**Performance**

**Report**

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| Name: | Brightwater at Home Services |
| Commission ID: | 500041 |
| Address: | Level 3 Garden Office Park, 355 Scarborough Beach Road, OSBORNE PARK, Western Australia, 6017 |
| Activity type: | Quality Audit |
| Activity date: | 18 September 2023 to 20 September 2023 |
| Performance report date: | 9 November 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 260 Brightwater Care Group Limited  
Service: 19115 Brightwater At Home Services - East CACP  
Service: 19118 Brightwater At Home Services - Metro South West CACP  
Service: 19116 Brightwater Home Care Packages East  
Service: 19120 Brightwater Home Care Packages North  
Service: 22831 Brightwater Home Care Packages South East  
Service: 19123 Brightwater Home Care Packages South West

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9447 Brightwater Care Group Limited  
Service: 27182 Brightwater Care Group Limited - Care Relationships and Carer Support  
Service: 27181 Brightwater Care Group Limited - Community and Home Support

**This performance report**

This performance report for Brightwater at Home Services (**the service**) has been prepared by J Earnshaw, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 25 October 2023
* other information known to the Commission.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | 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. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | 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. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers and representatives described staff as respectful. Management and staff described what is important to individual consumers and displayed knowledge of the consumer’s background and care preferences. The workforce receives cultural safety training which addresses expectations about being culturally aware and respectful.

Consumers and representatives reported services are delivered in accordance with what is important to them and they feel respected, valued and safe.

The service demonstrated consumer’s cultural needs and preferences are supported when providing care and services. Staff demonstrated awareness of culturally safe care and services and what this means in practice. Management described how they ensure services reflect consumers’ cultural needs and diversity.

Care documentation reflected consumer choice about who should be involved when decisions are made about the services received. Consumers and representatives reported the service involves them in making decisions about the care and services consumers receive. Staff and management described how they support consumers and their representatives to exercise choice and make decisions about services through the assessment and planning process.

The service has dignity of risk policies and procedure, accessible to staff, and staff and management demonstrated how consumers are supported to make choices and decisions about services that may place them at risk through consultation and providing strategies to manage those risks. Consumers and representatives reported the service supports the consumer to do what they want to do.

The service demonstrated information is provided to each consumer is current, accurate and timely. Consumers and representatives confirmed they receive current and up to date information in a way they understand. Staff and management described how they provide information to consumers at the commencement of services and regularly provide updated information to consumers.

Consumers and representatives confirmed consumer’s privacy is respected and they reported being confident the service keeps personal information confidential. Staff and management described how consumer privacy and confidentiality is respected. The service demonstrated it has effective systems in place to protect consumers’ privacy and personal information and is in the process of improving information management systems.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | 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. | Compliant | Compliant |
| Requirement 2(3)(b) | 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. | Compliant | Compliant |
| Requirement 2(3)(c) | 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. | Compliant | Compliant |
| Requirement 2(3)(d) | 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. | Compliant | Compliant |
| Requirement 2(3)(e) | 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. | Compliant | Compliant |

Findings

The service has a comprehensive suite of assessment and care planning policy and procedures that are available to guide staff in assessment and care planning processes, including the use of information from other services.

The service has processes to support the identification of individual consumer goals and preferences. Clinical staff advised, and consumers confirmed, consumers are provided an opportunity to identify their end of life preferences and advance care directives.

Consumers and representatives reported they are involved in assessment and planning processes. Documentation showed consumers participate in assessment and planning including the involvement of others as required.

Care planning documentation confirmed that outcomes of consumers’ assessment and planning were documented and provided to consumers. Consumers reported their care plan had been discussed and provided to them.

The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes in the consumer’s health condition or personal preference occur. Consumers and representatives confirmed the service supports them when changes occur, and staff described how they identify and escalate changes in consumer health condition or preferences.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | 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. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | 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. | Compliant | Compliant |
| Requirement 3(3)(e) | 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. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | 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. | Compliant | Compliant |

Findings

Consumers and representatives reported satisfaction with the personal and clinical care delivery. The service demonstrated personal and clinical care is individually tailored based on assessment of the consumer’s needs, goals, and preferences.

Clinical care is overseen by a registered nurse. Policies and procedures provide guidance to clinical staff for best practice guidelines for all procedures.

The service was able to demonstrate that it effectively manages high impact and high prevalence risk associated with the provision of care and services with systems and processes in place to assist staff to manage risk, and to ensure clear instructions provided to staff. Consumers and representatives reported being satisfied the service supports consumer health and associated risks.

Staff demonstrated knowledge of consumers who have high prevalence/high impact risks including but not limited to those who are living with dementia, are at risk of pressure injury, or increased falls risk, at risk of weight loss and where consumer co-morbidities may have impact.

Staff demonstrated, and documentation confirmed risk including but not limited to falls, weight loss, changed behaviour, wounds and pressure injuries are documented; and identified concerns are escalated to senior staff and referrals are made to the clinical team and other health care provider for the consumer’s ongoing care.

Clinical incident data indicates incidents are recorded and reviewed with demonstrated follow up and actions completed, including discussion on strategies and completion of referral to others.

The service collaborates with palliative care organisations and medical practitioners to support end of life care. Care planning documents showed that advance care directives are discussed with consumers and outcomes documented within their care plans. The service has policies and procedures regarding palliative care.

Staff described how they recognise deterioration of consumer health and care documentation identified how deterioration of consumers’ health was responded to, such as referrals to health professionals and adjusted care and services.

Consumers and representatives said they feel that their needs, and preferences are effectively communicated between staff. The service has processes to share information where it has consent to do so and is relevant to the care and services being provided. The service demonstrated there are timely and appropriate referrals to internal teams and to external providers that can meet the needs of the consumer. Staff described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes.

Staff and management described, and documentation identified, the service has documented policies and procedures to support the minimisation of infection related risks, through infection prevent and control practices. Staff confirmed they have completed training on infection control measures.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3 Personal care and clinical care.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | 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. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | 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. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers reported they are supported with safe and effective services and supports for daily living that meets their needs, goals and preferences. Management described, and documentation showed, the service identifies consumers’ interests and preferences to inform services and supports.

Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing through understanding personal circumstances and emotional support needs.

Information received informs the continuous improvement of the social services to include activities of interest and promote consumer participation.

Staff demonstrated an understanding of individual consumer needs and preferences and described how they encourage and support consumers to maintain their interests and how they reduce consumer’s feelings of isolation.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service, that information shared is kept private and confidential. Staff advised and documentation confirmed that they received detailed, up to date information in the electronic care system.

Management, staff and documentation demonstrate the services internal and external referrals process facilitates access to additional services to supplement supports and services for daily living.

Consumers and representatives reported equipment provided is safe, well-maintained and meets consumers’ needs. Documentation showed the involvement of allied health clinicians to assess consumers’ needs and regular monitoring of equipment to ensure it is clean and well maintained.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4 Services and supports for daily living.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

The service demonstrated there are various opportunities for consumers to provide feedback and raise a complaint. Interviews with consumers and representatives and review of documentation showed they are aware of how to provide feedback and make complaints. The service responds to feedback and complaints and uses this information to identify opportunities for improvement.

Consumers and representatives were able to describe how the service seeks their feedback regarding care and services they receive. The service provides an information pack to consumers which includes information about how to provide feedback and raise complaints. Consumers and representatives said they were aware of external agencies to support them in raising feedback or complaints. Management discussed how the service supports consumers to access advocacy and language services if required.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service has documented policies and procedures to guide staff on how to respond to feedback and complaints, including how to apply an open disclosure process. Consumers and representatives stated they are satisfied with how the service handles feedback and complaints.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers described how services have improved after a complaint was raised. Management described how feedback and complaints are analysed and trended, and how the information is used to make service improvements. Feedback and complaints analysis is reported to the care committee for review.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | 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. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

The service has workforce management processes, including workforce planning, recruitment and performance monitoring processes, to ensure there is a sufficient and competent workforce to deliver safe and quality care and services to consumers.

Consumers and their representatives stated consumers receive quality care and services, and staff are not rushed. Staff said they have sufficient time to deliver quality care and services to consumers.

Consumers said they are treated with dignity and respect by staff, and care support workers said they feel supported by their supervisors and coordinators.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and said their needs are met. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, and annually, role specific mandatory training is provided to staff as well as any additional training needs identified on an ongoing basis, covering topics such as personal protective equipment and infection control.

Staff are required to undertake performance appraisals annually. Further support is provided to staff when there is a need for improvement.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | 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. | Compliant | Compliant |
| Requirement 8(3)(d) | 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. | Compliant | Compliant |
| Requirement 8(3)(e) | 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. | Compliant | Compliant |

Findings

Governance processes are in place to ensure the governing body is accountable for the delivery of safe and quality care and services. Consumers and representatives are encouraged and

engaged in the development, delivery and evaluation of care and services. The service has effective risk management systems and a clinical governance framework.

The service conducts 6-monthly telephone surveys with consumers to gather feedback and suggestions and has an advisory committee which encourages representatives of consumers to provide input.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. A Board of 10 members oversees the service’s activities and performance. The service reports to a care committee, with regular reporting of clinical indicators, which reports to the Board.

The service demonstrated there are organisation wide governance systems in place to manage and monitor information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service has policies and procedures in place to guide staff across the governance systems and staff have received relevant training to assist them to do this. Staff confirmed they have access to information to guide how they deliver care and services.

Continuous improvements are identified through various mechanisms including feedback, complaints, incidents and changes in compliance requirements. Continuous improvement is discussed at the care committee and Board level. The plan for continuous improvement identified various actions the service has identified for improvement.

The service participated in the pilot of the strengthened standards audit process and is reviewing the outcomes of the pilot audit for any opportunities for improvement.

The service demonstrated there are systems in place for assessments to be completed using validated clinical assessment tools and other available information to identify high impact and high prevalence risk. Consumer care documentation demonstrated risks to consumers are managed individually and outlined in each consumer’s care plan. The service provides mandatory training for staff in relation to elder abuse and neglect of consumers, responding to abuse and the Serious Incident Response Scheme.

The organisation’s clinical governance framework guides staff, sets out responsibilities, accountabilities, and how the service will deliver safe and quality clinical care for consumers. This framework includes processes for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Management advised, and documentation demonstrated clinical indicators are collated, analysed and discussed at the leadership level, with the board, clinical governance meeting and care committee meetings attended by clinical and senior staff.

Based on the above evidence, I find the provider, in relation to the service, compliant with all Requirements in Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section s57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)