Performance

Report

**1800 951 822**

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| Name of service: | Brightwater Inglewood |
| Service address: | 2A Walter Road -West INGLEWOOD WA 6052 |
| Commission ID: | 8212 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 16 March 2023 |
| Performance report date: | 17 May 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 Inglewood (**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.

# Material relied on

The following information has been considered in preparing the 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 consumers, representatives, staff and management; and
* the provider’s response to the Assessment Team’s report received on 12 April 2023 acknowledging the recommendations made by the Assessment Team.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been 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)(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 |

Findings

At the Assessment Contact conducted on 16 March 2023, the Assessment Team recommended requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers met. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

The service has a comprehensive preadmission process where information is gathered from a range of sources, including support plans, hospital discharge summaries, other service reports and consumer and representative interviews. This information is shared with the clinical team and allied health department to ensure any risks factors are identified as early as possible and the service is able to prepare for consumer admission.

Care files demonstrated the service has effective processes to manage and oversee the assessment and planning of consumer care. An interim care plan is created on the first day of admission to direct immediate consumer care. Consumer and representative interviews confirmed satisfaction with the admission process which allowed time for assessment and planning, including identifying and managing any consumer risk. Advance care planning conversations are initiated on admission and followed up with consumers and representatives to confirm agreement.

For the reasons detailed above, I find requirement (3)(a) 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 |

Findings

At the Assessment Contact conducted on 16 March 2023, the Assessment Team recommended requirement (3)(a) in Standard 3 Personal care and clinical care met. The Assessment Team’s report provided the following evidence gathered through interviews and documentation relevant to my finding:

Consumers and representatives confirmed they are satisfied with the personal and/or clinical care consumers’ receive and documentation showed care is delivered as per consumers’ assessed needs. Evidence shows the multidisciplinary team regularly review the care provided to consumers and make adjustments when required to ensure care is delivered to suit their needs and preferences.

A falls huddle is conducted weekly with the multidisciplinary team where incidents, near misses and any observed deterioration or changes in consumers are discussed and strategies are implemented and reviewed for effectiveness.

Consumers identified with pressure injuries on their first day of admission all had skin, pressure injury risk assessments, a wound management plan and pressure prevention strategies in place.

Consumers with active wounds all had dressings that were intact and clean. Documentation showed all had wound assessments, charts containing photos, measurements, wound classification, healing status and dressing product directives. The service policy directs wounds to be assessed at least every 2 weeks by a Registered Nurse, however, all wounds sampled had more frequent assessments conducted.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care 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 |

Findings

At the Assessment Contact conducted on 16 March 2023, the Assessment Team recommended requirement (3)(a) in Standard 7 Human resources met. The Assessment Team’s report provided the following evidence gathered through interviews, observations and documentation relevant to my finding:

The service demonstrated that it has processes and systems in place to ensure the number and mix of the workforce is sufficient to enable the delivery and management of safe and quality care and services. Observations showed consumers being assisted with meals and all daily living activities in a calm and unrushed manner. Call bells were attended to in a timely manner and a suitable number of therapy assistants were available to provide meaningful activities. Staff members from various disciplines said at times they get busy but overall have enough time to do their job.

The service has processes to ensure planned leave is managed in line with organisational policy and fortnightly human resources meetings are conducted to discuss staff numbers, new admissions and health deteriorations to determine whether additional staff is required. Consumers and representatives stated there were enough staff to provide care and services as per their preferences.

For the reasons detailed above, I find requirement (3)(a) in Standard 7 Human resources 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)