Brightwater The Cove

Performance Report

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**Commission ID:** 7282

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 17 September 2020

**Date of Performance Report:** 26 October 2020

# Publication of report

This Performance Report **may 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | 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 and/or representatives and others
* the Approved Provider did not submit a response to the Assessment Team’s report.

# STANDARD 2 Ongoing 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

Following an assessment contact conducted on 9 January 2020 Standard 2 Requirement (3)(e) was found to be Non-compliant. The service was not able to demonstrate care and services were reviewed regularly for effectiveness, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

In response to the non-compliance the service has provided staff with training specific to this Standard, and the organisation has reviewed and updated their policies and procedures relating to recognising and responding to the deteriorating consumer.

Following this assessment contact the Assessment Team are recommending this Requirement is met. The Approved Provider did not submit a response to the Assessment Team’s report.

Based on the Assessment Team’s report I consider the service is Compliant with this Requirement. The reasons for my decision are detailed under the specific Requirement below.

**Assessment of Standard 2 Requirement (3)(e)**

**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.*

The Assessment Team found that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of consumer. The following specific feedback was provided by consumers and representatives during interviews with the Assessment Team:

* A representative said staff make a point of ‘catching up’ with them each day when they visit to provide feedback on the consumer’s condition and what they have been doing. During the COVID-19 lockdown they contacted staff daily and staff were always able to provide information about the consumer, giving them confidence in the care being provided in their absence.
* Three consumers said staff always check to make sure care is being provided in line with their preferences and regular staff ‘get to know what they like’. They are satisfied with the way staff manage their care and they would tell staff if they were not.
* A representative reported they are aware of the care outlined in the care plan and said if there are any changes they are contacted by staff to discuss them.

The Assessment Team reviewed a revised procedure published on 19 June 2020 relating to recognising the deteriorating consumer. This document forms part of the organisation’s care manual and clearly describes staff responsibilities and procedures to be followed to identify and monitor consumers who are unwell. A Wellbeing and Behaviour Guideline published on 16 September 2020 serves to guide staff in assessing and managing well-being and behaviour. An annual assessment planner prompts staff to complete annual assessments by their due date.

Documents reviewed by the Assessment Team include care plans, progress notes and training records. Records confirm training about palliative care, well-being and Quality Standard 2 has been completed between March and June 2020. Care records show staff have appropriately identified consumers whose conditions have deteriorated and have effectively implemented new strategies to ensure their care needs continue to be met.

During interviews with the Assessment Team the deputy service manager said staff identify and document each consumer’s care needs, preferences and goals when they move to the service and review these annually and as required throughout their stay. The deputy service manager described a process to ensure meetings with consumers and/or their representative are scheduled to discuss updates to care plans and any changes that have been implemented as a result of changes to the consumer’s condition. These formal meetings were replaced by more regular telephone contact while COVID-19 visiting restrictions were in place. Care staff described how and when they would escalate adverse incidents to registered staff. Staff also spoke of contacting representatives when incidents occur and making referrals to medical officers and allied health staff to request review as required.

The Assessment Team has reviewed processes in place to monitor compliance with this Requirement.

For the reasons detailed above I consider Brightwater Care Group Limited, in respect of Brightwater the Cove, is Compliant with this Requirement.

# 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

Following an assessment contact conducted on 9 January 2020 Standard 3 Requirement (3)(a) was found to be Non-compliant. The service was not able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care that is best practice, tailored to their needs and optimising their health and well-being.

In response to the non-compliance the service has provided staff with training specific to this Standard; topics include best practice standards, tailoring care to consumers’ needs and optimising consumer health and well-being; and reviewed its policies and procedures related to providing personal and clinical care.

Following this assessment contact the Assessment Team are recommending this Requirement is met. The Approved Provider did not submit a response to the Assessment Team’s report.

Based on the Assessment Team’s report I consider the service is Compliant with this Requirement. The reasons for my decision are detailed under the specific Requirement below.

### Assessment of Standard 3 Requirement (3)(a)

### 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 that each consumer gets safe and effective personal and clinical care, or both personal and clinical care, that is best practice, tailored to their needs and optimising their health and well-being. The following specific feedback was provided by consumers and representatives during interviews with the Assessment Team:

* Consumers said they think they get the care they need, they feel safe and staff know what they are doing.
* Consumers said while staff are always busy, they take time to make sure consumers get the care they prefer. A consumer who prefers to shower early in the morning and another who prefers to sleep until later in the day both said staff assist them to maintain these schedules.
* A representative said staff were supportive and provided ongoing information regarding the restricted visitor program due to COVID-19 and continue to make sure the consumer’s clinical needs are met, including the need to be reviewed by other health care professionals, such as the physiotherapist or dietician.

The Assessment Team reviewed policies and procedures to guide staff in the delivery of best practice clinical and personal care. These include guidance on the use of restraints and the management of skin integrity and pain. These are regularly reviewed and updated and are available to staff on the organisation’s intranet.

Documents reviewed by the Assessment Team included training records, assessments, care plans, and progress notes. Records confirm training about palliative care, diabetes, restraints and clinical deterioration has been completed between March and August 2020. All client records show care is safe, effective and tailored to the specific needs and preferences of each consumer. Care plans are updated when there is a decline in health, incidents have occurred, following discharge from hospital, when there are changes in preferences or during the annual review.

During interviews with the Assessment Team staff spoke of the procedures and policies they follow when providing personal and clinical care. Staff described receiving information about consumers, and changes to procedures and policies, via the intranet, meetings, memoranda and during shift handovers. Care staff described what they do when they have concerns about a consumer’s condition, including reporting verbally to the registered or enrolled nurse and completing required documentation. All staff interviewed were able to describe the clinical and personal they provide to specific consumers. The deputy service manager said registered nurses are responsible for evaluating the effectiveness of each consumer’s clinical care. Changes in a consumer’s clinical needs are discussed with the consumer and/or their representative, members of the allied heath team and the consumer’s medical practitioner. Agreed changes to care are then recorded in the consumer’s care plan.

The Assessment Team has reviewed processes in place to monitor compliance with this Requirement.

For the reasons detailed above I consider Brightwater Care Group Limited, in respect of Brightwater the Cove, is Compliant with this Requirement.

# 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.