Brightwater Redcliffe

Performance Report

23 Johnson Street
REDCLIFFE WA 6104
Phone number: 08 9479 2300

**Commission ID:** 7201

**Provider name:** Brightwater Care Group Limited

**Site Audit date:** 19 August 2021 to 23 August 2021

**Date of Performance Report:** 14 October 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 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 14 September 2021.

# STANDARD 1 COMPLIANTConsumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled confirmed they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff acknowledge them, treat them with respect and their privacy is respected;
* are supported to exercise choice and independence, including in relation to meals, what they do each day and who provides personal care to them;
* they are supported to exercise choice and independence, to take risks to enable them to live the best life they can and staff know what is important to them; and
* they are encouraged to do things to maintain their independence.

The organisation’s strategic documents promote consumer independence and support consumers to take risks. The service works within the organisation’s diversity and inclusivity plan which outlines the service’s approach to delivering care in a personalised way that considers and respects each consumer’s diverse cultural and linguistic needs and perspectives.

Initial and ongoing assessment and planning processes assist to identify consumers’ identity and cultural aspects with information gathered used to develop individualised care plans. Staff demonstrated an understanding of consumers and their personal history, including what was most important to them, and spoke about consumers in a way which showed respect and understanding of their personal circumstances.

Staff sampled described ways in which they support consumers to exercise choice and independence and maintain friendships. Clinical staff described how assessment processes guide them in supporting consumers to exercise choice. Meeting forums are conducted to enable consumers and representatives to discuss services being delivered and make decisions relating to future care.

Care files sampled demonstrated Dignity of risk forms are completed for consumers who choose to partake in activities which include an element of risk. Dignity of risk forms sampled described the decision support processes with information relating to the benefits and risks to achieve tailored consumer centred solutions, proportionate to the risk. Staff were aware of risks individual consumers choose to undertake and described strategies they implement to mitigate risks identified.

Information provided to consumers is current, accurate and timely. There are processes to support staff to respect consumers’ right to privacy through documenting consumers’ preferences for care, staff training and completion of confidentiality agreements on commencement of employment. Staff demonstrated an understanding of the importance of confidentiality and provided examples of how they maintain privacy, including when providing care; these practices were observed by the Assessment Team during the Site Audit.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANTOngoing 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 Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers and representatives sampled confirmed they feel like partners in the ongoing assessment and planning of consumers’ care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* are informed of the outcome of assessment and planning processes, and are invited to meet with staff following development of the care plan to ensure consumers’ needs and preferences have been captured;
* are provided an opportunity to share consumers’ goals and preferences and this information is included in the care plan; and
* they can discuss consumers’ specific care needs and preferences with staff at any time and changes to the care plan generally reflect this.

A range of clinical, personal and lifestyle assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified or incidents occur. Information gathered is used to develop detailed care plans which incorporate each consumer’s goals, needs and preferences. Assessments include consideration of risks to consumers’ health and well-being and inform the delivery of safe and effective care and services. Staff stated consumers, representatives and others who contribute more broadly to consumers’ care and services work together to deliver a tailored care and service plan and monitor and review the plan as needed.

Care files included details relating to each consumer’s current needs, goals and preferences, including advance care planning and end of life planning. Care staff described what was important to consumers sampled in relation to how their personal and clinical care is delivered, in line with care plan documents. Care files sampled demonstrated consumers and/or representatives are involved in assessment and care planning processes and outcomes of assessment and planning are discussed. Care plans are readily available to consumers and staff. Care and services are regularly reviewed, including where consumers’ circumstances change or when incidents occur. Additionally, care files demonstrated regular input from Medical officers and allied health specialists occurs.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## 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.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 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 Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered that they receive personal care and clinical that is safe and right for them. A range of assessments are completed on entry and on an ongoing basis to identify each consumer’s needs and preferences. Information gathered is used to develop detailed care plans ensuring management strategies are tailored to consumers’ needs and optimises their health and well-being. A range of policies and procedures in line with best practice care are available to guide staff practice. Consumer files sampled demonstrated best practice care in relation to management of restrictive practices, skin and pain.

### High-impact or high-prevalence risks associated with the care of consumers are identified through assessment processes, and individualised management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs. Areas of risk viewed by the Assessment Team in consumer files included behaviours, weight management, skin, falls, pain and behaviour management. Clinical staff demonstrated an awareness of clinical risks and stated referrals are made to Medical officers and allied health specialists where additional guidance and support is required.

### There are processes to ensure the needs, goals and preferences of consumers nearing the end of life are identified. A care file sampled demonstrated the consumer’s palliative care symptoms and end of life care had been assessed and managed. The consumer has been reviewed by specialist palliative care services and the family consulted. Care staff indicated they have the skills to care for consumers nearing the end of life and described providing care in line with consumer wishes.

### Care files demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Where changes to consumers’ condition, needs and preferences had occurred, additional monitoring and assessments had been commenced, referrals to Medical officers and/or allied health specialists initiated and care strategies reviewed. Staff are supported to recognise and respond to a sudden or unexpected deterioration of consumers through training and staff sampled stated they report any changes to consumers’ health and well-being to registered staff to action.

#### Clinical staff described processes for referring consumers to Medical officers and allied health specialists and outcomes for consumers that had resulted in care improvements. There are systems and processes to prevent and control infection and to support appropriate use of antimicrobials. Infection data is reported monthly and used to monitor infections, resolution rates and effectiveness of the infection prevention and control program.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with all Requirements in Standard 3 Personal care and clinical care.

### 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.*

### Requirement 3(3)(b) Compliant

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

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 NON-COMPLIANTServices and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(c) and (3)(e) in Standard 4 not met. The Assessment Team were not satisfied the service demonstrated how services and supports for daily living assist each consumer to participate inside and outside the organisation’s service environment and do things of interest to them or that it makes appropriate referrals to individuals, other organisations and providers of other care and services in the context of this Standard.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(c) and Compliant with Requirement (3)(e). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(a), (3)(b), (3)(d), (3)(f) and (3)(g), some consumers and representatives provided positive feedback in relation to the service having effective services and supports for daily living that meet a variety of consumer needs. The following examples were provided by consumers during interviews with the Assessment Team:

* they are supported to do things they want to do;
* the service provides emotional support in different ways; and
* staff are aware of meal preferences and times they like to eat their meals.

Initial and ongoing assessment and planning processes assist to identify each consumer’s backgrounds, personal history, life experiences and cultural and spiritual needs and preferences. Individualised care plans are developed from information gathered and include support strategies to assist staff to deliver care and services in line with consumers’ needs and preferences. For sampled consumers, staff provided examples of what consumers like to do and how they support them.

Staff provided examples of how they support consumers to meet their spiritual needs and stated information relating to consumers’ spiritual and emotional needs and preferences are incorporated into care plans. Information about consumers’ conditions, needs and preferences was noted to be documented and communicated within the service and with others where responsibility is shared.

There are processes to identify each consumer’s nutrition and hydration needs and preferences. Care staff were familiar with sampled consumers’ specific dietary requirements and stated they have access to information relating to consumers’ dietary needs. Meals provided were generally noted to be varied and of suitable quality and quantity. Most consumers were satisfied with the meals provided, however, three consumers expressed dissatisfaction, including in relation to the meat being tough and fatty, the variety of desserts and fish being served every Sunday.

The Assessment Team observed equipment provided to consumers to be clean, safe and well maintained. Scheduled audits, cleaning and maintenance programs are in place to ensure equipment is safe and maintained. These processes were supported by cleaning and maintenance staff interviewed by the Assessment Team.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with Requirements (3)(a), (3)(b), (3)(d), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Non-compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

The Assessment Team were not satisfied the service demonstrated how services and supports for daily living assist each consumer to participate inside and outside the organisation’s service environment and do things of interest to them. The Assessment Team’s report provided the following evidence relevant to my finding:

* A consumer said there are no activities on the weekends and while there are two activities facilitated each weekday, each house only has the option to attend one activity. The consumer stated there is not a choice and it does not allow them to do the things they like.
* Two representatives said consumers ‘had nothing to do’, especially on the weekends and were not given an opportunity to participate within the internal community.
* Feedback provided by staff indicated:
* Lifestyle hours have been cut significantly and there are no lifestyle staff on the weekends.
* There are no community volunteers. Staff indicated a consumer who spends a lot of time in their room had a community volunteer a while ago who took them to the shops, however, this has not happened for a while.
* Two activities are facilitated each day, but each house only attends one activity. In addition to the two activities, staff include one-to-one visits to consumers which means consumers don’t get the social interaction they need.
* Lifestyle staff hours have been cut and one lifestyle staff member said they often assist with aspects of consumers’ care needs instead of attending to consumers’ lifestyle needs.
* There are three consumers who cannot go out into the community who want to as the annual reviews are behind and consumers can’t go out until their community assessments are completed.
* There used to be a Lifestyle coordinator, but they left the service and the role was never replaced.
* The activities schedule included the same activities facilitated each day with little variation.
* Other than the two activities facilitated each day, consumers were observed sitting in common areas with not a lot to do except watch television or sit and do nothing.
* The Assessment Team observed some activities taking place. On the first day of the Site Audit, some consumers were observed engaging in yoga, some in bingo on two occasions and some participating in a craft class on other occasions. No other observations of consumers engaging in activities were made by the Assessment Team.

The provider accepted the Assessment Team’s findings and welcomed the Assessment Team’s report as an opportunity for ongoing improvement. A Plan for continuous improvement addressing the deficits identified in the Assessment Team’s report has been developed and was included as part of the provider’s response. Actions completed and/or planned include, but are not limited to:

* Completed a roster review and additional hours have been added to the weekends to support facilitation of activities.
* Update the Resident/relative meeting agenda to include suggestions from consumers on meaningful activities of interest to them.
* Undertake a review of the monthly activities calendar with consumers and representatives to ensure engagement with the activities.
* Education to be provided to care staff to enable them to engage consumers in meaningful activities.
* Engaged with volunteer services to facilitate community access and reintroduce activities outside of the service.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, each consumer was not supported to participate in their community within and outside of the service environment or do things of interest to them. In coming to my finding, I have considered feedback from consumers, representatives and staff indicating there are limited opportunities for consumers to participate in activities, particularly on the weekend.

I have considered that while an activities schedule is in place, the same activities are facilitated each day with minimal variation. While two activities occur each day, consumers only have the option of attending one of those activities, which does not enable consumers to engage in a range of activities of interest to them or provide them with a sense of purpose and identity. I have also considered that consumers are not being assisted to participate in the wider community with one consumer who previously had a community volunteer, not been supported to continue with an activity they enjoyed. Additionally, lifestyle staff indicated they are assisting with consumers’ care needs during the day which is compromising their ability to provide consumers opportunity for social interaction through the activity program.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Non-compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team were not satisfied the service demonstrated that it makes appropriate referrals to individuals, other organisations and providers of other care and services in the context of this Requirement. The Assessment Team’s report provided the following evidence relevant to my finding:

* The Occupational therapist provided two examples of referrals made to other organisations and providers. All other staff were unable to provide examples of referrals in relation to this Requirement and some staff stated this does not occur.
* Staff stated consumers ‘don’t really attend appointments outside of the service’ and they have no community volunteers engaged at the service at the moment where referrals are made.
* Management said the service does not engage a Community psychologist.

The provider’s response acknowledges the Assessment Team’s findings. A Plan for continuous improvement has been developed addressing the deficits identified in the Assessment Team’s report and was included as part of the provider’s response. Actions completed and/or planned include, but are not limited to:

* Education to be provided to the clinical team on referral pathways available and how to engage with providers.
* A process to ensure high risk and deteriorating consumers are regularly discussed, including referral suggestions to be implemented.

Based on the Assessment Team’s report and the provider’s response, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. In coming to my finding, I have considered that the evidence presented does not indicate systemic issues with the service’s referral processes. Evidence in the Assessment Team’s report in relation to this Requirement and other Requirements within this Standard indicate there are processes to refer consumers to individuals, other organisations and providers of care and other services in line with the context of this Standard.

In coming to my finding for this Requirement, I have considered information in the Assessment Team’s report, specifically Standard 4 Requirement (3)(b) indicates consumers are referred to individuals, other organisations and providers of other care and services. Specific examples described include the service organising persons of a consumer’s faith to attend the service for the purpose of providing emotional and spiritual support; when a consumer is observed feeling down or not feeling themselves, a referral is made to the Chaplain to provide emotional support and staff said the service engages a Clinical psychologist.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with Requirement (3)(e) in Standard 4 Services and supports for daily living.

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’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 Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they felt they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers and/or representatives during interviews with the Assessment Team:

* the service environment has a homely feel;
* are supported to bring in their own furniture and personalise their room;
* happy with how clean the service environment is and the cleaners do a good job;
* they utilise the outdoor areas when the weather is better; and
* staff are gentle with them when using equipment to assist with transfers and they feel safe during this process.

The Assessment Team observed the service environment to be welcoming and generally easy to understand. The service has a home like feel with numerous common areas which consumers were observed to utilise. However, signage to direct consumers to different houses and to identify their rooms was not observed. A large outdoor area is utilised by consumers to optimise their function and independence.

The service environment was observed to be safe, clean and well maintained and consumers were observed to move freely both indoors and outdoors. Staff described cleaning processes in place to maintain consumer and common areas. There are preventative and reactive maintenance processes in place and staff described how maintenance issues and hazards are reported and managed.

There are processes to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Staff sampled stated they have received training in relation to manual handling and feel confident using the different pieces of equipment with consumers. All equipment is maintained through a routine scheduled maintenance program to ensure suitability and safety. Contracted services are utilised to maintain and inspect the environment and equipment where required.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

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

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

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers and representatives considered that they are encouraged and supported to give feedback and make complaints. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* have access to supports to help them provide feedback or make complaints, including family members or other members in the community;
* concerns and/or issues raised with management and staff have generally been addressed;
* when they raise issues with staff, management respond and generally make changes; and
* feedback and complaints are discussed at consumer meeting forums and they are encouraged to provide feedback on changes/improvement implemented.

Consumers are provided with information in relation to internal and external complaint avenues and advocacy services on entry. Information in relation to complaints processes and advocacy was also observed displayed around the service, readily accessible to consumers, representatives, staff and others. Staff sampled described how they support consumers and representatives to provide feedback and how they would respond when an issue is raised.

Consumers and representatives are encouraged to provide feedback through a range of avenues, including feedback forms, surveys and meeting forums. Complaints documentation reviewed demonstrated complaints are logged, assigned to appropriate personnel for action and response, escalated to management and attempts made to reach a satisfactory resolution. While six complaints viewed did not include documentation outlining the investigation process, actions taken to resolve, outcome and complainant satisfaction, an electronic report demonstrated all complaints had been resolved and the complainants contacted. Staff described open disclosure principles and complaints documentation demonstrated these principles are applied.

Feedback and complaints are reviewed and used to improve the quality of care and services. There are processes to monitor complaints data to assist the service to identify improvement opportunities. Consumer satisfaction is monitored through meeting forums and surveys, and feedback is an agenda item at all meetings held.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# 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 have recommended Requirement (3)(a) in Standard 7 not met. The Assessment Team were not satisfied the service demonstrated its workforce is planned to enable, and that the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to Requirements (3)(b), (3)(c), (3)(d) and (3)(e), the Assessment Team found consumers considered that they felt they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* staff are kind, caring and gentle when providing care and respectful of their individual needs; and
* staff provide good and safe care demonstrating knowledge of consumers’ different needs and preferences.

Staff were observed interacting with consumers in a calm, caring, supportive and positive manner. Staff sampled described what they would do if they observed a member of staff being disrespectful to consumers, including ensuring the consumer was okay and reporting the incident.

Recruitment and initial onboarding processes ensure the workforce have the relevant qualifications and are competent to perform their roles, including an orientation process and mandatory training components. Staff provided examples of how they engage in the service’s professional development process and how opportunities for additional training are identified. There are processes to monitor attendance at mandatory training sessions and completion of competency assessments. There are processes to monitor staff professional registrations and police certificates.

A staff performance appraisal and development process is in place. Staff sampled confirmed performance reviews are undertaken with them. There are processes in place, guided by policy and procedure documents, to manage unsatisfactory staff performance. Management indicated they are attempting to spend more time on the floor to provide opportunities for consumers to raise any concerns or provide feedback relating to staff performance.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources.

## 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 its workforce is planned to enable, and that 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:

* Feedback from seven consumers and/or representatives indicated:
	+ Staff often call in sick and when they do, the float staff is allocated to the house that is short staffed. A consumer said staff do not go and check rooms to see if everyone is okay.
	+ There are no lifestyle staff on the weekends like there used to be and consumers are often bored and have nothing to do other than watch television.
	+ The service used to have a lot of staff, however, more recently, staff numbers have reduced. Representatives said they come to the service mainly on the weekends and there is often no staff around, they have to go looking for staff if they or a consumer needs or wants something.
	+ On the weekends ‘it’s like a morgue’, because there are no staff around and no activities.
	+ There never seems to be staff around and it is hard to find staff when you need something.
* Feedback from seven staff indicated:
	+ When staff call in sick, float staff are allocated to a house and they have to work without the assistance from a float carer. Because of this, they feel rushed and overwhelmed as they have to assist consumers in the house as well as attend medication rounds.
	+ They find it hard to give the best care to consumers, because when someone calls in sick they are required to ‘look after two houses’ as well as administer medications. They expressed concern in relation to consumers’ safety being put at risk while they are attending to consumers in another house.
	+ One consumer is left waiting when they are on the toilet on occasions because staff are too busy assisting other consumers. The staff member said they felt sorry for this consumer having to wait for assistance.
	+ Carers are responsible for initiating activities for consumers in each house on the weekends. Care staff said they do not have time to facilitate activities on weekends.
	+ Cleaning hours have been recently reduced and because of this on occasions they feel rushed and are unable to clean each room completely to their satisfaction.
* Consumers in one house have high care needs. On multiple occasions, there were no staff observed to be in the house, more often in the afternoons.
* One day three of the Site Audit, the Assessment Team walked through all six houses and noted that on most occasions, other than at mealtimes, no staff were observed to be in the houses.
* Observations and interviews confirmed carers are required to prepare consumer meals at breakfast, lunch and dinner times as well as provide medications to consumers in their house, and across houses if necessary.
* Documentation sampled demonstrated, over a three-month period prior to the Site Audit, 45 shifts were filled by Agency staff, the vast majority of which were care worker shifts and 27 shifts were unfilled, the majority of which were morning shifts.

The provider accepted the Assessment Team’s findings and welcomed the Assessment Team’s report as an opportunity for ongoing improvement. A Plan for continuous improvement addressing the deficits identified in the Assessment Team’s report has been developed and was included as part of the provider’s response. Actions completed and/or planned include, but are not limited to:

* Complete a review of consumer acuity and roster provision to ensure needs are met and staff ratios are appropriate.
* The review will also include a review of therapy hours allocated during the week to ensure a variety of activities and excursions can occur.

I acknowledge the provider’s commitment to address the issues identified in the Assessment Team’s report. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not effectively demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services. In coming to my finding, I have placed weight on feedback provided by consumers, representatives indicating staff are difficult to access and staff feedback indicating they feel rushed with their daily tasks, including with providing care and services to consumers. Additionally, I have also considered that care staff in particular provided feedback to the Assessment Team indicating where there are staffing shortfalls, they find it difficult to attend to consumers’ care as well as other tasks allocated to them. Documentation sampled for a three month period demonstrated staffing shortfalls were either managed by use of contracted staff or not filled at all further impacting staff ability to provide safe and quality care and services.

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

### Requirement 7(3)(b) Compliant

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

### 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.*

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

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

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 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 Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found overall, sampled consumers considered the organisation is well run and they can partner in improving the delivery of care and services. Consumer input is sought through various avenues, including meeting forums, surveys, feedback mechanisms and care plan review processes. Consumers sampled felt they were included in the planning, evaluation and development of care and services. Representatives described examples of how they provide input into care and services and indicated this is taken on board by the service and implemented into consumer care plans.

The organisation demonstrated how the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation is governed by a Board and there are a range of reporting mechanisms in place to ensure the Board is aware of and accountable for the delivery of services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported at both a service and organisational level.

The organisation has a documented risk management framework which includes managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. An effective incident management system is in place and enables incidents to be identified, responded to and, where required, reported in line with the Serious Incident Response Scheme requirements.

The service has a clinical governance framework which is supported by a range of policies and procedures. The framework includes, but is not limited to antimicrobial stewardship, open disclosure and minimising the use of restraint. Staff sampled described practices to reduce the use of antibiotics, minimise use of restrictive practices and open disclosure principles.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Redcliffe, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### 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*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) 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.*

# 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 4 Requirement (3)(c)**

* Ensure staff have the skills and knowledge to:
* identify things of interest to each consumer, implement activity programs in line with consumers’ preferences and engage them in activities of interest both within and outside of the service environment.
* Ensure policies, procedures and guidelines in relation to this Requirement are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to this Requirement.

**Standard 7 Requirement (3)(a)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services, including lifestyle activities, in line with consumers’ needs and preferences.