Brightwater Oxford Gardens

Performance Report

30 Regents Park Rd   
JOONDALUP WA 6027  
Phone number: 08 9300 7900

**Commission ID:** 7238

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 14 May 2021

**Date of Performance Report:** 20 July 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 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the Approved 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 performance 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 6 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)(a) in this Standard at this Assessment Contact. As all other Requirements in this Standard were not assessed, an overall rating of the Standard has not been completed.

The Assessment Team have recommended Requirement (3)(a) in this Standard as met, as the service was able to demonstrate each consumer gets safe and effective personal and clinical care which is best practice, tailored to their needs and optimises their health and well-being.

Based on the findings and evidence in the Assessment Team’s report, I find the service compliant with Standard 3 Requirement (3)(a). Reasons for my finding are detailed below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 found the service was able to demonstrate each consumer gets safe and effective personal and clinical care which is best practice, tailored to their needs and optimises their health and well-being. The Assessment Team provided the following evidence relevant to my finding:

* Two consumer representatives and one consumer said staff provide care in line with consumers’ needs and preferences. Both representatives reported this does not always happen when there are new or agency staff on duty (this has been addressed in Standard 7 Requirement (3)(a)).
* Staff described how they provide clinical and personal care to consumers.
* Care plans for three consumers showed the service’s policies and processes for restrictive practices, skin integrity and pain management are being followed by staff.
* Care plans demonstrated how personal and clinical care for two consumers is best practice, tailored to their needs and optimises their health and well-being.

Based on the summarised evidence above, I find the service compliant with this Requirement.

# STANDARD 7 NON-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 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)(a) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team have recommended Requirement (3)(a) in this Standard as not met, as the service was unable to demonstrate 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.

Based on the findings and evidence in the Assessment Team’s report, I find the service non-compliant with Standard 7 Requirement (3)(a). Reasons for my finding are detailed below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 Assessment Team found the service was unable to demonstrate 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 Assessment Team provided the following evidence relevant to my finding:

* Two consumers and five representatives provided examples of how consumers are impacted by low staff numbers, including a consumer often not being provided with afternoon tea and delays in personal care and assistance.
* One representative said staff respond to call bells quickly, however, on most occasions, they switch the call bell off and advise they will return when available. This was observed on the day of the assessment.
* Four representatives said they complained to the service about staffing levels, but no action has been taken. Documentation showed this was raised at a residents meeting.
* Four representatives commented that new and agency staff do not provide services in line with consumer preferences, as they do not have time to read care plans.
* Six staff (from two different areas of the service) said they were extremely busy and are not always able to deliver timely and quality care and services to consumers or assist with morning tea. The Assessment Team noted morning tea was not provided to consumers in one area of the service.

As management were unavailable on the day of the assessment, the Assessment Team was not provided access to rosters or agency staff reports and was unable to understand action taken in response to complaints and how the workforce is planned to meet the needs of consumers.

The Approved Provider’s response includes the service’s Plan for Continuous Improvement, including actions that will be undertaken as part of a roster review to identify and address gaps in the workforce.

I acknowledge the service’s intended actions to rectify issues identified by the Assessment Team, however, in coming to my decision, I have relied on observations made by the Assessment Team and interviews with consumers, representatives and staff, which shows there are inadequate numbers of staff to deliver safe and quality care and services. I have also considered the service cannot effectively monitor call bell attendance to identify deficits in the number and mix of staff needed to deliver safe and quality care and services, as some staff are switching off call bells and attending to consumers later.

Based on the summarised evidence above, I find the service non-compliant with this Requirement.

# 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.

The service should seek to ensure:

* Staff numbers are adequate to respond to call bells in a timely manner to meet consumers’ need and preferences.
* Call bell monitoring processes are effective to identify opportunities for improvement or requirements to change staffing levels.
* Feedback in relation to staffing numbers and mix is responded to and used to review the service’s roster and allocation processes.