Brightwater Onslow Gardens

Performance Report

39 Hamersley Road
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**Commission ID:** 7401

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 18 November 2021 to 19 November 2021

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

# 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(b) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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 management.
* the provider’s response to the Assessment Contact - Site report received 8 December 2021 indicating acceptance of the findings.
* the Performance Report dated 6 September 2021 for the Assessment Contact – Site conducted 15 July 2021 to 16 July 2021.

# 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. 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)(b) in Standard 3. This Requirement was found Non-compliant following an Assessment Contact conducted 15 July 2021 to 16 July 2021 where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls, restrictive practices and management of anxiety. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

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 Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, 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 service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 15 July 2021 to 16 July 2021 where it was found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to falls, restrictive practices and management of anxiety. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Employed a Senior Physiotherapist under the title Falls prevention specialist to provide onsite support and training to Physiotherapy and nursing staff, attend falls meetings, assist with review of equipment and provide balance and support program training.
* Implemented weekly Falls huddles to discuss consumers at risk of falls and implement strategies to minimise ongoing risk.
* Introduced clinical communication tools to discuss consumers with high risks. The tools include a daily staff meeting, communication books and monthly multi-disciplinarily meetings. A high surveillance spreadsheet is maintained, identifying high-impact or high-prevalence risks associated with the care of each consumer.
* Reviewed restrictive practice policies and procedures and introduced a Restrictive practice assessment and evaluation tool. Comprehensive assessments are completed for consumers who may require restrictive practice(s), including a well-being and behaviour assessments and support plans and consultation with the consumer and/or representative and medical specialist.

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:

* Overall, consumers sampled considered that they receive personal care and clinical care that is safe and right for them. Consumers stated staff explain risks to their well-being and they have input into steps to reduce the risks. Consumers expressed satisfaction with management of wounds, pain, medications and skin integrity.
* There are processes to ensure effective management of high impact or high prevalence risks associated with the care of each consumer.
* A sample of consumer files demonstrated high impact or high prevalence risks are identified, planned for and addressed. Documentation demonstrated appropriate management of risks relating to falls, behaviours, pain, pressure injuries, and swallowing difficulties. Where issues are identified, reassessments occur, care plans reviewed and updated and referrals to allied health specialists and/or Medical officers initiated.
* Staff described high impact risks and management strategies for sampled consumers. Clinical staff described actions implemented in response to the Non-compliance identified at the Assessment Contact conducted 15 July 2021 to 16 July 2021, including communication tools and indicated these actions have improved high impact clinical risk monitoring.
* Clinical incidents, including in relation to medications, adverse behaviours, falls, unplanned weight loss and skin injuries are collated and analysed on a monthly basis. Outcomes are discussed at clinical meetings as part of the organisation’s ongoing risk identification process.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, 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)(b) 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)(b) in Standard 7. This Requirement was found Non-compliant following an Assessment Contact conducted 15 July 2021 to 16 July 2021 where it was found the service was unable to demonstrate that workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(b) met.

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 Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, Compliant with Requirement (3)(b) 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)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 15 July 2021 to 16 July 2021 where it was found the service was unable to demonstrate that workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Staff completed mandatory training in relation to Dignity and personalised care. A total of 89% of the workforce have attended the training, with remaining staff to attend when the training is next available.
* Updated staff/clinical meeting agendas to include reminders relating to personalised care, consumers’ choices and reporting any changes required.
* Conducted a consumer satisfaction survey. Twelve consumers, including four highlighted in the previous Assessment Contact report, were asked for their responses relating to care and services they receive. Nine responses were returned with one consumer continuing to remain constantly dissatisfied. The service is planning to undertake the satisfaction survey every quarter.

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:

* Overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Consumers stated staff are kind, caring and gentle when providing care.
* A person-centred care approach is used to guide staff in delivery of care, which is dignified, respectful and culturally safe. All education is based on this approach.
* Staff sampled indicated the focus on consumer-centred care encourages the right interactions with consumers and described examples of positive interactions, specifically with younger consumers.
* Complaints documentation demonstrated actions are initiated in response to poor workforce interactions with consumers. In response to one complaint, an investigation was conducted, an apology offered to the consumer and the staff member commenced on a performance management plan.
* The Assessment Team observed staff interactions to be kind, caring and respectful.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, Compliant with Requirement (3)(b) 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)(e) 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)(e) in Standard 8. This Requirement was found Non-compliant following an Assessment Contact conducted 15 July 2021 to 16 July 2021 where it was found the service’s clinical governance framework related to minimisation of restraint had not been effective to support staff to manage the use of restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(e) met.

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 Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, Compliant with Requirement (3)(e) 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)(e) Compliant

*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.*

The service was found Non-compliant with Requirement (3)(e) following an Assessment Contact conducted 15 July 2021 to 16 July 2021 where it was found the service’s clinical governance framework related to minimisation of restraint had not been effective to support staff to manage the use of restraint. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Updated and released procedures for as required medication management and restrictive practices and associated training has been provided to staff.
* Training provided to staff relating to use of as required psychotropic medications and restrictive practices. In addition, staff have been provided education and support in monitoring consumers with restrictive practices in place.
* Allied health professionals have reviewed consumers subject to use of sash/lap belts, and care plans have been updated.

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 organisation demonstrated a clinical governance framework, including in relation to antimicrobial stewardship, open disclosure and minimising use of restraint.
	+ Records sampled demonstrated the organisation has a systematic approach to clinical audits and data comparisons that may support improvements in clinical care. Monthly clinical meetings enable clinical governance assurance and provision of consistent, safe and efficient personalised care for consumers.
	+ Documentation sampled demonstrated the service aims to make sure antimicrobials are prescribed according to best practice guidelines. Medical officers and the Pharmacist work closely with the clinical team to ensure antibiotics are only used as required and alternative strategies are implemented. Meeting minutes demonstrated consumer infection rates are monitored against antibiotic reports.
	+ Records showed use of restrictive practice is generally used as a last resort, the application of restraint is documented, and the safety and well-being of the consumer is monitored. A Psychotropic medication register and Physical, mechanical and environmental restraint register are maintained. Documentation sampled demonstrated the service has minimised use of mechanical restraint in comparison to previous records.

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

# 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.