Performance

Report

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| Name: | Brightwater Birralee |
| Commission ID: | 7232 |
| Address: | 155 Odin Road, INNALOO, Western Australia, 6018 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 14 May 2024 |
| Performance report date: | 6 June 2024 |
| Service included in this assessment: | Provider: 260 Brightwater Care Group Limited  Service: 4759 Brightwater Birralee |

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.

**This performance report**

This performance report for Brightwater Birralee (**the service**) has been prepared by G Tonarelli, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Assessment Contact (performance assessment) – site 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 24 May 2024, including a Plan for Continuous Improvement (PCI); and
* the performance report dated 10 August 2023 for the Site Audit conducted from 20 June 2023 to 22 June 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |

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

# 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 2 Requirement (3)(b)

* Ensure a robust review of processes to ensure assessment and planning outcomes, including complex care needs, end-of-life wishes and risk mitigation strategies, are identified and documented in consumer care/support plans, to guide staff in the delivery of safe and effective care.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as the specific requirement assessed has been found non-compliant. The Assessment Team recommended Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers not met.

Requirement 2(3)(b) was found non-compliant following a Site Audit undertaken in June 2023. The provider did not demonstrate all consumers had complex care needs identified or current goals, preferences and strategies documented in their care and service plans to direct staff on the management of clinical care. At this time, the provider acknowledged the deficits and agreed to implement actions as part of its continuous improvement process to resolve the identified deficits.

At the Assessment Contact in May 2024, the Assessment Team was not satisfied the improvement actions had been effectively implemented by the provider, as deficits in capturing consumers’ individualised goals, preferences and strategies were identified. The Assessment Team stated in their report:

* Consumer A did not have a care plan that contained adequate information relating to their complex needs, including use of a medication device. While there was documentation to support staff to manage and monitor the device, including set-up and change over and a process to administer medication in the event the device was inoperative, information relating to the goals of the device, directions for use and dose guidelines were not captured or documented in the consumer’s care plan.
* Consumer B did not have a complex care plan documenting information to direct staff in the type of care, frequency or level of assistance required to meet their specialised nursing care need. While the care plan identified the care need and staff were able to describe how to manage and document changes, this information was not captured in the care plan in the complex care domain.
* Consumers C, D and E did not have complex care plans containing up-to-date, individual, or specific information and strategies to direct care relating to the monitoring and management of a chronic disease. While staff were aware of medication requirements and care needs to support the consumers to manage their conditions, as well as other mechanisms to document changes and medication charting, this information was not captured in the care plan’s complex care domain.
* Consumer F’s client profile contained an advance care plan following a review completed in 2022, however, this information was recorded in the ‘contact information’ field and not documented in the care plan in the end-of-life domain.
* Deficits found for Consumers A, C, F and E’s care plans were also identified during the Site Audit in June 2023.
* The Assessment Team provided feedback to management relating to the deficiencies identified. Management acknowledged the gaps and created care records to include complex care plans for the named consumers, during the Site Audit.

The provider, in their response, acknowledged the findings and submitted an updated PCI to resolve the identified deficits. The PCI identified steps to review complex care policies and procedures, including enhancements to the management system to ensure information from assessment forms is transferred to applicable care plan domains, to direct staff and support client care. For the six named consumers, the provider will undertake review of the care plans to ensure complex needs are documented appropriately. Additionally, the provider intends to implement training for clinical staff on the completion of complex care assessment and documentation.

In considering information in the Assessment Team’s report and the provider’s response relevant to this specific Requirement, I am satisfied the provider has some mechanisms in place to identify, monitor and manage consumers with complex clinical needs. I also acknowledge the evidence contained in the Assessment Team’s report relating to the named consumers’ overall satisfaction on the delivery of personal and clinical care. However, I am not satisfied the service has effective processes to support continuity of care, in line with the named consumers’ needs and goals, noting directive care measures are not captured in the consumers’ care plans. This holds particular risk to consumers in the event care is assumed by new, unfamiliar or agency staff.

Whilst the service may have implemented system enhancements to rectify previous deficiencies in this Requirement, the improvements are not effectively embedded into everyday practice to ensure directive care needs, goals and strategies for complex clinical care are accurately documented for each consumer. I place weight on evidence brought forward by the Assessment Team that consumers’ care plans are not tailored to guide or support staff in the delivery of complex clinical needs. Although the provider had updated the named consumers’ care records to include complex care plans following feedback from the site audit, the provider’s own monitoring mechanisms did not identify and rectify these deficits on its own.

The provider is still undertaking improvement actions, and I encourage them to embed these improvements into their standard practice to ensure assessment outcomes, including consumer needs strategies, and goals are captured in consumer care plans, to guide staff in delivering safe and effective care.

Based on the evidence and reasons detailed above, I find Requirement 2(3)(b) non-compliant.

1. The preparation of the performance report is in accordance with sections 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)