Performance

Report

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| Name of service: | Brightwater Birralee |
| Service address: | 155 Odin Road INNALOO WA 6018 |
| Commission ID: | 7232 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 10 August 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.

**This performance report**

This performance report for Brightwater Birralee (**the service**) has been prepared by M Glenn, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others; and
* the provider’s response to the Assessment Team’s report received 21 July 2023 acknowledging the recommendations made by the Assessment Team.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

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)**

* Review processes to ensure assessment and planning identifies and addresses consumers’ current care and service needs, goals and preferences to guide staff in the delivery of safe and effective care.

# Standard 1

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

Findings

Staff could describe care and services specific to consumer needs and were observed treating consumers respectfully and in a dignified manner when providing care. Care plans included consumers’ work and social background, likes and dislikes, daily preferences, hobbies, and information regarding relatives, friends, pets and social supports. Consumers and representatives said consumers felt valued and safe when receiving care with their identity, culture, and diversity valued.

Consumers are supported by staff to make daily choices and documentation demonstrates involvement of the consumer and/or representative regarding delivery of care. Consumers said they make their own choices, decide who they want involved in their care and are supported to maintain personal relationships.

Risk assessments are conducted for activities that have been identified as having a level of risk to consumers. Consumers are informed of any identified risks and strategies implemented to minimise the risks. Risk assessment had not been undertaken for four consumers, however, management advised this will be rectified as a matter of priority. Consumers and representatives said consumers are supported to take risks to support their independence.

Staff communicate with consumers in a manner that is easily comprehended. Consumers and representatives said information is provided to them in a way that is clear and easy to understand through emails, noticeboards, activity programs, resident meetings, newsletters and one-to-one conversations with staff and management. Staff are knowledgeable of privacy and confidentiality principles and are trained in the correct use of consumers’ personal information. Consumers and representatives said staff respect consumer privacy during delivery of care, do not talk about other consumers to them and keep consumers’ personal information private and confidential.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |
| 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. | Non-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 |
| 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 |
| 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 |

Findings

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

**Requirement (3)(b)**

The service demonstrated assessment and planning included end of life planning with discussions held on admission and at appropriate opportunities. However, the Assessment Team were not satisfied all consumers had their complex care needs identified or current goals, preferences and strategies documented in their care and service plans to direct staff with the management of care. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer A did not have a care plan that contained adequate information relating to their complex needs and use of a medical device. Consumer A expressed care is made hard for them sometimes as some staff did not know how to use the device and they need to explain how it works.
* Consumers B and C did not have a complex care plan that contained individualised or specific information to direct the care, frequency or level of assistance required to meet their needs.
* Consumer D did not have an assessment or complex care plan with directives when returning back to the service following a hospital admission to ensure they received the required treatment.
* Consumer E’ profile page had outdated and missing information relating to end of life wishes, and there was no evidence end of life planning commenced when a deterioration of health was identified.
* The Assessment Team provided feedback to management relating to the deficiencies identified. Management acknowledged the gaps and stated there was an issue with ‘mapping’ where ‘some’ assessments did not automatically transfer to the care plan and it was a known issue, especially in regards to complex care.

The provider acknowledged the Assessment Team’s recommendation. Whilst steps were taken to rectify and document complex care needs for the mentioned consumers during the Site Audit, the provider’s response acknowledged they would need further time to discuss this at an organisational level to try and resolve the identified problems.

I acknowledge the provider’s response, however, I find the service had not ensured care directive documentation was up-to-date, complete or accurate. The provider acknowledges improvements are still required to rectify the deficits identified. In coming to my finding, I have placed weight on the evidence confirming assessment and planning did not identify or address the consumer’s current needs to support appropriate delivery of care and services. As such, I find care plans are not individualised and tailored to guide staff to provide care and services which are in line with each consumer’s needs and preferences and planned around what is important to them.

For the reasons detailed above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to all other requirements in this Standard**, staff described the admission process and said they follow an assessment planner to ensure all assessments are completed in a timely manner. Representatives stated they were involved in the assessment process and discussed consumers’ comprehensive health history and care strategies.

Documentation showed evidence of ongoing partnership with consumers and representatives when reviewing consumers’ care and services. External services who share in the care of consumers are included in assessment and planning and are documented in consumers care plans. Consumers and representatives are satisfied with their level of involvement in the assessment and planning process and representatives stated they had been shown and provided a copy of the care plan, and were satisfied with the communication that had been provided.

Documentation showed care plans are reassessed annually and regularly reviewed for effectiveness when there has been an incident or change in a consumer’s condition. Consumer preferences are monitored through family conferences, consumer interviews, staff feedback and assessments to ensure consumers are getting care and services that are right for them. One consumer did not have their directives implemented following a review, however, changes were implemented following the Assessment Team’s feedback. Consumers and representatives reported they were confident the service is conducting reviews and assessments when incidents have occurred or when there has been a change or deterioration in health.

Based on the Assessment Team’s report, I find requirements (3)(a), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | |  |
| 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Staff could describe how they ensure consumers receive care that is safe and tailored to their needs. The service, however, could not provide evidence of informed consent for consumers who were prescribed and administered psychotropic medication as the service did not consider the medication a form of chemical restraint due to the consumer’s diagnosis. In response to the Assessment Team feedback, management organised a family meeting to discuss medications and said they would be reassessing the psychotropic medication, acknowledging the intent of the use of the medication is a chemical restraint. Consumers and representatives are satisfied consumers receive personal and clinical care that is right for them.

Effective management of high impact or high prevalence risks associated with consumer care was demonstrated, including management of falls, wounds, and behaviours. Staff were able to discuss how they manage consumer risks and documentation generally outlined appropriate strategies to mitigate identified risks. Overall, consumers are satisfied risks are managed by staff.

The service recognises and responds to consumer deterioration in a timely manner and addressed needs, goals and preferences of consumers nearing end of life stage in consultation with consumers and representatives. Staff described how they assess clinical deterioration and representatives expressed confidence in the clinical team. Consumer files showed evidence of assessments, reviews, monitoring and escalation of care.

There are effective processes to ensure consumer information is documented and communicated within the organisation and with others where responsibility of care is shared. Representatives said consumers receive the care they need and all staff are aware of consumer changes when they occur. Most consumers said they receive care according to their needs and preferences and believed staff knew them well.

The service has an established system for referring consumers to internal and external health professionals. Documentation showed referral requests confirming collaboration with other services and providers of care. Representatives expressed satisfaction the service has consulted with external providers when needed and ensured consumers were seen in a timely manner.

There are policies and procedures in place to minimise infection related risks and support appropriate use of antimicrobials. Staff have undertaken infection prevention training and could describe how to reduce the risk of infection. Documentation showed the service monitors, analyses, and reports on infections and antimicrobial usage monthly. Antimicrobial prescriptions are supported by pathology results to reduce the risk of increasing resistance to antibiotics. Representatives were satisfied how the service manages infection related risks.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Staff could describe the interests of consumers, and care documentation identified the interests and activities that were important to them and provided information to support individual choice, daily living, well-being, and service delivery. Consumers felt supported to do things they enjoyed, participate in activities of interest, and maintain their independence.

Lifestyle staff support and promote consumers’ emotional and spiritual well-being as documented in their lifestyle care plan. Consumers and representatives confirmed the service supports and promotes each consumer’s emotional, spiritual, and psychological well-being, through religious and cultural services provided by staff.

Staff could identify consumers’ activity preferences and described how they support consumers to maintain social and personal relationships. Observations showed many consumers engaged in social connections with each other across areas throughout the service. Consumers said they are supported to participate in their community within and outside the organisation, and to have personal and social relationships and do things that are of interest to them.

Care plans contained information about consumers’ likes, dislikes, preferences and requirements to guide staff on consumer care. Staff have access to care plans, attend handover meetings and are informed of changes in the care needs of consumers. Consumers and representatives said information about consumers’ condition, needs and preferences is communicated within the organisation and others where responsibility for care is shared.

Staff provided examples of consumers being referred to other providers for care and services, such as Occupational therapists, Physiotherapists, and the local library. Consumers said the service has referred them to appropriate individuals, organisations or providers to meet their changing service and supports needs.

Staff interact with consumers in a polite manner and consumers were observed socialising with each other while eating their meals demonstrating a positive dining experience. Kitchen and dining areas were clean and tidy, and catering staff were applying food safety processes when preparing and serving food. Consumers expressed satisfaction with the quality of meals and said there is always plenty of food and alternative options available.

Lifestyle staff said they have access to enough equipment, which is regularly cleaned and well maintained, to undertake lifestyle and exercise activities. Staff are aware of their responsibility to wipe down equipment after use. Consumers said their mobility aids, such as wheelchairs, shower chairs, armchairs and four-wheel walkers, as well as the equipment used to support lifestyle services activities are regularly cleaned.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service is a medium sized, single-story building with an easy to navigate environment which has wide corridors free of obstructions and hazards. Consumers’ rooms are ensuited and were observed to be spacious and personalised. Observations showed consumers moving freely throughout the service and enjoying visitors company in the various communal spaces available. Consumers and representatives said the service is safe, clean, and well maintained and consumers can move throughout the indoor and outdoor spaces.

Cleaning staff were observed regularly cleaning communal areas and passageways, and contracted services were undertaking a deep clean of the service’s flooring. Maintenance staff could describe how schedules for external contracted services are monitored and managed. Equipment and furniture appeared clean, suitable for use, and generally well maintained. Consumers and representatives said the service is safe, clean, and well maintained.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Staff supported consumers to provide feedback and posters, feedback forms and brochures were displayed at the service encouraging feedback and complaints. Consumers and representatives said they are encouraged and supported to provide feedback and make complaints through a variety of feedback mechanisms to resolve any issues.

Information about advocacy, language and external complaints services was contained in the welcome pack provided to consumers on admission, and also available at the reception area and noticeboards. Consumers and representatives said they are regularly made aware of accessing advocates, language services and other methods for raising and resolving complaints.

Staff interviewed were familiar with the concept of open disclosure and of where to find policies to guide them in feedback and complaints processes. Consumers and representatives said appropriate action and transparency is taken in response to complaints and open disclosure is used when things go wrong.

The organisation has processes in place which ensures all feedback and complaints are captured, analysed and reviewed for areas of improvement. Management confirmed consultation is undertaken to ensure satisfaction in the outcome of feedback and complaints and consumers and representatives were satisfied with the way feedback is used to improve the quality of care and services.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Staff said they have an adequate workforce to provide care and services. New staff are partnered with experienced staff to ensure adequate competency to meet consumer needs and observations showed staff appearing to perform their roles calmly and confidently. Overall, consumers and representatives confirmed there is enough staff with appropriate skills to provide safe and quality care and services despite some criticism around competency of agency staff at times.

Staff interactions with consumers were observed to be kind, caring and respectful, such as knocking on bedroom doors prior to entry and comforting consumers who were feeling disoriented or confused. Consumers and representatives said staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.

Staff demonstrated sufficient knowledge of age-related care needs, such as pain and medication management, skin and wound care, pressure area care, management of responsive behaviours and nutritional requirements. The organisation has processes to monitor, assess and ensure that members of their workforce have the appropriate registrations and qualifications.

The organisation has policies and procedures to support recruitment and training, and staff undergo a vetting process before being offered employment. Staff confirmed induction was completed when they commenced their employment and ongoing training is undertaken. Management reported a centralised recruitment team facilitates recruitment processes which is undertaken in conjunction with management oversight at the service level.

Staff confirmed ongoing monitoring of their work practices by supervising staff and review of their performance by management contain measures for when staff conduct is identified as not meeting expectations of the organisation. Consumers and representatives said they are regularly encouraged to provide feedback on staff performance either directly to management or via consumer forums, email of feedback forms and surveys.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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 |
| 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 |
| 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 |
| 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 |

Findings

Systems and processes are in place to capture consumer feedback, and records demonstrate consumers are encouraged and supported in the development, delivery and evaluation of care and services. Staff described how they gather feedback and ideas from consumers and families to ensure care and services are tailored to meet consumer needs and preferences. Consumers and representatives said they are engaged in the development, delivery, and evaluation of care and feel supported by the service in this process.

The organisation has a clinical governance framework to support safe, effective and personalised care for consumers. The framework is used by the workforce to improve the safety and quality of care provided to consumers and is supported by policies, position statements, procedures, work instructions and guidelines. Observations of posters around the service show the organisation commits to recognising the diversity of individuals and will support and respect choices and affiliations for consumers under their care. Consumers said the service is well run and feel safe living at the service.

The organisation has comprehensive governance systems in place to monitor and review its business obligations and objectives. Continuous improvement is driven through various mechanisms, such as complaints and the organisation conducts reflective gap analyses against the Quality Standards. Consumers and representatives are encouraged to participate in continuous improvement initiatives through feedback, surveys and meetings. Workforce organisational structures are in place that show delegated authorities and the workforce has designated roles and responsibilities through documented duty statements. Information management systems and processes ensure staff and management have ready access to up-to-date information to perform their role. Management described how they demonstrate financial accountability and third-party financial auditing is conducted as required.

Effective risk management systems and practices for the management of high-impact or high-prevalence risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumers to live the best life they can were demonstrated. The Board and other sub-committees have oversight of analysing quality indicators of care, incidents, and mandatory reporting data. Consumers said they are supported to take risks, feel safe at the service, and can live the best life they can.

The service has policies and procedures related to antimicrobial stewardship, minimising the use of restraint and open disclosure. There are systems for preventing, managing and controlling infections, and antimicrobial resistance which are monitored and reported through clinical indicator data. Antibiotics are only prescribed when pathology results dictates. The service practices open disclosure and a new policy includes elements to identify what went wrong, find out and explain what happened to the affected persons, address their immediate needs, and provide support.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)