2019.

The provider’s response did not reference deficits in the Assessment Team’s report relating to Consumer C.

The service was found Non-compliant with Requirement (3)(a) following a Site Audit conducted 19 January 2021 to 21 January 2021 where it was found the service failed to ensure consumers were receiving assistance and care in line with their assessed needs in relation to the provision of personal care and specifically toileting, continence and hygiene. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented Falls huddles for the purpose of managing consumers’ risks relating to falls. Following consumer fall incidents, care, clinical and allied health staff discuss the fall, how it could have been prevented and what actions need to be addressed going forward.
* Implemented a pain check application with the purpose of reducing risks relating to identification, documentation and management of consumers’ pain.
* Implemented Care communication sheets used by staff to communicate information about consumers, such as when consumers are repositioned.

I acknowledge the provider’s response and the improvements implemented by the service in response to the Non-compliance identified at the Site Audit. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, each consumer was not provided clinical care which was tailored to their needs or in line with best practice care.

For Consumer A, I have considered that risk management strategies were not implemented in line with the consumer’s assessed needs. The consumer’s bed was observed to be placed to the floor with the consumer appearing anxious. This behaviour is in line with the risks identified as being associated with the use of the floor line bed. Additionally, the provider asserts the sensor mat, noted as an alternative to the use of the floor line bed, was damaged and awaiting replacement and the response indicates a replacement sensor mat was put in place two days after the Assessment Contact. However, there is no indication alternative strategies to ensure the consumer’s safety and impact to their health and well-being were implemented in the interim. I have also considered feedback from staff indicating the consumer’s bed was placed to the floor so they could go and assist other consumers. I would consider this indicates this practice is not a once off occurrence and would encourage the service to monitor staff practice to ensure risk mitigation strategies are being implemented in line with consumers’ assessed and/or agreed upon needs and preferences.

For Consumer B, progress notes from March 2019 by a General practitioner included in the provider’s response indicates a depressed mood and trial of medication. I also acknowledge the service initiated required documentation where a change in the purpose for use of the medication was noted by the Nurse practitioner. However, I have placed weight on feedback provided by the consumer’s representative indicating they are not aware of the current medications the consumer is receiving or why it is prescribed which is not in line with best practice care.

In relation to Consumer C, I have considered that while strategies to minimise the consumer’s risk of pressure injuries were in place, including daily skin checks, these strategies were not effective with a pressure injury being identified at a stage 2. I have also considered that wound management processes were not effectively implemented, with wound reviews not occurring in line with the wound management plan over an 11 day period. During this time, the wound was noted to have deteriorated to an unstageable wound, however, changes to the wound dressing regime or frequency of review did not occur.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 19 January 2021 to 21 January 2021 where it was found the service was not consistently implementing strategies to reduce and prevent known high impact risks, including falls and behaviours. Additionally, the service’s monitoring systems were found to have failed to identify deficits in staff implementing the strategies. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Implemented Falls huddles for the purpose of managing consumers’ risks relating to falls. Following consumer fall incidents, care, clinical and allied health staff discuss the fall, how it could have been prevented and what actions need to be addressed going forward.
* Implemented a pain check application with the purpose of reducing risks relating to identification, documentation and management of consumers’ pain.
* Implemented a Resident of the day process, including a checklist, which ensures consumers’ clinical risks are followed up and addressed in care plans.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The Assessment Team found overall, consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers indicated staff are good at providing clinical care and their clinical care needs are addressed in a timely and appropriate manner.

The service demonstrated effective management of high impact or high prevalence risks. Consumer files sampled demonstrated effective management of risks associated with falls, anxiety/depression, behaviours and chemical restraint. Where risks had been identified, additional monitoring processes were implemented, review and/or development of strategies undertaken, appropriate assessments completed and referrals to Medical officers and/or allied health specialists initiated.

For two consumers, files demonstrated in response to a consumer’s frequent falls, incident reports had been completed and the falls discussed at the new Falls huddle, including possible causes and alternative management strategies. For a consumer with challenging behaviours, referrals to behaviour specialists occurred and recommended management strategies implemented; the incidence of aggressive behaviours towards other consumers was noted to have reduced in the past six months. Additionally, where psychotropic medications were used as a management strategy, the medication had been used as a last resort.

Staff described how they identify, report, manage and prevent risks and provided examples of risks and management strategies for individual consumers. Clinical staff described how psychotropic medications are used as a last resort and strategies used prior to administration of this type of medication. A monthly clinical indicator analysis report is used by the service to analyse clinical data and identify trends or particular risk areas. Reports sampled included detailed analysis of the findings, what had previously been implemented to rectify deficits and proposed strategies to address emerging risks.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(d) Compliant

*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.*

The service was found Non-compliant with Requirement (3)(d) following an Assessment Contact conducted 19 January 2021 to 21 January 2021 where it was found, for two consumers, the service did not demonstrate deterioration or changes in their health condition was identified in a timely manner or led to appropriate actions to monitor the changes. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* The handover process has been reviewed and updated. The new process is more comprehensive and considers deterioration of consumers over a number of days rather than just over one day.
* Clinical staff have completed training in relation to Recognition of the deteriorating client. The training has recently been rolled out for care staff, in line with their scope of practice.
* Deterioration principles have been discussed at staff meetings, Falls huddles and handovers.
* Review of progress notes and incidents occurs daily to identify signs of consumer deterioration in a timely manner.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The Assessment Team were satisfied the service demonstrated processes to ensure deterioration of consumers’ mental health, cognitive or physical function , capacity or condition is recognised and responded to in a timely manner. Care staff described how they identify consumers who are deteriorating and indicated they report any changes to consumers’ condition and health to clinical staff.

Care plan documentation demonstrated deterioration is responded to, escalated and managed. For example:

* Following a change in a consumer’s condition, an advanced health directive and a COVID advance health care plan were completed and comfort care strategies implemented. The representatives were frequently contacted and updated on the consumer’s condition.
* For a consumer who experienced a rapid deterioration in their physical health, progress notes show the decline was immediately identified and support strategies implemented. Information relating to the consumer’s decline was communicated to other members of staff. Progress notes included positive feedback from the representatives in relation to staffs’ response to the consumer’s quick decline.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(d) 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. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in Standard 7 Human resources. This Requirement was found Non-compliant following an Assessment Contact conducted 19 January 2021 to 21 January 2021. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(a) met.

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 Brightwater Care Group Limited, in relation to Brightwater Madeley 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 service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 19 January 2021 to 21 January 2021 where it was found, the service has not implemented effective improvements to review care staff numbers and to ensure there are sufficient care staff to provide personal care to consumers. The service has not monitored improvements implemented in staffing and has not addressed the ongoing deficits in staff numbers, resulting in ongoing significant impacts to consumers’ safety and well-being. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed the staff roster and workflows. Consumers and representatives were surveyed as part of the roster review in relation to consumer preferences relating to times for daily personal care activities. Fifty-two staff hours have been added to the roster and commencement and finishing hours adjusted to ensure increased coverage for delivery of consumer care and services.
* Installed a new call bell system, enhancing call bell monitoring and providing opportunity to monitor, analyse and review call bell responses daily.
* Education has been provided to staff to ensure they understand their responsibilities to respond to consumers’ requests in a timely manner.
* Audits demonstrate a downward trend in call bell response times since the new system was installed.
* Reviewed and updated Duty task lists to provide clear direction relating to responsibilities for care and nursing roles.

Information provided to the Assessment Team by consumers, representatives and staff through interviews and documentation sampled demonstrated:

The service has processes to ensure 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. Most consumers and representatives were satisfied with the number of staff available to support consumers’ care and services. However, some consumers indicated they felt rushed at times. Management stated they would follow up the feedback and continue to monitor.

There are processes to manage staffing shortfalls. Over the last four months, there has been a reduction in the use of agency staff in response to a more targeted rostering processes which enables staff to nominate their availability. This processes has seen vacant shifts being filled by the service’s own staff. Staff confirmed the additional hours implemented as part of the roster review have been beneficial in enabling them to provide more timely support to consumers.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 Organisational 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)(c) in Standard 8 Organisational governance as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(c) in Standard 8 Organisational governance. This Requirement was found Non-compliant following an Assessment Contact conducted 19 January 2021 to 21 January 2021. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(c) met.

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 Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(c) in Standard 8 Organisational governance. I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The service was found Non-compliant with Requirement (3)(c) following an Assessment Contact conducted 19 January 2021 to 21 January 2021 where it was found the organisation’s workforce governance systems were not effective. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed the staff roster and workflows. Actions have included the addition of 52 staff hours to the roster and adjustment of commencement and finishing hours to ensure increased coverage for delivery of consumer care and services.
* Installation of a new call bell system enabling increased capacity to provide reporting of call bell response times. Daily audits of call bell responses are being completed poor call bell response times are being followed up.
* Identified tasks being completed by nursing staff which were not part of their expected duties. In response, duty tasks have been reviewed and updated to provide clear direction of staff responsibilities each shift.

Information provided to the Assessment Team by management and staff through interviews and documentation sampled demonstrated:

The organisation demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

There are effective processes relating to sharing and reporting information. The service’s electronic care system is being used more effectively to provide alerts for tasks to be completed, including for assessments and charting. Staff stated the alert was clear in who should complete tasks and the new process ensures information is not lost from one shift to another. Additionally, a Resident of the day process has been implemented to ensure there are monthly opportunities for staff, the consumer and/or their representative to provide input into a consumer’s care and services.

A Continuous improvement plan is maintained and includes improvements identified through a range of areas, including feedback processes, audits, changes in legislation and meeting forums. In relation to financial governance, the service is supported by an organisational finance team. An annual budget is in place with variances and expenditure monitored on a monthly basis.

Information gathered at a monitoring Assessment Contact conducted 27 April 2021 identified reporting requirements for an incident in line with legislative requirements as they relate to the Serious Incident Response Scheme (SIRS). At this Assessment Contact, management demonstrated an awareness of the timeframes related to SIRS reporting. Documentation sampled demonstrated since 27 April 2021, eight SIRS reports have been completed and all were uploaded within the legislated timeframes. Sampled reports demonstrated completion of investigations and related assessments and actions, such as increased monitoring of consumers, non-pharmacological interventions and review of each consumer by clinical staff and medical officer had been completed. Staff sampled demonstrated an awareness of their responsibilities relating to incidents.

All restraints in use at the service have been reviewed and the service is working with each consumer’s Medical officer to review each medication. Documentation demonstrated changes have been made to reduce or cease psychotropic medications or where indicated other medications are being trialled.

An effective feedback and complaints process is in place. Documentation sampled demonstrated feedback received is recorded, investigated and actioned. Where further support is required, feedback is escalated to the organisational leadership team. Feedback and complaints data is monitored and collated and analysed for trends on a monthly basis.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley Compliant with Requirement (3)(c) in Standard 8 Organisational governance.

# 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 3 Requirement (3)(a)**

* Staff have the skills and knowledge to:
* monitor for, identify and report issues related to consumers’ skin integrity.
* review and undertake wound treatments in line with wound treatment plans, ensuring appearance of the wounds are routinely documented.
* implement care strategies in line with consumer’s assessed needs, including in relation to restrictive practices.
* Ensure policies, procedures and guidelines in relation to skin care, wound management and restrictive practices.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to skin care, wound management and restrictive practices.