Brightwater Onslow Gardens

Performance Report

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**Commission ID:** 7401

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 23 June 2020

**Date of Performance Report:** 13 August 2020

# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(c) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| 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 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 Contact - Site report received 14 July 2020.

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

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

The Assessment Team assessed Requirement 2(3)(a) as part of the assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found Requirement (3)(a) in this Standard non-compliant. Based on the Assessment Team’s report and the Approved Provider’s response I find the service is non-compliant with this Requirement. In coming to my decision, I have relied on evidence presented by the Assessment Team within this Requirement, and the Approved Provider’s response to the Assessment Team’s report. I have presented the reasons for my decision under the specific Requirement.

## Assessment of Standard 2 Requirement 2(3)(a)

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

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The Assessment Team found the service was unable to demonstrate all assessments are completed to ensure development of a care plan to guide staff to provide safe and effective care. The Assessment Team based this recommendation on the following information.

In relation to a consumer, the document guiding care (Care Management Plan Summary) did not contain enough information to direct staff in relation to pressure area care. A formal pressure risk assessment (Waterlow assessment) was completed more than one month after admission indicating they were at a very high risk of developing pressure ulcers. While a range of other assessments were completed, and some pressure relieving strategies put in place, information about the required frequency of pressure area care was not included in the document guiding care for this consumer, and another consumer whose file was also reviewed.

In relation to wound assessment, records relating to a consumer indicates an inconsistent approach to wound measurement to monitor healing. Some wounds were measured and photographed on identification, others were measured or photographed but not both, and some new wounds record contained no details about size.

In relation to pain, there is no evidence of a formal pain assessment being completed since a consumer’s admission in December 2019. The physiotherapy assessment completed in January 2020 noted the consumer was resistive to movement. This information was recorded in the pain section of the form. Other areas of the document suggest the consumer did not speak and was therefore unable to report pain.

In relation to assessing risk of injury to another consumer’s skin integrity, while a pressure-related injury was identified on 11 June 2020, neither a skin integrity assessment or a Waterlow pressure risk assessment have been repeated to ensure all appropriate risk management strategies were in place and were included on the document guiding care.

On 14 July 2020 the Approved Provider submitted a response to the Assessment Team’s findings. Their response asserts a range of assessments were completed, wounds were monitored and appropriate care was provided, and documentation was included to support this view.

In relation to formal wound monitoring through measurements and photography, while there appears to be an inconsistent approach to this, wound charts relating to two consumers, included in the Approved Provider’s submission, clearly show all wounds have been measured and photographed at various intervals. I am not able to determine that wound healing has been compromised because measurements and photographs are not taken at regular intervals.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service is non-compliant in this Requirement for the following reasons.

At the time of the assessment contact one consumer’s admission assessments excluded a formal pain assessment. The consumer was admitted to the service in December 2019. The physiotherapist assessment completed in January 2020 noted resistance to movement in the pain section of the document, and that the consumer was non-verbal, hence not able to report pain. Given the consumer demonstrated resistance to movement when assessed by the physiotherapist following admission, and was unable to report pain verbally, a formal pain assessment around the time of admission, to establish baseline information, would have been appropriate.

In relation to the same consumer a comprehensive care plan was not created. Using pain management as an example the summary document guiding care did not contain specific pain management strategies other than ‘reposition’ (sic), ‘medication’ and ‘please assist the client back to bed for a rest if she looks tired around 1400hrs.’ Development of a comprehensive care plan would have provided staff with more details to guide them in providing care.

In relation to completing assessments to ensure all appropriate management strategies were in place when a consumer’s skin integrity became compromised, the evidence reviewed shows this did not occur. In the absence of these assessments I cannot be assured all appropriate management strategies are being implemented to minimise the risk of future injuries.

For the reasons detailed above I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, is non-compliant in relation to Standard 2 Requirement (3)(a).

# STANDARD 3 NON-COMPLIANT 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(3)(b) as part of the assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found Requirement (3)(b) in this Standard non-compliant. Based on the Assessment Team’s report and the Approved Provider’s response I find the service is non-compliant with this Requirement. In coming to my decision, I have relied on evidence presented by the Assessment Team within Requirement 2(3)(a), this Requirement, and the Approved Provider’s response to the Assessment Team’s report. I have presented the reasons for my decision under the specific Requirement.

### Assessment of Standard 3 Requirement 3(3)(b)

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The Assessment Team based this recommendation on the following information.

In relation to a consumer, records show an external specialist made recommendations in relation to the ongoing care of a number of wounds including one on their sacrum. The recommendation in place at the time of the Assessment Team’s review was made on 21 May 2020 and suggested sacral wound dressing changes occur at each pad change. Information collected from documentation and from interviews with staff suggests these recommendations were not followed. The wound chart was not updated until 5 June 2020 meaning staff were following out of date instructions. The wound dressing frequency was also recorded as four-hourly after being updated on 5 June 2020, which does not correlate with the wound care recommendation, the information on the consumer’s continence care plan about the interval between pad changes, or the information from staff about how often the dressing was changed.

In relation to the prevalence of skin tears and wounds which can cause high risk to consumers, recent clinical data has confirmed a high incidence of skin tears and pressure injuries in early 2020. While the clinical analysis indicated follow-up training would be undertaken to ensure manual handling techniques were appropriate the Assessment Team did not review evidence of this training having occurred.

On 14 July 2020 the Approved Provider submitted a response to the Assessment Team’s findings. Their response included a range of documents as evidence that appropriate wound care was provided, and that the numbers of skin tears had reduced since March 2020 when first identified as high, potentially related to manual handling practices.

In relation to the incidence of skin tears, the information I have considered indicates a reduction in the number of service-acquired skin tears between March and May 2020 (from 27 to 19), and between May and June 2020 (19 to 15) confirming appropriate action has been taken to address the cause or causes. I acknowledge the clinical indicator analysis in March does not conclusively link the cause of skin tears directly to manual handling practices and indicates this would be investigated.

In relation to wound care, the information available to me does not demonstrate effective management of high impact risks as information about required wound care, as recommended by the Residential Care Line, has not been accurately transcribed to wound management plans and implemented.

For the reasons detailed above I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, is non-compliant in relation to Standard 3 Requirement (3)(b).

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Assessment Team assessed Requirement 5(3)(c) as part of the assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found Requirement (3)(c) in this Standard compliant. Based on the Assessment Team’s report and the Approved Provider’s response I also find the service is compliant with this Requirement. In coming to my decision, I have relied on evidence presented by the Assessment Team within this Requirement, and the Approved Provider’s response to the Assessment Team’s report. I have presented the reasons for my decision under the specific Requirement.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

The Assessment Team found consumers confirmed furniture, fittings and equipment are safe, clean, well maintained and suitable for their use. During interviews consumers reported they feel safe when using the furniture, fittings and equipment, and these generally help them to be independent and comfortable. One consumer reported their specialised bed was not so comfortable despite a couple of changes being made. Management confirmed there have been changes to a consumer’s bed to meet their needs and preferences.

Records reviewed confirmed the service has reactive and preventative maintenance programs in place, both of which confirm regular and ongoing activity completed by relevant service staff and external contractors.

During interviews with the Assessment Team care and hotel staff confirmed they report any faults with the equipment used for moving and handling consumers, and they use a tagging card to alert others of any hazards. Therapy team staff said the occupational therapist monitors consumers’ seating and chair arrangements according to their assessed needs.

The Assessment Team observed relevant staff cleaning equipment and dining furniture and fittings as required. Consumers’ mobility aids and chairs were observed to be generally clean and well maintained. Mobility and transfer equipment was noted to be stored appropriately when not in use and where equipment was out of service, these were clearly card tagged to alert others of any hazards.

The Assessment Team reviewed records relating to an incident that occurred in March 2020 when a consumer was injured while in transit on a bus. The information reviewed indicates an external investigation occurred and remedial action was taken to address identified deficits. Further details are included under Standard 8 Requirement (3)(d).

The Assessment Team found the organisation has monitoring processes in relation to this requirement to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

For the reasons detailed above I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, is compliant in relation to Standard 5 Requirement (3)(c).

# STANDARD 7 COMPLIANT 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 Requirements 7(3)(c) and (d) as part of the assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found Requirement (3)(c) in this Standard non-compliant. Based on the Assessment Team’s report and the Approved Provider’s response I find the service is compliant with this Requirement.

The Assessment Team found Requirement (3)(d) in this Standard compliant. Based on the Assessment Team’s report and the Approved Provider’s response I find the service is compliant with this Requirement.

In coming to my decisions, I have relied on evidence presented by the Assessment Team within these Requirements and in the Approved Provider’s response to the Assessment Team’s report. I have presented the reasons for my decision under the specific Requirements.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team found the service’s workforce is not competent and members of the workforce do not have the qualifications and knowledge to effectively perform their roles. The Assessment Team based this recommendation on the following information.

A consumer’s full admission assessment was not completed, and a comprehensive care plan had not been developed six months after their admission to the service, and important information from two consumers’ assessments that were completed was not transcribed onto the documents guiding staff in the delivery of care.

Wound assessments in the form of photographs and measurements were completed in an ad-hoc manner and not in a way that would sufficiently inform planning of future care. Wound care was not provided in line with recommendations from an external wound care specialist.

The service has not taken action to improve staff practice to reduce the risk of skin tears occurring as a result of manual handling, as identified during a consumer survey conducted in September 2019, and in clinical indicator data relating to March 2020.

The Assessment Team collected the following information relating to Requirement 7(3)(d) which I consider also relates to this Requirement. Recruitment is conducted by the organisation’s human resource team who check all staff qualifications and referees to ensure staff are qualified and suitable for their allocated positions. The human resource team maintains a register to ensure all professional registrations are current. The service is notified immediately if a registration has lapsed. Staff are not permitted to work if professional registrations are not current.

On 14 July 2020 the Approved Provider submitted a response to the Assessment Team’s findings. The Approved Provider refutes the recommendation of non-compliance in this Requirement indicating: assessments have been completed; wounds are healing with the care that is provided; the Assessment Team have incorrectly interpreted the reason for respondent dissatisfaction in the survey relating to manual handling conducted in September 2019; online and one-on-one manual handling training has continued; and the Assessment Team have relied on records of meetings that did not occur.

Based on the Assessment Team’s report and the Approved Provider’s response, I consider the evidence presented to support non-compliance in this Requirement more appropriately aligns with my findings in other Requirements as detailed above and below.

For the reasons detailed above I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, is compliant in relation to Standard 7 Requirement (3)(c).

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team found the service’s workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team based this recommendation on the following information.

* The organisation provides recruitment, training and workforce support to allow staff to meet the Aged Care Quality Standards. Recruitment is conducted by the organisation human resource team who check all staff qualifications, police checks and referees to ensure staff are qualified and suitable for their allocated positions.
* Corporate and induction training is completed prior to commencement which was previously completed as a three-day face to face course. During COVID-19 restrictions the course was modified to two days and on the day of the assessment contact the service was advised the course was now online only. A new monthly training calendar has commenced as the yearly training schedule has been disrupted due to COVID-19.
* Training records show most staff have completed the mandatory training modules. Seven care staff and some hotel staff have not completed the theory for Manual Tasks Practical Update as trainers have not been able to visit the service during the coronavirus pandemic. All other mandatory training modules were up to date.

The Approved Provider’s response received on 14 July 2020 includes no information specifically relating to this Requirement however, in making my decision in relation to this Requirement I have also considered the following information from the Assessment Team’s report relating to Requirement 7(3)(c) and the Approved Provider’s response relating to Requirement 8(3)(d).

* The Approved Provider’s submission included clinical indicator data from March to June 2020. This confirms the incidence of wounds (predominantly described as skin tears) has consistently reduced each month from 27 in March to 19 in May, and 19 in June (collated after the assessment contact visit occurred - four of which were hospital acquired and two were related to falls). While the March to May analyses relating to the incidence of wounds state manual handling training has been postponed, the March analysis (when the number of skin tears was the highest) also indicates there has been no direct correlation made between the cause of the skin tears and poor manual handling, and this was being investigated
* The Approved Provider’s submission also confirms online and one-on-one manual handling training has continued while COVID-19 restrictions were in place.
* In March 2020 a consumer was seriously injured in an incident while being transported by bus. The investigation into the incident indicates the wheel-chair bound consumer was not correctly secured in place as the appropriate equipment was not available.
* The Approved Provider’s submission confirmed an external investigation was conducted into this incident and significant changes in process have occurred to minimise the risk of similar incidents in the future. Documentation was submitted as evidence of action being completed to address the identified gaps.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service has processes in place to recruit, train, equip and support staff to deliver the outcomes required by these standards. In relation to skin tears, the incidence has reduced significantly from March to May suggesting the ad-hoc training that occurred prior to this assessment contact visit occurring has been effective, while formal training could not be conducted when COVID-19 restrictions were in place. In relation to the bus incident, remedial action to address unsafe practice in securing wheel-chairs in vehicles was appropriately addressed prior to this assessment contact visit occurring.

For the reasons detailed above I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, is compliant with Standard 7 Requirement (3)(d).

# STANDARD 8 NON-COMPLIANT 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 8(3)(d) as part of the assessment contact. No other Requirements in this Standard were assessed.

The Assessment Team found Requirement (3)(d) in this Standard non-compliant. Based on the Assessment Team’s report and the Approved Provider’s response I find the service is non-compliant with this Requirement.

In coming to my decisions, I have relied on evidence presented by the Assessment Team in relation to this Requirement and Requirements 3(3)(b) and 7(3)(c), and in the Approved Provider’s response to the Assessment Team’s report. I have presented the reasons for my decision under the specific Requirement.

## Assessment of Standard 8

### 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 while management were able to demonstrate effective risk management systems and practices in relation to (ii) and (iii), these systems were not effective in reducing risks to consumers in relation to (i). The Assessment Team based this recommendation on the following information:

* Wound measurement and photographs were not occurring regularly to inform future care, and specialist wound care recommendations have not been followed.
* Admission assessments have not been completed within a reasonable timeframe and important instructions about care needs have not consistently been transferred to the documents guiding care.
* Appropriate remedial action has not been taken to address the high incidence of skin tears.
* Management were not able to provide evidence of remedial action taken in response to the bus incident that occurred in March 2020.

The Approved Provider’s response received on 14 July 2020 maintains appropriate wound care was provided; wound photographs were taken as required; and ad-hoc manual handling training was conducted while COVID-19 restrictions were in place. Specifically in relation to the bus incident, the Approved Provider confirmed a thorough investigation has been completed, and remedial action implemented. Evidence of this investigation and remedial action has been submitted for review.

In relation to the high incidence of skin tears I consider the service’s own monitoring system detected this, and appropriate remedial action was taken, as evidence by an ongoing reduction in skin tears over a four-month period.

In relation to the bus outing I consider the Approved Provider has submitted sufficient evidence to satisfy me they had taken appropriate action to address any identified gaps prior to the assessment contact visit occurring, to minimise the risk of a similar incident occurring in the future. Actions include updating their policy and procedure; updating their training program; and developing instructions to guide staff responsible for helping consumers on and off the bus and securing them safely. Of note, bus outings were suspended at the time of the assessment contact visit due to COVID-19 restrictions and are not expected to recommence until at least October 2020.

Based on the Assessment Team’s report and the Approved Provider’s response, I find the service is non-compliant with this Requirement specifically in relation to staff not following the instructions of wound care specialists and an incomplete assessment process not adequately informing care, which were not detected by a number of clinical staff involved in the provision of this care over an extended period of time, or by the service’s own monitoring systems.

For the reasons detailed above I find Brightwater Care Group Limited, in relation to Brightwater Onslow Gardens, is non-compliant with Standard 8 Requirement (3)(d).

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Standard 2 Requirement (3)(a)**
* Ensure staff understand the requirement to complete admission assessments within the timeframe required by the organisation’s policies and procedures.
* Ensure staff understand the requirement to re-assess consumers when their condition changes.
* Ensure staff understand the requirement to transfer all relevant information from all assessments to the document/s guiding care.
* **Standard 3 Requirement (3)(b)**
* Ensure staff understand the requirement to transcribe specialist wound care recommendations on to wound care plans promptly and accurately.
* Ensure staff understand the requirement to follow specialist wound care recommendations, or clearly document their rationale for not doing so.
* **Standard 8 Requirement (3)(d)**
* Ensure a monitoring system is in place to assess staff compliance with the organisation’s admission assessment, and ongoing assessment and care planning process.
* Ensure a monitoring process is in place to assess staff compliance with recommendations from external wound care specialists.