Brightwater Onslow Gardens

Performance Report

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**Commission ID:** 7401

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 5 October 2020

**Date of Performance Report:** 12 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(a) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 Approved Provider’s response to the Assessment Contact - Site report received 14 October 2020.

# 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 Requirement (3)(a) within this Standard. No other Requirements within Standard 2 were assessed.

The service was found to be Non-compliant in Standard 2(3)(a) following an assessment contact visit on 23 June 2020 when concerns were identified in relation to wound management. Action taken by the service to address the Non-compliance includes:

* Engaging an external consultant to assess clinical practice in wound management.
* Providing training and coaching to ensure clinical staff have the appropriate wound care skills.
* Development of training packages to ensure ongoing development and maintenance of staff skills and knowledge in relation to wound care.
* Introduction of revised clinical policies and procedures in relation to wound management in conjunction with conducting training to ensure staff understand the new guidelines.

Following this assessment contact the Assessment Team have recommended this Requirement not met based on information collected about a consumer who smokes.

Based on the Assessment Team’s report and the Approved Provider’s response I find this Requirement Compliant as I consider the identified gap in care more closely aligns with Requirement 3(3)(b) and the effective management of high impact risk. The reasons for my decision are detailed 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 Assessment Team confirmed the service has a process in place to ensure consumers are assessed on admission and at routine intervals or as their condition changes and their care needs change. Risks to consumers’ well-being are considered and all information collected is used to develop care plans in consultation with consumers and/or their representative to inform the delivery of safe and effective care and services. Specific feedback from consumers and representatives includes:

* A representative said staff make a point of ‘catching up’ with them when they visit to provide feedback on the consumer’s condition.
* Consumers stated staff always check to make sure care is being provided in line with their preferences and regular staff ‘get to know what I like’. They are satisfied with the way staff manage their care and they would tell staff if they were not.
* A representative reported the consumer’s care plan indicates their preference is for female carers only and this does not always happen. The consumer confirmed they are not always assisted by female care staff.

The Assessment Team reviewed policies and procedures available to guide staff in relation to assessment and care planning.

Documents reviewed by the Assessment Team include assessments (including those relating to risk-taking behaviour) and care plans. Assessments reviewed confirm registered nurses and allied health professionals are involved in collecting information, which is then discussed with the consumer and/or their representative to inform the development of a care plan. The Assessment Team reviewed a care plan that had been updated after a consumer fell and was transferred to hospital. Changes made to the care plan reflected additional care needs relating to injuries sustained when the consumer fell. A dignity of risk assessment and management form related to smoking indicated the consumer and their representative had been involved in a discussion about the risks of smoking and had agreed to strategies to minimise the risk of harm. A checklist and electronic alerts are used to prompt the routine collection of information and completion of assessments and care plan reviews.

During interviews with the Assessment Team clinical staff confirmed assessments are completed in line with the organisation’s processes when a consumer first enters the service to inform the development of the initial care plan. Clinical staff said care plans are reviewed six-monthly and all assessments are completed annually. Clinical staff complete assessments and update care plans when a consumer’s health status changes. Changes to care needs are communicated to staff verbally at shift handover. Care staff said they record consumers’ urinary continence and bowel evacuations, and record and report consumers who have pain to clinical staff who take follow up action.

The Assessment Team observed staff not following all the risk-minimisation strategies on a consumer’s dignity of risk assessment and management plan relating to their choice to smoke. The consumer was seen holding a cigarette lighter contrary to directions to staff to ensure this does not occur. The Assessment Team also noted the consumer was moving themselves around in a wheelchair with a lit cigarette and had no device to alert staff when they needed assistance. The Assessment Team raised concerns about the location of fire safety equipment and the closest door to the outside smoking area being locked. I consider these concerns align more closely to Requirement 3(3)(b) as detailed below.

The Assessment Team reviewed processes in place to monitor staff compliance with the assessment and care planning processes.

For the reasons detailed above I find the service Compliant with Standard 2 Requirement (3)(a).

# 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 Assessment Team assessed Requirement (3)(b) within this Standard. No other Requirements within Standard 3 were assessed.

The service was found to be Non-compliant in Standard 3(3)(b) following an assessment contact visit on 23 June 2020 when concerns were identified in relation to wound management. Action taken by the service to address the Non-compliance includes those listed above under Standard 2 Requirement (3)(a).

Following this assessment contact the Assessment Team have recommended this Requirement met. Based on the Assessment Team’s report, including information detailed under Requirement 2(3)(a), and the Approved Provider’s response I find this Requirement Non-compliant. A decision of Non-compliance in one or more Requirement results in a decision of Non-compliant for the Quality Standard.

The reasons for my decision are detailed below.

### Assessment of Standard 3 Requirements

### 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 demonstrated they effectively manage common high impact and high prevalence risks associated with the care of each consumer such as wounds, pain, weight loss, minimising the use of restraints and falls. They reviewed dignity of risk assessment and management plans relating to smoking and consumers who choose not to consume the recommended texture-modified drinks and who choose not to have a sensor mat by their bed. Consumers confirmed the risks they have chosen to take have been discussed with them and they have agreed on strategies to keep them as safe as possible.

The Assessment Team also identified concerns in relation to a consumer who chooses to smoke, including:

* The consumer was seen holding a cigarette lighter contrary to directions to staff to ensure this does not occur.
* The consumer was moving themselves around in a wheelchair with a lit cigarette and had no device to alert staff when they needed assistance. The consumer was seen calling out for staff as their wheelchair had veered off the path and a wheel was stuck in sand. Staff who came to assist the consumer confirmed they get stuck when their wheelchair veers off the path, but they have never fallen out or injured themselves.
* The location of firefighting equipment.
* While staff can view the smoking area from a lounge area, the closest door leading out to the smoking area was locked.

The Approved Provider submitted a response to the Assessment Team’s report on 14 October 2020.

The Approved Provided indicated the consumer’s dignity of risk assessment and management plan did not clearly state the risk associated with the consumer being in possession of a cigarette lighter - the consumer is at risk of using the cigarette lighter when in bed, not during the day. The document has now been updated to make this clearer.

The consumer chooses to move themselves around the garden in their wheelchair during the day, and this choice is respected. The consumer was given a hand bell to call for staff assistance on the day of the assessment contact visit, and a pendant alarm was ordered for them the same day. The pendant alarm has now arrived, and the dignity of risk assessment and management plan now directs staff to ensure the consumer wears it each day.

The Approved Provider agreed there is no fire extinguisher in the designated smoking area however confirmed and included photographs of a fire blanket and fire hose in the area. They also confirmed a garden tap was located near the smoking area. In relation to the locked door, the Approved Provider indicated consumers enter and exit the building through automatic doors in the dining/activities room. The locked door is not an exit door, and all staff have access to a key to open this door if required.

I acknowledge the prompt action taken by the Approved Provider to clarify and update details on the consumer’s dignity of risk assessment and management plan, and to provide them with a way of attracting the attention of staff while outside in the garden area. Despite the action taken, the evidence shows the consumer does self-propel around the garden with a lit cigarette, and staff confirmed the consumer has previously veered off the path in their wheelchair and got a wheel stuck in sand, and the Assessment Team did not see evidence of this being escalated for further consideration of risk.

While the consumer was observed to be wearing a smoking apron, an unstable wheelchair stuck in sand and a consumer potentially holding a lit cigarette, with no means of attracting attention, is a high impact risk that was not escalated as it should have been and was therefore not effectively managed prior to the assessment contact visit.

For the reasons detailed above I find the service Non-compliant with Standard 3 Requirement (3)(b).

# 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)(d) within this Standard. No other Requirements within Standard 8 were assessed.

The service was found to be Non-compliant in Standard 8(3)(d) following an assessment contact visit on 23 June 2020. Action taken by the service to address the Non-compliance includes improvements made to their risk management systems and practices. Clinical and care policies and procedures have been updated and pathways have been created to guide staff practice. Education and training has been provided to clinical and care staff to ensure they understand the revised processes and practices. Other clinical and care policies and procedures have been reviewed and updated to ensure assessment and management of consumers is contemporary and includes recognition of deterioration and management of lifestyle choices. Evidence of the remedial action taken has been reviewed by the Assessment Team.

Following this assessment contact the Assessment Team have recommended this Requirement met. Based on the Assessment Team’s report and the Approved Provider’s response I find this Requirement Compliant. The reasons for my decision are detailed below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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 consider the service has demonstrated it has effective risk management systems and practices in place to effectively manage risk, to identify and respond to abuse and neglect and to support consumers to live their best life.

The Assessment Team have reviewed recently updated policies, procedures and pathways to guide staff in effectively managing risk and consider them appropriate.

During interviews with the Assessment Team care and clinical staff confirmed they have received education on the risk management framework and were able to provide examples of how the framework relates to their work. They reported recent education on managing skin integrity and wounds, consumers wishing to take risk and how this is managed and providing choices to consumers who choose to take risks. Staff confirmed they receive annual training relating to responding to abuse and neglect, and accurately described what they should do when this is suspected or reported.

Consumers provided feedback to the Assessment Team about how the service supports them to live their best life. A consumer regularly leaves the service in an electric wheelchair to participate in social activities. Another consumer elects to drink normal fluids despite an assessment indicating this may impact on their health. Both consumers confirmed the risks associated with their choices have been discussed with them, and they have agreed to strategies to minimise these risks as much as possible. Another consumer’s representative confirmed staff follow the consumer’s care plan by playing music when the consumer is in their room as they have always enjoyed music and find it comforting.

Clinical indicator data is collected and analysed to ensure common high impact high prevalence risks continue to be appropriately managed.

While I have found the service Non-compliant with Requirement 3(3)(b) in relation to staff appropriately recognising and escalating risk, I do not consider the service’s risk management system and practices insufficient overall as I have reviewed evidence of clinical and personal risks being appropriately identified and managed.

For the reasons detailed above I find the service 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 3 Requirement 3(3)(b)**

* Ensure all care staff demonstrate an accurate understanding of the importance of reporting risks to consumers to clinical staff for further consideration, to enable all reasonable mitigation strategies to be implemented.