Brightwater Redcliffe

Performance Report

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

**Commission ID:** 7201

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 23 February 2022

**Date of Performance Report:** 17 March 2022

# 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 4 Services and supports for daily living** |  |
| Requirement 4(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 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 management
* the provider did not submit a response to the Assessment Contact - Site report
* the Performance Report dated 14 October 2021 for the Site Audit undertaken from 19 August 2021 to 23 August 2021.

# STANDARD 4 Services and supports 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 Assessment Team assessed Requirement (3)(c) in Standard 4 Services and supports for daily living as part of the Assessment Contact. All other Requirements in this Standard were not assessed, therefore, an overall rating of the Standard is not provided.

Requirement (3)(c) in Standard 4 was found Non-compliant following a Site Audit undertaken from 19 August 2021 to 23 August 2021 where it was found each consumer was not supported to participate in their community within and outside of the service environment or do things of interest to them. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(c) met.

I have considered the Assessment Team’s findings 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 Redcliffe, Compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living. I have provided reasons for my finding in the specific Requirement below.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(c) 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 service was found Non-compliant with Requirement (3)(c) following a Site Audit undertaken from 19 August 2021 to 23 August 2021 where it was found each consumer was not supported to participate in their community within and outside of the service environment or do things of interest to them. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Allocated an additional three hours on each weekend day for lifestyle support. Surveys were conducted with consumers to determine suitable activities of interest and again following introduction of the additional hours to determine consumer satisfaction. Consumer feedback received was positive.
* Added a lifestyle activity agenda item to the Resident and relative meeting agenda, to provide further opportunity for consumer/representative engagement in this area.
* Reintroduced weekly bus trips.
* Providing education to staff through daily morning huddles to ensure they assist consumers to engage in activities of interest to them.
* Conducted care plan reviews in consultation with each consumer/representative to ensure supports for daily living provided are individualised and reflective of consumer needs, preferences and goals.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Overall, consumers sampled said they were supported to participate within and outside the organisation and do things of interest to them, including activities and one-to-one support. Consumers indicated they are able to keep in touch with people who are important to them, including family and friends, visitors, and pastoral care workers. Consumers said they maintain connections via telephone and visits within and external to the service.
* Six care files sampled included comprehensive, individualised information which aligned with consumer feedback relating to their goals, needs and preferences.
* Care and lifestyle staff described activities, interests and relationships which were important to consumers and aligned with consumer feedback and care plan documentation. Lifestyle staff described how supports for daily living are provided for consumers.
* A range of lifestyle and leisure activities and one-to-one supports are available which are tailored to meet consumers’ capabilities, needs, preferences and goals.
* Given the current COVID-19 environment, larger group activities are not held in the service hub. Larger group activities are conducted in the garden and indoors in small groups in each house, allowing for social distancing. An Occupational therapist is available to complete assessments of consumers’ lifestyle/leisure preferences, needs and goals.
* Verbal feedback from consumers and representatives relating to consumer preferences is obtained and reviewed to ensure the lifestyle program reflects consumers’ needs on an ongoing basis. Surveys are also conducted with information gathered used to inform the program.

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

# STANDARD 7 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 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, therefore, an overall rating of the Standard is not provided.

Requirement (3)(a) in Standard 7 was found Non-compliant following a Site Audit undertaken from 19 August 2021 to 23 August 2021 where it was found the service did not effectively demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact and have recommended Requirement (3)(a) met.

I have considered the Assessment Team’s findings 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 Redcliffe, 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) 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 service was found Non-compliant with Requirement (3)(a) following a Site Audit undertaken from 19 August 2021 to 23 August 2021 where it was found the service did not effectively demonstrate there were adequate numbers and mix of staff 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:

* Engaged extra staff to assist with lifestyle therapies and have upskilled carers to assist in this role.
* Allocated an additional six hours to the weekend roster comprising of three hour shifts on each day to ensure there are activities for consumers.
* Engaged an extra Enrolled nurse for the morning shifts enabling the Registered nurse to perform assessments and complete referrals for consumers.
* The General manager conducts regular meetings to address the needs of consumers on a weekly basis.
* Conducted a review to ascertain consumer acuity for staffing levels resulting in an additional carer for one of the six houses as well as three care floaters between each of six houses.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* The service has processes to ensure 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.
* There are processes to manage planned and unplanned leave and there has been a reduction in the use of agency staff since the Site Audit.
* In all houses, the Assessment Team observed call bells to be responded to promptly, staff were kind and reassuring to consumers and consumers appeared happy in their environment.
* Consumers sampled were satisfied with sufficiency of staff and the quality of care they received. All consumers sampled indicated they felt safe and were not rushed when care was being given. However, two representatives raised concerns regarding staffing levels during the weekend and the impact this had on the consumers.
* Consumers who use call bells regularly were sampled and all indicated they were happy with the quality of care being provided to them, saying staff are wonderful, kind and caring and they don’t rush them.
* Staff gave positive feedback regarding workloads and felt they had enough time to deliver safe and quality care to consumers and there were enough staff planned for consumers’ care requirements.

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.