Brightwater Onslow Gardens

Performance Report

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**Commission ID:** 7401

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 15 July 2021 to 16 July 2021

**Date of Performance Report:** 6 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

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(b) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(e) | 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 3 August 2021
* the Performance Report dated 12 January 2021 for the Assessment Contact conducted 5 October 2020.

# 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 seven specific Requirements have been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 3. All other Requirements in this Standard were not assessed.

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 5 October 2020, specifically in relation to mobility (risk of falling) and smoking. The Assessment Team found that 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 found risks associated with falls and restrictive practices (physical restraint) were not managed effectively for three consumers. The Assessment Team also provided evidence that one consumer’s anxiety was not managed effectively. The Approved Provider submitted a response accepting the Assessment Team’s findings in relation to the Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 3 Requirement (3)(b) and find the service Non-compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirements 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 service was found Non-compliant with Requirement (3)(b) following an Assessment Contact conducted 5 October 2020 specifically in relation to management of mobility (falls risk) and smoking for one consumer. The Assessment Team report did not provide information related to improvements in response to the deficiencies identified. At the Assessment Contact, the Assessment Team was not satisfied that the service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. Specifically, in relation to risks associated with falls, restrictive practices (physical restraint) and one consumer who experienced anxiety. The Assessment Team provided the following information and evidence relevant to my finding.

In relation to falls management, the Assessment Team found that two consumers did not have their falls risk factors assessed and managed effectively. One consumer experienced further falls with injury (fracture) and another consumer had physical restraint applied (lap belt). Specifically:

* Following a fall on 15 April 2021, the Assessment Team found one consumer (Consumer B’s) risk of falling was not re-assessed and no review of their fall prevention and injury minimisation strategies occurred.
* The Assessment Team reviewed progress note documentation between 15 and 29 April and found Consumer B’s condition deteriorated over the 14 day period following their fall on 15 April 2021 and service staff did not escalate the consumer’s condition for clinical, medical or allied health review in a timely manner. Further, the Assessment Team found the service did not follow their falls management policy and procedure and undertake falls risk re-assessments or falls prevention planning when the consumer’s condition deteriorated. The Consumer experienced a father fall on 2 June 2021 which resulted in injury (fracture).
* The Assessment Team found that one consumer (Consumer A’s) wheelchair was not meeting their postural support needs, resulting in an increased risk of falling from the wheelchair. The Assessment team found the consumer’s movement was restricted with a lap belt to reduce falls from the wheelchair without assessment, planning, monitoring, or consideration that the lap belt was a restrictive practice (physical restraint).

In relation to restrictive practices, the Assessment Team found that the risks associated with restrictive practices was not managed effectively for one consumer. Specifically:

* The Assessment Team found the service had not considered a lap belt applied to Consumer A was a physical restraint. As such, the service had not undertaken the appropriate assessments, documentation of alternatives trialled, monitoring and review required in alignment with the service restrictive practice policy and procedures.

The Assessment Team found that one consumer (Consumer C’s) anxiety was not effectively assessed or managed. While the Consumer is prescribed medicines for the anxiety, the Assessment Team found that triggers, non-pharmacological strategies to reduce the anxiety and monitoring were not effective. The Consumer stated they continue to experience anxiety daily. The Assessment Team interviewed seven staff in relation to Consumer C and reviewed the consumer’s file and found:

* The Consumer’s care and services plan identified pain as a trigger for anxiety, however the Assessment Team found that pain was not assessed when the Consumer experienced anxiety.
* Staff interviewed could only identify one strategy (reassurance), to assist the consumer with their anxiety, and this was effective some of the time.
* When Consumer C was administered PRN (as required) psychotropic medicines to manage their anxiety, there were ten of 24 occasions when staff did not evaluate the effectiveness of the medicine between May and July 2021.

The provider submitted a response to the Assessment Team’s report which accepted the findings of the Assessment Team and provided a plan for continuous improvement. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and consider that at the time of the Assessment Contact, the service was not able 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.

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

# STANDARD 7 NON-COMPLIANTHuman 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 Quality Standard is assessed as Non-compliant as one of the five specific Requirements has been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(b) in relation to Standard 7. All other Requirements in this Standard were not assessed.

The Assessment Team found that some staff at the service are not respectful, kind or caring when delivering care to consumers and this impacted on consumer wellbeing. Further, the Assessment Team found consumers considered that some staff were rushed when assisting them, impacting on their wellbeing. The Approved Provider submitted a response accepting the Assessment Team’s findings in relation to the Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 7 Requirement (3)(b) and find the service Non-compliant with Requirement (3)(b). The reasons for the finding are detailed in the specific Requirements below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(b) Non-compliant

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

The Assessment Team found the service was unable to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. While the service has tools and resources to support staff in providing culturally appropriate care that respects consumers individuality, the Assessment Team found that consumers considered a small number of staff at the service were not kind, caring or respectful when providing care and were rushed. The Assessment Team provided the following information and evidence relevant to my finding.

* The Assessment Team interviewed five consumers, who all stated that a small number of staff were not kind or respectful when assisting them with activities of daily living, and the staff rushed, making them feel uncomfortable.
* The Assessment Team found that of the five consumers interviewed, one consumer had previously raised their concerns with the service, however this did not result in any improvement. Another consumer expressed fear of retribution if they raised their concerns.

The provider submitted a response to the Assessment Team’s report which accepted the findings of the Assessment Team and provided a plan for continuous improvement. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and consider that at the time of the Assessment Contact, the service was unable to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

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

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as one of the five specific Requirements have been assessed as Non-compliant. The Assessment Team assessed Requirement (3)(e) in relation to Standard 8. All other Requirements in this Standard were not assessed.

The Assessment Team found that the service’s clinical governance framework relating to minimising the use of restraint was not effective in delivering safe and quality care, as restraint was in use at the service without being recognised as restraint. As such, appropriate assessments, documentation of alternatives trailed, monitoring and review had not occurred. The Approved Provider submitted a response accepting the Assessment Team’s findings in relation to the Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report to come to a view of compliance with Standard 8 Requirement (3)(e) and find the service Non-compliant with Requirement (3)(e). The reasons for the finding are detailed in the specific Requirements below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Non-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 Assessment Team found that the service has clinical governance frameworks in place related to antimicrobial stewardship, open disclosure and minimising the use of restraint. However the service’s clinical governance framework relating to minimising the use of restraint was not effective in delivering safe and quality care. Staff practices did not reflect the policies and procedures in place related to minimising the use of restraint and restraint was in use at the service, without being recognised as restraint. The Assessment Team provided the following information and evidence relevant to my finding.

* The Assessment Team found that three consumers had lap belts in place and staff did not consider the lap belts as restraint. As such, the service was unable to demonstrate physical restraint is used in accordance with relevant legislation and the service’s policy and procedures, ensuring that the appropriate assessments, documentation of alternatives trialled, ongoing monitoring and review occurred.
* The Assessment Team found that as part of the clinical governance framework relating to minimising the use of restraint, staff had undertaken training on minimising the use of restraint. However, staff interviewed were unable to accurately identify what was restraint, or describe the process they would follow to monitor and review consumers who have physical restraints in place.
* The Assessment Team reviewed a restrictive practice register, however the information did not support an effective clinical governance framework as the guidance on the register was contradictory to the service’s organisational policy and legislation related to restrictive practices, stating that physical restraints were a restrictive practice, not a restraint. As such, restraint was in place at the service without being recognised as restraint.

The provider submitted a response to the Assessment Team’s report which accepted the findings of the Assessment Team and provided a plan for continuous improvement. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and consider that at the time of the Assessment Contact, the service’s clinical governance framework related to the minimisation of restraint has not been effective to support staff to manage the use of restraint. Restraint was in use at the service without being recognised as restraint, and as such, appropriate assessments, documentation of alternatives trialled, ongoing monitoring and review had not occurred in alignment with the service’s organisational policy and legislative requirements.

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

# 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.

* Ensure that consumers have their falls risk assessed and falls prevention and injury minimisation strategies are planned that addresses all falls risk factors.
* Ensure that when consumers’ fall, staff undertake review of consumers’ falls risks factors, strategies in place to determine effectiveness, and considers assessments to identify new falls risk factors to ensure falls prevention planning comprehensively addresses a consumer’s risk of falling.
* Ensure that when a consumer’s condition changes, this is identified and escalated in a timely manner, including undertaking assessments to ensure care is planned that addresses the consumer’ needs.
* Ensure equipment (such as wheelchairs) are appropriate for consumers’ needs.
* Ensure staff have an understanding of what constitutes restraint and the service understands their legislative responsibilities in regards to restraint.
* Ensure consumers with mental health conditions and/or behavioural responses have appropriate assessments to identify potential triggers to inform strategies to minimise symptoms and/or behavioural responses.
* Where pain is an identified trigger for behavioural responses and/or mental health symptoms, ensure pain is assessed.
* Ensure staff at the service have sufficient time to assist consumers with activities of daily living.
* Ensure staff at the service are kind caring and respectful in their interactions with consumers.
* Ensure the service has a clinical governance framework related to the minimisation of restraint that is effective.