Performance

Report

**1800 951 822**

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| Name of service: | Brightwater Joondalup |
| Service address: | 6 Jolstra Crescent JOONDALUP WA 6027 |
| Commission ID: | 7187 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 March 2023 |
| Performance report date: | 18 April 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 Joondalup (**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, management and others;
* the provider’s response received 11 April 2023 accepting the Assessment Team’s report and recommendation; and
* the Performance Report dated 8 November 2022 for an Assessment Contact – Site undertaken on the 27 September 2022.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | **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 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

Requirement (3)(a) was found non-compliant following an Assessment Contact - Site undertaken on the 27 September 2022 where it was found for two consumers, personal and/or clinical care was not delivered in a safe or effective manner, in line with best practice or tailored to their needs, specifically in relation to personal hygiene, nutrition and weight management. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Reviewed care planning documentation to ensure consumer preferences are accurate and relevant to their clinical and personal care needs and provided staff education on the ‘what, who and why’ of care planning to improve standards of care delivery.
* All consumers identified at risk of choking have been reviewed by a Speech pathologist and strategies implemented to support staff to improve consumer safety and outcomes related to nutrition.
* Reviewed wound care management principles to align the delivery of care with the guidelines for achieving best practice outcomes.
* Reviewed and extended the Client of the day program to all clinical and care staff to identify consumers at increased risk of pressure injuries, falls, weight loss, skin breakdown, changed behaviours, and infection, enabling implementation of supportive and preventative measures and to prompt further review where necessary.

At the Assessment Contact undertaken on the 22 March 2023, care files sampled demonstrated consumers receive safe and effective personal and/or clinical care which is tailored to their needs, optimises their health and well-being and is best practice. Care files sampled demonstrated provision of effective and appropriate care, including in relation to unexpected weight loss, falls management, continence care, diabetes, pain management and wound care, and evidenced input from Medical officers and Allied health specialists. Staff sampled were familiar with sampled consumers’ personal and clinical care needs and described management strategies in relation to personal hygiene, wounds and diabetes, in line with consumers preferences and assessed care needs. Consumers and representatives sampled said staff deliver the care consumers require, and personal care is delivered in line with their wishes.

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

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

Requirement (3)(c) was found non-compliant following an Assessment Contact - Site undertaken on the 27 September 2022 where the service was unable to demonstrate actions were taken in response to feedback or complaints made and open disclosure was used when things go wrong. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Delivering training to staff in relation to managing feedback and complaints in a timely manner, including an induction about administrative duties required to manage complaints received on the service’s website.
* Management completed online education provided by the Commission, including, but not limited to, open disclosure.

At the Assessment Contact undertaken on the 22 March 2023, consumers and staff were satisfied the service appropriately actions feedback or complaints using an open disclosure process. Policies and procedures guide staff practice in relation to complaints management and open disclosure processes and outline clear responsibilities and timeframes to deliver open and honest feedback. A sample of complaints demonstrated appropriate, prompt action had been taken in response, including offering an apology where things had gone wrong, involving consumers and/or representatives in finding solutions and implementing appropriate action. Staff and management were familiar with complaints management processes and open disclosure principles.

For the reasons detailed above, I find requirement (3)(c) in Standard 6 Feedback and complaints 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)