

**Performance Report**

**1800 951 822**

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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 16 January 2025 |
| Performance report date: | 29 January 2025 |
| 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 S Turner, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the assessment team’s report received 29 January 2025, acknowledging the findings of the assessment team
* the Performance Report dated 6 June 2024 for the Assessment Contact conducted 14 May 2024
* other information held by the Commission in relation to the service

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements were assessed |

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 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. | Compliant |

Findings

The Performance Report dated 6 June 2024 for the Assessment Contact conducted 14 May 2024 found Requirement 2(3)(b) not compliant. The Performance Report included information that consumers’ needs, goals and preferences, particularly in relation to specialised nursing care needs, had not been clearly identified in assessment and care planning processes. The Assessment Contact conducted 16 January 2025 found the service has taken action to improve performance in this area; actions include:

* The care management system ensures details from assessment processes inform consumers’ care plans. Additionally, a comprehensive end-of-life assessment has been developed as an element of this process.
* Clinical staff have received education and training relating to the assessment and planning of clinical needs.
* A monthly process is in place whereby a consumer’s care is reviewed; a registered nurse reviews a consumer’s assessments and care plans to ensure they are accurate and up to date.
* Senior clinical staff audit the progress notes for the previous month and consider this information as an element of assessment and care planning.
* Organisational monitoring processes include audits of consumers’ care planning documentation to ensure it is individualised, includes goals and preferences, and support strategies.

Consumers said the service involved them in assessment and care planning and documented what was important to them, including their end-of-life wishes. Care planning documentation was sampled that included consumers with chronic health conditions; and those who have specialised nursing care needs, including the use of clinical equipment. Care planning documentation was individualised and detailed and reflected consumers’ choices relating to their end-of-life care.

Staff described how care plans guided care delivery including the delivery of complex care and registered nurses outlined their responsibilities in relation to assessment and care planning; they said the process commenced on the consumer’s entry to the service and was reviewed regularly to ensure accuracy. These processes, together with the reviews by senior clinical staff were corroborated by the Assessment Team.

For the reasons detailed, I am satisfied the service is undertaking assessment and care planning that identifies the consumer’s needs, goals and preferences including in relation to the delivery of complex care, and end-of-life care. I find Requirement 2(3)(b) is compliant.

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