Brightwater Huntingdale

Performance Report

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**Commission ID:** 7195

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 22 June 2022

**Date of Performance Report:** 20 July 2022

# Performance report prepared by

Janine Renna, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will 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** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

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 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;
* the provider’s response to the Assessment Contact - Site report received on 15 July 2022; and
* the Performance report dated 24 January 2022 for the Site Audit undertaken from 23 November 2021 to 25 November 2021.

# STANDARD 7 NON-COMPLIANTHuman 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 Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources at the Assessment Contact. No other Requirements in this Standard were assessed.

Requirement (3)(a) was found non-complaint following a Site Audit conducted from 23 November 2021 to 25 November 2021, where it was found the service did not demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services.

The Assessment Team has recommended the service does not meet Requirement (3)(a) in Standard 7. I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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.*

This Requirement was found non-compliant following a Site Audit conducted from 23 November 2021 to 25 November 2021, where it was found the service was unable to demonstrate the workforce was planned to ensure the delivery and management of safe and quality care and services.

The Assessment Team’s report for the Assessment Contact conducted on 22 June 2022 did not include evidence of actions taken by the service in response to the non-compliance. However, the Assessment Team found that while the service addressed some of the issues identified during the Site Audit undertaken during November 2021, the service was unable to demonstrate there are sufficient staffing numbers to ensure quality care and services are delivered to consumers.

The Assessment Team provided the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* While some consumers and representatives provided positive feedback in relation to the number and mix of staffing, others said there are not enough staff, particularly in the afternoon. Consumers and representatives provided examples of how this impacts the quality of consumers’ care and services, including, ineffective management of consumers’ behaviours, being left on bed unclothed, lack of assistance with toileting and being left in a soiled bed for extended periods. Two representatives said they have raised their concerns with management on multiple occasions, but the issue has not yet been resolved.
* Staff said they need extra staff to better support consumers that are two-assist or have challenging behaviours. There is a floater assigned to each shift to assist staff, however, this shift is not always filled, and while they provide assistance to other team members for support, it leaves their area unattended.
* For a two-week sampled period, the Assessment Team was unable to determine shift occupancy, as rosters showed all shifts were filled and signing sheets showed 20 were unfilled. Management did not provide clarification regarding unfilled shifts when questioned by the Assessment Team. For the sampled period, rosters demonstrated no night shift clinical coverage on two occasions.
* Gaps in staffing between shifts is occurring each day over four areas of the service, resulting in consumers being unattended for extended periods of time. Additionally, only one care and one clinical staff member are rostered from 8:30pm to 11:00pm every evening to attend to all six areas of the service. Management said they are aware of this issue and have received approval to extend shifts to ensure greater staff coverage.
* Management said the workforce is calculated based on the number and acuity of consumers, and a recent impact report did not identify a need for more staff.
* Call bell data for a four-week period showed 144 call bell response times greater than 10 minutes. The ‘>10 minutes’ call bell data showed one consumer soiled themselves on at least two occasions whilst waiting for toileting assistance.
* Management said they have recently gained access to call bell data, so it has not been reviewed or analysed.
* Management were unable to provide evidence that consumer feedback had been sought in relation to call bell response times, as consumer and representative meetings have not been held since February 2022 due to COVID-19.

The provider acknowledges the Assessment Team’s findings in relation to this Requirement. The provider’s response includes the service’s Plan for continuous improvement to demonstrate actions have been taken and/or planned to address deficiencies identified by the Assessment Team. These include, but are not limited to, conducting a roster review, continued recruitment, engagement of agency staff, call bell data analysis and consumer and representative feedback

I acknowledge actions taken by the service to rectify issues identified by the Assessment Team. In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, staffing numbers were not sufficient to ensure the delivery and management of safe and quality care and services.

I have considered that while the service has a system to calculate workforce numbers, this system was not effective as it did not identify a need for more staff, which resulted in adverse impacts to consumers, including ineffective behaviour management, lack of assistance with toileting and being left unclothed or in a soiled bed for extended periods. I acknowledge the service was aware of gaps in staffing between shifts each day, however, interim measures were not implemented to ensure consumers are supervised and their clinical and personal needs are met whilst awaiting approval to extend shifts. I find this has placed consumers at risk of harm.

Management said consumer and representative feedback in relation to call bell response times had not been sought due the impact of COVID-19 on consumer and representative meetings. However, there was no evidence demonstrating other methods of feedback, such as surveys, feedback forms and informal discussions had been considered. Additionally, two representatives said they had provided feedback to management on multiple occasions, but their concerns had not been resolved.

I have also considered that at the time of the Assessment Contact, call bell data was only recently accessible and, therefore, no review or analysis had been undertaken to understand whether staffing numbers were sufficient in meeting consumers’ needs.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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 7 Requirement (3)(a)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.