Brightwater The Village

Performance Report

150 Dundas Road
INGLEWOOD WA 6052
Phone number: 08 9370 0900

**Commission ID:** 7415

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 16 July 2020

**Date of Performance Report:** 23 August 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 7 Human resources** | **Compliant** |
| Requirement 7(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/representatives and others.

# STANDARD 7 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 Compliant as one of the five specific requirements have been assessed as Compliant.

The purpose of the Assessment Contact was to assess the Requirement (3)(a) in relation to Standard 7 Human resources which was found Non-compliant following Assessment Contacts conducted on 3 January 2020 and 19 March 2020. The Assessment Team have found the service has implemented actions and improvements to address the issues identified in the service not having sufficient numbers of staff to ensure safe and quality care and services are delivered to consumers. I agree with the Assessment Team and find the service is now Compliant with this Requirement.

All other Requirements in relation to Standard 7 Human resources were not assessed as part of this Assessment Contact and an overall assessment of the Standard was not completed.

## 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 Assessment Team found the service implemented the following improvements and actions to address the issues identified at previous Assessment Contacts:

* An increase in care staff hours on the morning and evening shifts to ensure sufficient staff to meet the increased needs of consumers.
* Staggered morning shift start times based on the needs of consumers.
* Approved permanent increase in the budgeted and rostered care staff hours of 92.5 hours a fortnight.

The Assessment Team found the service demonstrated the improvements and increased staff hours were effective at improving outcomes for consumers. Evidence provided included:

* Consumers and representatives interviewed confirmed there are sufficient staff to attend to consumers in a timely and appropriate manner. Representatives who had previously reported insufficient staff numbers and slow staff response times confirmed the increased staff numbers have been effective.
* Staff interviewed confirmed the increase in staff hours on the morning and evening shifts and confirmed it has assisted in improved provision of care and services for consumers. Clinical staff confirmed they have sufficient time to perform their roles and provide clinical care to consumers.
* Documentation including the staff rosters and allocations sheets confirmed the increased hours and the replacement and filling of vacant staff shifts.
* Documentation shows the service have recruited and increased the casual staff pool following review of trends in the use of agency staff.
* Clinical indicators and data show a significant decrease in consumer incidents in June 2020 following the implementation of additional staff hours, including decreased falls, medication incidents, behaviours, infections and skin tears.

Based on the evidence in the Assessment Team’s report I find the improvements of increased staff hours based on consumer needs and trends has been effective at ensuring sufficient staff numbers to meet consumers’ needs. Consumer and staff interviews, and review of consumer incidents show a positive impact on consumer clinical outcomes with reduced clinical incidents. The service has made a commitment of ongoing review of staff rosters and human resource systems to ensure ongoing sufficient numbers and mix of staff to meet consumer needs.

Based on the summarised evidence above, I find the service 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.