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:** 30 November 2021

**Date of Performance Report:** 24 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 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-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 others
* the provider’s response to the Assessment Contact - Site report received 17 December 2021
* the Performance Report dated 20 July 2021 for the Assessment Contact – Site conducted 14 May 2021.

# 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 Non-compliant as the one specific Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources as part of the Assessment Contact. All other Requirements in this Standard were not assessed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following an Assessment Contact conducted 14 May 2021 where it was found the service was unable to demonstrate adequate numbers of staff to deliver safe and quality care and services. Additionally, the service could not effectively monitor call bell attendance to identify deficits in the number and mix of staff needed to deliver safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified.

However, at the most recent Assessment Contact, the Assessment Team were not satisfied the service demonstrated 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. Most consumers, representatives and staff considered there were insufficient staffing numbers and a high number of new or agency staff resulting in staff not always providing care and services in line with consumers’ needs and preferences

I have considered the Assessment Team’s findings, the provider’s response 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 Oxford Gardens, Non-compliant with Requirement (3)(a) 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)(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 were not satisfied the service demonstrated 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’s report provided the following evidence relevant to my finding:

* All 16 consumers sampled indicated they felt rushed when receiving care, they do not receive care and services in line with their needs and personal preferences and are sometimes unable to attend activities due to staff not being available to assist them.
* Five of 16 consumers and representatives sampled indicated they had reported issues relating to low staffing numbers and the effect it has on consumers during meeting forums, however, could not see that much has been done.
* One consumer and their representative described issues relating to continuity of care, call bell response, extended wait times for care resulting in the consumer feeling uncomfortable and frustrated and missed meals.
* Ten of 11 staff sampled indicated there are insufficient staff to provide consumers with the care and services they need. Care staff stated they regularly call on lifestyle staff to assist them in peak periods, which resulted in consumers not being provided activities on a regular basis.
* Two therapy staff informed the Assessment Team they cannot always assist consumers to attend activity groups due to time constraints.
* Three care staff said they require more staff to provide satisfactory care and services for consumers. Staff indicated on a daily basis not all consumers receive care in line with their care plans and care provided is affected by the lack of continuity in staff, as newer or agency staff are not aware of consumers’ personal needs.
* A call bell monitoring report for November 2021 indicated 263 calls in excess of 10 minutes with the longest recorded at just over two hours. Six consumers identified through the data all provided similar responses to the Assessment Team indicating staff left them waiting for lengthy periods of time resulting in them being left on the toilet, having to wait to be moved to a more comfortable position in the middle of the night, not receiving hydration when requested and either being rushed or having to wait for activities of daily living.

The provider’s response indicates they accept the Assessment Team’s findings and a Plan for continuous improvement addressing the deficits identified has been developed. The Plan was included as part of the provider’s response and outlined planned actions, including, but not limited to:

* Call bell audits to continue weekly with call bell responses over 15 minutes to be investigated and responded to.
* A monthly call bell analysis to be completed to respond to collated weekly findings.
* Staff meetings to include as standing agenda items discussions relating to call bells, dignity and respect and how to ensure services are provided in line with consumers’ preferences.
* Consumer and representative communication to occur regarding changes at the service and ongoing recruitment.

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact conducted 14 May 2021 where it was found the service was unable to demonstrate adequate numbers of staff to deliver safe and quality care and services. Additionally, the service could not effectively monitor call bell attendance to identify deficits in the number and mix of staff needed to deliver safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Duty statements for all roles have been reviewed and consultation to determine service workflows has occurred with hospitality and care staff.
* Hospitality meeting minutes from July 2021 noted changes to rosters, duty statements, and workflows to enable appropriate support for consumers.
* A roster review has resulted in an additional 12 care hours being available for morning shifts, eight care hours for afternoon shifts, an additional Enrolled nurse for the overnight shift and extra hours for laundry services.
* Recruitment of staff to cover the extra hours is currently ongoing, however, the service are finding it difficult to find suitable applicants.

I acknowledge the improvements made in response to the Non-compliance identified following the Assessment Contact conducted 14 May 2021. Additionally, I acknowledge the provider’s response and actions planned to address the deficits identified at the Assessment Contact conducted 30 November 2021. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Assessment Contact, the service’s workforce mix and numbers were not sufficient to ensure consistent delivery and management of safe and quality care and services to consumers.

In coming to my finding, I have placed weight on feedback provided to the Assessment Team by consumers, representatives and staff. All 16 consumers sampled described impacts to their care and services resulting from insufficient staffing levels. These impacts included feeling rushed when receiving care, care and services not being provided in line with their needs and personal preferences and inability to attend activities due to staff not being available to assist them. Additionally, six of these consumers described impacts to their care and services as a result of delayed call bell response times. Feedback provided to the Assessment Team by 10 of the 11 staff sampled supported feedback provided by consumers, indicating there are insufficient staff to provide consumers with the care and services they need, including activities.

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

# 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 7 Requirement (3)(a)**

* Ensure workforce numbers are sufficient to meet consumers’ needs and delivery of safe and quality care and services, including lifestyle aspects of care, at all times.
* Monitor call bell response times; follow-up extended responses with consumers to identify impacts to care and services that may have occurred as a result.
* Seek feedback from and monitor satisfaction of consumers with staffing on a regular basis. Follow-up where issues are identified.