Brightwater Madeley

Performance Report

95 Imperial Circuit   
MADELEY WA 6065  
Phone number: 08 9303 0300

**Commission ID:** 7272

**Provider name:** Brightwater Care Group Limited

**Site Audit date:** 19 April 2022 to 21 April 2022

**Date of Performance Report:** 8 June 2022

# Performance report prepared by

Michelle Glenn, 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Non-compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others;
* the provider’s response to the Site Audit report received 20 May 2022 which accepts the Assessment Team’s findings and states immediate actions have been implemented in response. Additionally, the response indicates areas for improvement will be addressed as part of a planned remediation program being implemented; and
* the Performance Report dated 20 September 2021 for the Assessment Contact - Site undertaken of 10 August 2021 to 11 August 2021.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed Non-compliant as one of the six specific Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement (3)(a) in Standard 1 not met. The Assessment Team were not satisfied the service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Specifically, for some consumers, personal and clinical care was not provided in a respectful way or in a way which supported dignity. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found the service provides care and services that are culturally safe. Consumers are recognised as individuals with their own history and traditions associated with their culture and reflects these aspects in individualised care plans. For example, a care file for one consumer included individualised information relating to their beliefs and how staff can provide care and services that are culturally safe for them. All staff sampled described how they support consumers and provide care and services that are culturally safe.

There are processes to ensure consumers are supported to make decisions about their own care, communicate their decisions, make and maintain relationships with others and are consulted about when family or others are involved in their care. Consumers sampled indicated they were generally satisfied they were supported to make decisions, make and maintain connections of choice and their decisions are communicated appropriately. Staff described how they support consumers to make decisions about their care and assist them to maintain relationships they choose to.

Consumers are supported to make decisions about how they wish to live their life. Where a consumer chooses to partake in an activity which includes an element of risk, most care files sampled demonstrated risk assessments are completed which include the risk, consultation with the consumer and/or representative, and strategies to mitigate the risk. However, a Risk management plan had not been completed for one consumer who consumes food not in line with specialist recommendations. I have considered this information in my finding for Standard 2 Ongoing assessment and planning with consumers Requirement (3)(a). Staff were familiar with consumers who partake in activities which include an element of risk and described ways in which they support consumers to undertake those activities in a safe manner.

Consumers are provided information, which is current, accurate and timely. Information is provided to consumers in a variety of ways to enable them to exercise choice, including activity calendars, menus, newsletters and meeting forums. Consumers and representatives sampled indicated information is provided in a timely and accurate manner. Additionally, a number of representatives provided positive feedback in relation to the service’s response to the COVID-19 pandemic and felt they were kept up-to-date with current and relevant information, especially in regard to changes relating to visiting hours and requirements.

Consumers confirmed staff generally maintain their privacy and confidentiality. Staff described how they respect consumers’ personal privacy, including of information and during provision of care and services.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with Requirements (3)(b), (3)(c), (3)(d), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

**Assessment of Standard 1 Requirements**

**Requirement 1(3)(a) Non-compliant**

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team were not satisfied the service demonstrated that each consumer is treated with dignity and respect, with their identity, culture and diversity valued. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team observed:
* Two care staff entering a consumer’s bedroom without knocking and asking permission to enter. Staff did not acknowledge the consumer or interact with them and proceeded to provide care in an undignified or respectful manner.
* Staff not providing personal care in a dignified and respectful way to a consumer.
* Multiple occasions of staff ignoring consumers, including when they were calling out and asking for assistance.
* Feedback from three consumers included not always being given a choice or treated with dignity and respect; not all care staff knock or introduce themselves when entering their bedroom and some staff lack empathy regarding their condition; and staff become inpatient if they are unable to assist during care delivery.
* Feedback from four representatives included witnessing a staff member telling a consumer to use their continence aid as they were unable to assist them with toileting at the time; medication changes not being discussed with the consumer causing them some distress; and a consumer not always being treated with dignity and respect.
* Five representatives raised concerns indicating consumers’ dignity was being impacted due to not being provided quality and/or timely personal and/or clinical care.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not ensure each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

In coming to my finding, I have placed weight on feedback provided by consumers and representatives indicating consumers have not been consistently treated with dignity and respect and the resulting impacts this has had on consumers.

In relation to observations made by the Assessment Team during the Site Audit, I have considered that the service’s monitoring processes have not been effective in identifying the staff practices observed which has impacted on consumers’ personal experience. The service should seek to implement processes to ensure they work with consumers in an inclusive and respectful way and listen to and understand each consumer’s personal experience as it relates to the way care and services are being provided to them.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(a) in Standard 1 Consumer dignity and choice.

**Requirement 1(3)(b) Compliant**

*Care and services are culturally safe.*

**Requirement 1(3)(c) Compliant**

*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.*

**Requirement 1(3)(d) Compliant**

*Each consumer is supported to take risks to enable them to live the best life they can.*

**Requirement 1(3)(e) Compliant**

*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.*

**Requirement 1(3)(f) Compliant**

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

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)(a) in Standard 2 not met. The Assessment Team were not satisfied the service demonstrated assessment and planning informs the delivery of safe and effective care, with consumers not being accurately assessed following changes to care needs.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found most consumers sampled considered that they felt like partners in the ongoing assessment and planning of their care and services.

Consumer files demonstrated consumers’ needs, goals and preferences are identified through assessment and planning processes. This included advance care planning and end of life planning. Care and lifestyle staff described what is important to consumers sampled in terms of how their personal and clinical care is delivered, including their needs, goals and preferences. Consumers and representatives indicated the service had discussed what was important to consumers in terms of how their care is delivered.

Care files demonstrated staff involve consumers and/or representatives and seek input from other providers of care and services to ensure care and service provision is in line with consumers’ needs and preferences. Outcomes of assessment and care planning are communicated to consumers and documented in care plans which are available to consumers and guide staff in the provision of care and services. Consumers and representatives stated registered nurses regularly consult with them regarding the care and services consumers receive or where changes to consumers’ health and well-being occur. Care plans are updated in response to changes in consumers’ circumstance, health and incidents. Additionally, care plans are reviewed on a six monthly and annual basis in consultation with consumers and/or representatives.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

**Assessment of Standard 2 Requirements**

**Requirement 2(3)(a) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated assessment and planning informs the delivery of safe and effective care, with consumers not being accurately assessed following changes to care needs. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer A’s wound was not accurately identified and assessment did not inform the delivery of effective care aimed at wound healing. The wound has failed to heal since identification in March 2021. Following review by an external specialist in March 2022, the wound was identified as a pressure injury. Assessment of effectiveness and appropriateness of interventions implemented was not initiated until after the specialist review.
* A risk assessment was not fully conducted for Consumer B who is at high risk of choking and chooses to consume food not in line with specialist’s recommendations. The service is aware that the consumer is consuming these foods, however, the representative indicated associated risks or strategies to ensure the consumer takes risk safely have not been discussed with them. There have been no incidents of choking reported in 2022.
* Documentation does not indicate accurate assessment took place for Consumer C following a medication incident. Neurological observations were not recorded in line with organisational policies and procedures; a full set of vital signs were not taken; oxygen saturation and respiration rates were not assessed; and while blood pressure was found to be abnormally low for the consumer, it was not re-assessed immediately or closely monitored.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, assessment and planning processes did not consistently inform the delivery of safe and effective care and services.

In relation to Consumer A, I have considered that risks to the consumer’s skin integrity were not effectively assessed, planned for or reviewed. While a wound was noted to not have healed over a 12 month period, an assessment of the effectiveness and appropriateness of interventions in place was not initiated until after a specialist review.

In relation to Consumer B, I have considered that despite staff knowledge of the consumer consuming foods not in line with specialist recommendations, appropriate assessment of the associated risks were not undertaken. This included involvement of the consumer and/or representative in discussions of the risks associated with this activity to provide them an opportunity to make an informed decision.

In relation to Consumer C, I have considered appropriate assessment was not conducted in line with organisational policies and procedures following a medication incident to inform safe and effective post incident care delivery.

As such, for the consumers highlighted, I find that the lack of assessment and planning had the potential to impact consumers’ health, safety and well-being and in turn, the effective delivery of care and services.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers.

**Requirement 2(3)(b) Compliant**

*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.*

**Requirement 2(3)(c) Compliant**

*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.*

**Requirement 2(3)(d) Compliant**

*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.*

**Requirement 2(3)(e) Compliant**

*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.*

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as five of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(f) in Standard 3 not met. In relation to Requirements (3)(b), (3)(d), (3)(e) and (3)(f), the Assessment Team found the service was unable to demonstrate:

* effective management of high impact or high prevalence risks for two consumers, specifically in relation to falls and pressure injuries;
* for three consumers, deterioration was recognised and responded to in a timely manner;
* 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; and
* timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact undertaken from 10 August 2021 to 11 August 2021 where it was found each consumer was not provided clinical care which was tailored to their needs or in line with best practice care. While the service implemented some improvements to address the deficiencies, at the Site Audit, the Assessment Team found the improvements have not been effective with the service unable to demonstrate personal and clinical care is tailored to the needs of consumers or safe clinical care that is best practice, specifically in relation to management of medications, diabetes, continence and pressure injuries.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(f). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(c) and (3)(g) in this Standard, the Assessment Team found the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and dignity preserved, and all care staff sampled described the way care delivery changes for consumers nearing end of life. Care files included evidence of consultation with consumers and/or representatives relating to end of life care. For one consumer who had recently passed, documentation demonstrated ongoing monitoring of the consumer’s condition occurred to ensure end of life care delivery was in line with the consumer’s wishes, with a focus on maintaining comfort and dignity. The consumer’s representative expressed satisfaction with end of life care provided indicating the consumer passed away peacefully.

An effective infection prevention and control program is in place and the service has a designated Infection prevention and control lead. Documentation demonstrated in April 2022, the service activated its COVID-19 outbreak management plan in a timely manner, and implemented effective infection prevention measures to contain and manage a COVID-19 outbreak. Clinical staff described interventions implemented to assist to minimise the use of antibiotics.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with Requirements (3)(c) and (3)(g) in Standard 3 Personal care and clinical care.

**Assessment of Standard 3 Requirements**

**Requirement 3(3)(a) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated personal and clinical care is tailored to the needs of consumers or safe clinical care that is best practice, specifically in relation to management of medications, diabetes, continence and pressure injuries. The Assessment Team provided the following information and evidence relevant to my finding:

* In February 2022, Consumer D developed a wound, identified as a small reddened area. Within 13 days, the area progressed to an unstageable pressure injury. Documentation sampled and feedback from interviews indicates deficits in accurate and timely identification of risk factors as having high potential to contribute to the development of the wound and a delay with implementing interventions to minimise or prevent the impact from these risks.
* Consumer E’s representativeraised concerns relating to clinical care provided to the consumer as not being safe. This included not monitoring to ensure interventions resulting from specialist referrals are put in place, medication not being administered in line with the Medical officer’s directives, the consumer being put at risk of aspiration by not ensuring correct positioning for meals and not ensuring the consumer’s safety at all times by not managing another consumer’s changed behaviour.
* The service could not demonstrate Consumer C’s continence management was managed safely and effectively. Whilst charting is completed every shift, this is not monitored closely leading to the consumer’s prolonged and unrecognised constipation. The representative expressed dissatisfaction with poor management of the consumer’s continence care leading to pain and discomfort.
* The representative also expressed concerns with medication management, with the consumer hospitalised as a result of a medication incident. Documentation sampled and feedback from interviews indicated the consumer’s vital and neurological signs were not monitored closely despite initial observations indicating the consumer was in the ‘danger’ zone as per the policies and procedures and accurate records of care provided to the consumer were not maintained prior to hospital transfer.

The service was found Non-compliant with Requirement (3)(a) following an Assessment Contact undertaken from 10 August 2021 to 11 August 2021 where it was found each consumer was not provided clinical care which was tailored to their needs or in line with best practice care. While the Assessment Team’s report indicates the service implemented some improvements to address the Non-compliance, these improvements are not described.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured for the consumers highlighted, safe and effective personal and/or clinical care was provided that was best practice, tailored to their needs and optimised their health and well-being.

In relation to Consumer D, I have considered that the consumer did not receive care which was tailored to their needs or optimised their health and well-being. While the consumer had a known diagnosis which has the potential to impact on wound healing, I find a change in the consumer’s skin integrity was not appropriately managed. Referral to an allied health specialist to review the consumer’s seating arrangements did not occur until two weeks after the change in skin integrity was identified, at which time, the area had deteriorated to an unstageable pressure injury. Furthermore, escalation of the change in skin integrity to the Medical officer or Podiatrist did not occur, with documentation sampled indicating that despite the consumer being reviewed by both subsequent to identification of the change in skin integrity, there was no evidence that either were notified of the change.

In relation to Consumer E, I have placed weight on feedback from the consumer’s representative indicating dissatisfaction with the clinical care being provided. Documentation sampled supported some of the concerns raised, such as escalation to an allied health specialist in relation to contractures not occurring until after concerns were raised by the representative and application of a piece of equipment not being evidenced through documentation.

In relation to Consumer C, I have considered the consumer was not provided personal care which was tailored to their needs and optimised their health and well-being. In relation to continence management, I find that charting has not been consistently monitored to enable appropriate management strategies to be implemented to minimise the consumer’s risk of constipation. Feedback from the representative indicated poor continence management has led to the consumer experiencing pain and discomfort. I have also considered that actions taken following a medication incident did not ensure the consumer’s health and well-being were optimised, with further actions taken in response to vital signs identified as being out of range not evidenced through documentation sampled.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(b) Non-compliant**

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team were not satisfied the service demonstrated for two consumers, effective management of high impact or high prevalence risks, specifically in relation to falls and pressure injuries. The Assessment Team provided the following information and evidence relevant to my finding:

* Effective pressure relieving interventions were not initiated in a timely manner to enable healing of Consumer A’s wound. The consumer developed a stage 2 pressure injury that for a year was classified and treated as incontinence associated dermatitis. Treatment was not evaluated despite interventions being ineffective.
  + A wound chart commenced in March 2021 has been ongoing and shows deterioration of the consumer’s skin condition over the year with periods of temporary improvement.
  + Care file documentation shows the service did not identify the consumer had a pressure injury until after they were referred to and reviewed by a specialist in March 2022.
* Effective measures were not initiated to minimise Consumer G’s risk of fallswhich were increasing over February and March 2022. A review of falls data shows most falls in March 2022 occurred in the communal area when staff were not around to prevent the consumer from falling.
  + Allied health staff indicated the main falls preventative strategies were to keep the consumer in communal areas to enable timely assistance from staff and where the consumer could be monitored. However, of the four falls in March 2022, three occurred in communal areas and incident data shows the consumer was not provided timely assistance when they were attempting to stand up from the wheelchair.
  + A restrictive device was initiated in April 2022 in response to the representative’s concerns of ongoing falls and increased risk of injury.

I acknowledge the provider’s response and commitment to address the deficits identified. In coming to my finding, I have considered that this Requirement expects that services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. Based on the Assessment Team’s report, I find this did not occur for both consumers highlighted, specifically in relation to management of skin integrity/wounds and falls.

In relation to Consumer A, I have considered that changes in the consumer’s skin integrity were not adequately identified or assessed on an ongoing basis or strategies to manage or minimise the consumer’s risk of pressure injury reviewed despite the wound not healing for a period of one year. Following referral to a specialist, the wound was classified as a pressure injury.

In relation to Consumer G, I have considered that while interventions to minimise the consumer’s risk of falls were implemented, these interventions were not effective, with the consumer sustaining three falls in March 2022. Additionally, I have considered that the service may not have considered or explored further interventions to minimise the consumer’s risk of falls, with the use of a restrictive device being implemented in April 2022.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(c) Compliant**

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

**Requirement 3(3)(d) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated for three consumers, deterioration is recognised and responded to in a timely manner. The Assessment Team provided the following information and evidence relevant to my finding:

* Four representatives raised concerns around the lack of a robust system to ensure timely identification of a consumer’s deterioration.
* Consumer C’s change in condition was not recognised by the service prior to a transfer to hospital. The representative expressed concerns indicating that if they did not escalate the concerns about the change in the consumer’s condition to staff, nothing would have been done. Documentation confirmed it was the representative who noted a change in the consumer’s condition. The service did not maintain accurate records prior to the hospital transfer of what steps were taken and when.
* Deterioration of Consumer D’s wound was not communicated to the family in a timely manner to enable them to participate in a decision-making process relating to escalation of care to external service providers. The family asked to see what the service was calling ‘excoriation’ and were shown photographs which showed a stage 3 pressure injury.
* Deterioration of Consumer A’s skin integrity was not correctly classified and treated as a pressure injury in a timely manner. It took the service nearly a year to identify the area as a pressure injury, leading to a delay in implementing appropriate pressure relieving strategies based on correct diagnosis.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, deterioration of consumers’ condition was not effectively recognised or responded to in a timely manner resulting in negative impacts for consumers highlighted. In coming to my finding, I have placed weight on information relating to Consumers C and D.

In relation to Consumer C, I find that staff did not respond to a change in the consumer’s condition in a timely manner with a change in condition being identified and escalated to staff by the representative. In relation to Consumer D, I have considered that despite deterioration of the consumer’s skin integrity to stage 3 pressure injury over period of two weeks, consultation with the consumer’s family did not occur to enable them to be involved in decisions about the consumer’s care.

In relation to Consumer A, I find the evidence relates to assessment and planning and referral. As such, I have considered the evidence in my finding for Standard 2 Requirements (3)(a) and Standard 3 Requirement (3)(f).

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(d) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(e) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated 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. The Assessment Team provided the following information and evidence relevant to my finding:

* Eight representatives sampled did not feel consumers’ needs and preferences are effectively communicated between staff. Feedback included information does not seem to filter down to care staff who do the majority of the care; care is not consistent as there is no effective communication of consumers’ needs and preferences between staff; and the consumer does not always get the care they need because information about their care needs is not effectively communicated to all staff involved in care provision.
* Documentation sampled confirmed information on consumers’ needs and condition is not consistently communicated and documented effectively.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, information about consumers’ condition, needs and preferences was not effectively documented and communicated. In coming to my finding, I have considered feedback from representatives, including resulting impacts to consumers’ care, indicating communication systems are not effective to ensure the workforce has access to or uses information available to guide delivery of safe and effective care and services.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(e) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(f) Non-compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

The Assessment Team were not satisfied the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Three representatives expressed dissatisfaction with referral processes and documentation sampled indicated consumers’ health and well-being were impacted by delays in referrals to specialists.
* A clinical staff member felt Consumer A was not referred to allied health specialists in a timely manner which has contributed to ongoing pressure injuries.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, timely and appropriate referrals were not initiated in response to changes in consumers’ condition. In coming to my finding, I have placed weight on feedback provided by representatives and staff indicating for consumers highlighted, timely referrals to allied health specialists have not been undertaken to enhance consumers’ well-being and quality of life. Additionally, for Consumer A, referral to an external specialist was not initiated until after a wound failed to heal for 12 months.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(f) in Standard 3 Personal care and clinical care.

**Requirement 3(3)(g) Compliant**

*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.*

# STANDARD 4 NON-COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Non-compliant as two of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a) and (3)(c) in Standard 4 Services and supports for daily living not met. The Assessment Team found the service was unable to demonstrate:

* consumers receive consistent, safe and effective services that support their daily living needs and optimise their well-being and quality of life; and
* services and supports for daily living are in place which enable each consumer to do things of interest to them, have social and personal relationships and participate in their community.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a) and (3)(c). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g), the service has services and supports in place which promote each consumer’s emotional, spiritual, and psychological well-being. Care files sampled included information about consumers’ history, leisure and lifestyle needs and are used by staff to guide provision of individualised services. While the service’s range of pastoral care supports have been affected by visitor restrictions related to COVID-19, this was found not to have impacted consumers. However, it was noted that a process to monitor each consumer’s emotional, spiritual and psychological well-being was not in place at the time of the Site Audit.

Consumer files sampled demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, appropriate and timely are referrals are initiated.

Meals provided are varied and of suitable quality and quantity. Meals are cooked off-site and reheated in house serveries. Each consumer’s dietary requirements are documented and available to staff, including catering staff to ensure meals provided are in line with consumers’ needs and preferences.

Equipment provided was observed to be suitable, clean and well maintained. Each consumer’s mobility and transfer equipment needs are assessed by allied health staff and adjusted as necessary. Staff stated they have access to the essential equipment they require and are able to access external equipment suppliers to hire equipment to meet specific consumer needs, where required.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with Requirements (3)(b), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 4 Services and supports for daily living.

**Assessment of Standard 4 Requirements**

**Requirement 4(3)(a) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated consistent, safe and effective services are provided that support consumers’ daily living needs and optimise their well-being and quality of life. The Assessment Team provided the following information and evidence relevant to my finding:

* The needs, goals and preferences of consumers are identified, intervention plan developed and requests for assistive equipment responded to. However, there is no system in place to monitor the effectiveness of supports being provided, resulting in some consumers not being provided with effective supports to maximise their level of function to maintain their quality of life.
* Consumer I wants to practice walking daily and is dissatisfied with the support they receive to do this. Activity charting through February and March 2022 shows they are assisted to mobilise weekly. There was no process to monitor progress of the consumer’s goal of maintaining their mobility or for therapy staff to monitor that daily walking practice is provided by care staff.
* Consumer G’s representative is not satisfied with the support provided to maintain the consumer’s ability to stand and transfer. The representative has employed a private allied health specialist as they do not feel the service is able to provide the level of intervention the consumer requires. Activity charts did not demonstrate the consumer receives regular extended walks or balance exercises as outlined in the care plan and physiotherapy plan.
* Consumer J was observed over the three days of the Site Audit to be mainly sleeping in an armchair. The care plan and physiotherapy plan indicate they are to receive walking outside with the therapy assistants weekly. The activity tracker shows no garden walk in April 2022, indicating drowsiness is impacting on their ability to participate in daily living tasks and activities. There was no evidence this had been escalated.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service had not ensured each consumer was provided safe and effective services and supports for daily living to meet their needs, goals and preferences and optimise independence, health and well-being.

In coming to my finding, I have considered that for consumers highlighted, effective services and supports have not been consistently provided to improve or enhance consumers’ quality of life. As evidenced through documentation and consumer and representative feedback, activities, particularly those to maintain mobility, have not been undertaken in line with the consumers’ assessed needs, goals and preferences or consumer and/or representatives wishes. I find this has not ensured consumers are assisted to be as independent as possible and maintain a sense of well-being.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(a) in Standard 4 Services and supports for daily living.

**Requirement 4(3)(b) Compliant**

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

**Requirement 4(3)(c) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated services and supports for daily living are in place which enable each consumer to do things of interest to them, have social and personal relationships and participate in their community. The Assessment Team provided the following information and evidence relevant to my finding:

* Most consumers and representatives sampled did not feel there were enough opportunities or supports for consumers to do things of interest to them, in line with their needs, interests and goals.
* Clinical staff interviewed stated they did not feel there were enough planned activities in the memory support area and there was an expectation that care staff would deliver activities, but they rarely had the opportunity of time to do this.
* Consumer J was observed throughout the Site Audit sleeping in an armchair and not supported to engage in any meaningful activity. An activity tracker for the past month indicates the consumer was sleepy or sleeping through most planned group activity sessions. There was no evidence from staff, documentation or observation of the consumer being supported to engage in activities known to be of interest to them. There is no monitoring in place to identify the consumer’s level of engagement in stimulating activities of choice.
* Consumer K was observed throughout the Site Audit sitting in a chair in the communal area and not supported to engage in any meaningful activity. An activity tracker for February and March 2022 records the main activity as meal assistance. There was no evidence from staff, documentation or observation of the consumer being supported to engage in activities known to be of interest to them.
* Consumer G was observed throughout the Site Audit seated and restrained in a wheelchair and not supported to engage in any meaningful activity. The activity tracker over the month prior to the Site Audit does not identify regular engagement in meaningful activities, with half of the 15 activities recorded relating to relaxation and pain management.
* Consumer L has changed behaviours and staff indicated they know to use music when the consumer displays aggression. However, there is no regular individualised activity plan to support staff to effectively utilise music/singing on a daily basis, prior to occasions of agitation. The consumer was not observed to be engaged in any meaningful activity of choice and the activity tracker showed engagement in a total of nine planned activities in the past 60 days.
* Consumer M’s activity tracker over the past two months shows participation in six activities. Therapy staff state the consumer only engages with others when eating meals, so meal assistance is the main scheduled activity.
* The therapy team who coordinate the lifestyle program stated there is currently no system in place to enable them to monitor the level of consumer activity and to identify the effectiveness of intervention.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, consumers highlighted, were not being assisted to participate in activities of interest to them.

I have considered that while care plans identified activities of interest for each consumer, observations made by the Assessment Team and feedback from staff demonstrated consumers were not supported to engage in these activities. This was further supported through documentation which demonstrated consumers were not consistently engaged in activities and activities they had engaged in, were not reflective of interests or activities identified through assessment processes and in care plans.

I have also considered that activities described as occurring for Consumers K, G and M, such as meal assistance, were not meaningful activities which I find has the potential to impact on the consumers’ well-being and quality of life. As such, I find that the service has not ensured services and supports, specifically the lifestyle program, have been tailored to meet the unique needs of the consumers or provide them with a sense of purpose and identity.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(c) in Standard 4 Services and supports for daily living.

**Requirement 4(3)(d) Compliant**

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

**Requirement 4(3)(e) Compliant**

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

**Requirement 4(3)(f) Compliant**

*Where meals are provided, they are varied and of suitable quality and quantity.*

**Requirement 4(3)(g) Compliant**

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found most consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment.

The Assessment Team observed the service environment to be generally welcoming. The service has six separate house wings. Each house has a communal dining room, sitting room areas for consumers to meet with each other and with visitors and external garden areas which are accessible. Consumer bedrooms were observed to be personalised and comfortable. However, decisions based on staffing pressures have impacted on how consumers are supported to use the environment, resulting in meals being served in a crowded dining area where there was not enough room for consumers to sit at dining tables. Additionally, the designated memory support unit was seen to lack elements of an enabling environment.

The service was observed to be safe, clean, well maintained and comfortable and the service environment supports free movement of consumers both indoors and outdoors. Consumers were observed utilising outdoor areas which had seating and shaded areas. Consumers and representatives indicated they are satisfied with the cleanliness of the service and equipment provided.

Staff described how they ensure the service environment and equipment is safe, cleaned and maintained. Cleaning and preventative and reactive maintenance processes are in place and staff described how they report and manage maintenance issues as well as hazards. Contracted services are utilised to maintain and inspect aspects of the environment and equipment.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Non-compliant as two of the four specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(c) and (3)(d) in Standard 6 Feedback and complaints not met. The Assessment Team found the service was unable to demonstrate:

* appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong; and
* feedback and complaints are used to improve the quality of care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(c) and (3)(d). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirements (3)(a) and (3)(b) in this Standard, consumers sampled were aware of and had utilised feedback and complaints processes and indicated they felt comfortable to approach staff and management to provide feedback and make a complaint. Staff described how they respond to complaints or feedback raised by consumers and/or representatives, including completing feedback forms on the consumer’s behalf or raising the issues with senior staff.

Feedback forms and external complaints, language services and advocacy information were observed on display and a feedback box was observed located in the reception area. Most consumers and representatives sampled indicated they were aware of advocacy services and other external agencies they could access to make a complaint.

Based on the evidence documented above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with Requirements (3)(a) and (3)(b) in Standard 6 Feedback and complaints.

**Assessment of Standard 6 Requirements**

**Requirement 6(3)(a) Compliant**

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

**Requirement 6(3)(b) Compliant**

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

**Requirement 6(3)(c) Non-compliant**

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team were not satisfied the service demonstrated appropriate action is consistently taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team provided the following information and evidence relevant to my finding:

* Eight representatives expressed dissatisfaction with the way the service responded to their concerns and complaints with some indicating they felt they had no choice but to lodge a complaint with external agencies.
* Feedback from representatives included staff being too busy to meet with them and not being informed of actions taken in response to a complaint; deterioration of a consumer’s wounds which could have been avoided if feedback was addressed and actioned in a more urgent way; continuing to be dissatisfied with actions taken by the service in response to their complaints; communicating all concerns directly to the Chief executive officer and Operational team as they no longer trust the service to take appropriate action; and prompt and appropriate action not being taken in response to a change in a consumer’s condition.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate appropriate action is taken in response to complaints or an open disclosure process is consistently applied.

In coming to my finding, I have placed weight on feedback provided by eight representatives who indicated they were not confident the service had acted appropriately and/or promptly when responding to feedback and complaints. I have also considered that feedback provided by representatives indicates an open disclosure process has not been consistently applied in response to concerns raised. Feedback from representatives indicated that in some instances, lack of action in response to complaints raised has possibly led to adverse outcomes for consumers.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

**Requirement 6(3)(d) Non-compliant**

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team were not satisfied the service demonstrated feedback and complaints are used to improve the quality of care and services. The Assessment Team provided the following information and evidence relevant to my finding:

* Complaints are not actioned or reviewed in a way that drives improvements to care and services.
* Eight representatives expressed ongoing concerns indicating feedback and complaints they provide, including in relation to clinical care, continence management, lack of staffing and extended wait times are not actioned appropriately and care and service delivery is not improved as a result.
* The organisation implemented a system to analyse complaints and provide improvements in January 2022. However, management were unable to provide evidence to show this has been effective. Multiple complaints from consumer and representative feedback were identified that had either not been actioned or resolved to improve care and services.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, feedback and complaints were not reviewed and used to improve the quality of care and services.

In coming to my finding, I have placed weight on information provided by consumers and representatives indicating they are not satisfied concerns raised are actioned appropriately and care and service delivery is not improved as a result. Multiple complaints from consumer and representative feedback were identified by the Assessment Team that had either not been actioned or resolved. I find this has not ensured that all feedback is considered or used to identify trends or enable improvements to the quality of care and services to be identified and implemented.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(d) in Standard 6 Feedback and complaints.

# STANDARD 7 NON-COMPLIANT Human 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 Quality Standard is assessed as Non-compliant as four of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(a), (3)(c), (3)(d) and (3)(e) in this Standard not met. The Assessment Team found the service was unable to demonstrate:

* 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;
* gaps in the staff knowledge and competency are identified or adequate training is provided to ensure staff use best practice in clinical care;
* staff are well trained to deliver safe and quality care to the consumers; and
* it regularly monitors and reviews the performance of each member of the organisation.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirement (3)(b) in this Standard, the service demonstrated that workforce interactions with consumers are generally kind, caring and respectful. Consumers and representatives sampled provided feedback indicating staff are kind and caring when delivering care and services. Staff were observed interacting with consumers in a kind manner, however, as noted in Standard 1 Consumer dignity and choice Requirement (3)(a), staff are not consistently respectful of consumers’ dignity.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with Requirement (3)(b) in Standard 7 Human resources.

**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.*

The Assessment Team were not satisfied the service demonstrated 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. The Assessment Team provided the following information and evidence relevant to my finding:

* Eight consumers and representatives sampled said there was not enough staff to provide safe and quality care and described resulting impacts to consumers. Impacts to continence care, provision of personal hygiene, behaviour management, meal time activities, ability to participate in activities of interest and call bell responses were described.
* Overall, staff sampled indicated there is not enough staff to provide care and services consumers require in a timely manner when shifts are not filled. Impacts relating to management of consumer behaviours, cleaning processes and provision of personal care were described.
* Documentation sampled demonstrated there were approximately 10 unfilled shifts in the week prior to the Site Audit, including for care and nursing staff and unfilled hotel service shifts, which resulted in the closure of a kitchen in one area of the service.
* On three occasions during the Site Audit, the Assessment Team observed consumers upset or needing assistance with no staff available.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not effectively demonstrate there were adequate numbers and mix of staff to deliver safe and quality care and services.

In coming to my finding, I have placed weight on feedback provided by consumers and representatives indicating insufficient staffing numbers to provide quality care and services which has resulted in impacts to consumers. Additionally, I have also considered that staff across a range of designations provided feedback indicating there is not enough staff to provide care and services consumers require in a timely manner when shifts are not filled. Approximately 10 shifts were unfilled in the week prior to the Site Audit which further impacts the service’s ability to ensure delivery and management of safe and quality care and services to consumers.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

**Requirement 7(3)(b) Compliant**

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

**Requirement 7(3)(c) Non-compliant**

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team were not satisfied the service demonstrated gaps in staff knowledge and competency are identified or adequate training is provided to ensure staff use best practice in clinical care. The Assessment Team provided the following information and evidence relevant to my finding:

* The Assessment Team identified wounds were incorrectly classified, continence management is not always effective, and staff do not always competently identify deterioration in consumers.
* Representatives were concerned that staff are not competent to provide safe and effective care and have on several occasions identified deterioration of consumers when staff did not.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the workforce was not sufficiently competent or had the qualifications and knowledge to effectively perform their roles.

In coming to my finding, I have considered outcomes for consumers highlighted in Standard 3 Personal care and clinical care which indicate staff skills and knowledge are not adequate to support the delivery of safe and effective personal and clinical care. Evidence presented in Standard 3 Requirements which have been found Non-compliant demonstrate staff have not provided care tailored to consumers’ needs and optimised their health and well-being; recognised and responded appropriately, including initiating referrals, to changes in consumers’ condition; or demonstrated appropriate management post incidents, or of skin integrity/wounds, continence and falls. I have also placed weight on feedback provided by representatives who indicated they lacked confidence in the competency of staff to provide safe and effective care to consumers.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(c) in Standard 7 Human resources.

**Requirement 7(3)(d) Non-compliant**

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The Assessment Team were not satisfied the service demonstrated staff are well trained to deliver safe and quality care to the consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer and five representatives indicated they did not feel that staff are well trained or equipped to deliver care and services in a way that meets consumers’ needs, goals or preferences resulting in negative impacts. Impacts related to skin integrity, medications management and wounds.
* Training records indicate only 63% of staff have completed mandatory training components. These include two components the Assessment Team have identified deficits in care and that representatives raised concerns – wound prevention and management training with only 54% staff completion rate and managing high impact or high prevalence risks and client deterioration with only a 5% completion rate.
* Additional training on wound care was provided to staff in March 2022. However, the Assessment Team identified wound care plans were not being completed, a consumer's pressure injury was not correctly classified and another consumer’s wound had not healed after 12 months and no escalation or investigation occurred.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find the at the time of the Site Audit, the service did not adequately demonstrate the workforce is trained, equipped and supported to deliver the outcomes required by these Standards.

In coming to my finding, I have considered that while a mandatory training program is in place, processes to monitor staff completion of mandatory training components have not been effective. Records indicated 63% of staff had completed mandatory training requirements, and two training components, wound management and consumer deterioration, which relate to Requirements identified as Non-compliant in Standard 3, were noted to have a low percentage of completion. Additionally, while training in relation to wound care was undertaken in March 2022, deficits in wound management have been identified, resulting in non-compliance in Standard 3 Requirements.

I have also placed weight on feedback from consumers and representatives sampled indicating they did not feel staff are well trained or equipped to deliver care and services in a way that meets consumers’ needs, goals or preferences.

I have also relied on evidence indicating staff have not been trained and equipped to ensure delivery of safe and effective services and supports for daily living for consumers. Evidence and outcomes in Standard 4 Services and supports for daily living identified deficits relating to activities not being provided in line with the consumers’ assessed needs, goals and preferences or consumer and/or representative wishes and consumers not being supported to engage in activities in line with their assessed needs and preferences.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(d) in Standard 7 Human resources.

**Requirement 7(3)(e) Non-compliant**

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team were not satisfied the service demonstrated it regularly monitors and reviews the performance of each member of the organisation. The Assessment Team provided the following information and evidence relevant to my finding:

* The organisation’s staff performance framework has not been followed and staff performance reviews have not been completed. Management acknowledged that no performance reviews have been completed and were not able to produce any completed performance reviews.
* Management and senior staff said they monitor performance in other ways, including review of clinical incidents and observations of staff while working. However, examples of monitoring or counselling of staff performance where issues were identified were not provided.
* Staff across all disciplines sampled confirmed they had not had a performance review.
* The Assessment Team identified deficits in delivery of safe and effective clinical care, specifically in relation to skin integrity and wound care. Staff performance in relation to delivery of preventative pressure area care and wound care is not consistently monitored.
* For Consumer E, the service was unable to demonstrate staff were appropriately monitored in relation to care delivered. The representative expressed concerns relating to staff practice not being monitored and care not being delivered in line with recommendations from allied health professionals.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, regular monitoring of the performance of each member of the workforce was not being conducted or implemented in line with the organisation’s processes.

In coming to my finding, I have considered that while management and senior staff described ways in which the performance of staff is monitored, issues identified by the Assessment Team have not been identified. Deficits highlighted in Standard 1 Consumer dignity and choice, Standard 2 Assessment and planning with consumers, Standard 3 Personal care and clinical care and Standard 4 Services and supports for daily living indicate the service’s ongoing monitoring of the workforce’s duties, responsibilities and performance is not effective.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(e) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as four of the five specific Requirements have been assessed as Non-compliant.

The Assessment Team recommended Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in this Standard not met. The Assessment Team found the service was unable to demonstrate:

* the Board is accountable for delivery of care and services;
* effective organisation wide governance systems relating to continuous improvement, workplace governance, feedback and complaints and information management systems;
* an effective risk management system relating to managing high impact or high prevalence risks and managing and preventing incidents, including use of an incident management system; and
* an effective clinical governance framework relating to minimising use of restraint and open disclosure.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

In relation to Requirement (3)(a) in this Standard, consumers and representatives are engaged in the development, delivery and evaluation of care and services through various avenues, including meeting forums, surveys and care and service review processes. The organisation uses a Consumer and representative advisory group. A member of the group sits on the care committee and has an opportunity to provide consumer perspective to assist in development of processes and policies.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Compliant with Requirement (3)(a) in Standard 8 Organisational governance.

**Assessment of Standard 8 Requirements**

**Requirement 8(3)(a) Compliant**

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

**Requirement 8(3)(b) Non-compliant**

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

The Assessment Team were not satisfied the Board is accountable for delivery of care and services to ensure changes are effective and result in safe, inclusive and quality care for consumers. The Assessment Team provided the following information and evidence relevant to my finding:

* Overall, consumers and representatives do not think the service is well run, for example, representatives do not think there is enough staff or that staff are competent and trained to deliver safe and quality care and services.
* Despite the organisation making changes to delivery of safe and quality care and services in response to non-compliance identified in Standard 3 Requirement (3)(a) since July 2020, they have not been successful in doing so in this area.
* The service returned to compliance in relation to non-compliance in 15 Requirements from July 2020, however, the organisation has not ensured improvements are effective to maintain compliance in all areas.
* At least 14 complaints in a recent 12-month period have gone to external complaints organisations about care and services provided. Management were unable to state why this was, however, many of the representatives sampled were not happy with the outcomes of their feedback and complaints about the quality of care.
* Despite being aware of external complaints, the organisation has not assisted the service to rectify the care and services being delivered leaving consumers and representatives unhappy with consumers’ care.

I acknowledge the provider’s response and commitment to address the deficits identified. However, I find at the time of the Site Audit, the organisation did not effectively demonstrate the governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. I have placed weight on feedback provided indicating overall, consumers and representatives did not consider the service to be well run. I have also considered that the findings of non-compliance at the Site Audit relating to 19 Requirements across seven of the eight Quality Standards indicates the governing body does not understand or endeavour to set priorities to improve the performance of the service against the Quality Standards.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(b) in Standard 8 Organisational governance.

**Requirement 8(3)(c) Non-compliant**

*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.*

The organisation demonstrated effective systems relating to financial governance and regulatory compliance. However, the Assessment Team were not satisfied governance systems relating to information management, continuous improvement, workplace governance and feedback and complaints systems were effective. The Assessment Team provided the following information and evidence relevant to my finding:

Information management systems

* Representatives provided feedback indicating consumers’ care needs are not passed on each shift and staff either don’t know or don’t follow information in the care plan.
* Staff indicated the system does not allow ease to monitor consumers’ participation in activities.
* Clinical managers are not receiving information relating to care needs escalating or changes to care needs.

Continuous improvement

* Improvement activities and actions are not evaluated to ensure they have been effective to drive change and improve care and services. One improvement activity had been reversed with the service reverting back to the identified issue.
* A continuous improvement activity was to improve wound care documentation and management in line with best practice wound procedures following previous non-compliance in this area. The Assessment Team reviewed three incidents which did not demonstrate these measures were effective.

Workforce governance

* The service has not demonstrated that it monitors staff are competent and trained to deliver safe and effective clinical care. While management have counselled staff regarding performance, they have not seen a change in care provided.
* The service has not demonstrated that it monitors staffing levels are sufficient to enable consumers to receive assistance with personal care in a timely manner.

Feedback and complaints

* Representatives stated feedback is not always actioned in a timely manner leading to poor clinical outcomes for consumers. Additionally, consumers and representatives were not satisfied with the outcomes and process for complaints or that feedback is actioned.
* The service did not demonstrate that feedback and complaints result in organisational change that improved its processes and service delivery.

I acknowledge the provider’s response and commitment to address the deficits identified. Based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the organisation demonstrated effective organisation wide governance systems relating to financial governance, regulatory compliance and information management. However, I have considered other governance systems were not effective to ensure accountability and action at all levels of the organisation, specifically governance systems relating to continuous improvement, workforce governance and feedback and complaints.

In relation to continuous improvement, I have considered that improvement activities and actions have not consistently been evaluated to ensure they have been effective to drive change and improve care and services. Additionally, I consider the findings of non-compliance in relation to 19 Requirements across seven Quality Standards indicates deficiencies with the governance processes associated with continuous improvement.

In relation to workforce governance, I have considered that evidence provided by the Assessment Team in relation to Standard 7 Requirements (3)(a), (3)(c), (3)(d) and (3)(e) demonstrate the organisation’s workforce governance systems are not effective. I find the organisation’s processes have not ensured the workforce has been sufficiently supported to deliver safe and quality care and services to consumers.

In relation to feedback and complaints, I have considered the findings of non-compliance in Standard 6 Feedback and complaints Requirements (3)(c) and (3)(d) indicates deficiencies with the governance processes associated with feedback and complaints and that key deficits in care and services identified by the Assessment Team had not been addressed by the service even though feedback had indicated issues associated with some aspects of care.

In relation to information management, I do not consider that the evidence presented in this Requirement demonstrates systemic issues in the organisation’s information management systems. However, I have considered the evidence presented in my findings for Standard 3 Personal care and clinical care Requirement (3)(e) and Standard 4 Services and supports for daily living Requirement (4)(c).

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(c) in Standard 8 Organisational governance.

**Requirement 8(3)(d) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated an effective risk management system relating to managing high impact or high prevalence risks and managing and preventing incidents, including use of an incident management system. The Assessment Team provided the following information and evidence relevant to my finding:

Managing high impact or high prevalence risks

* Consumer A had a skin condition which had continued for 12 months resulting in development of a pressure injury. The service did not effectively manage the skin condition or refer to an external provider in a timely manner.
* Consumer D developed an unstageable pressure injury within three weeks. The service did not closely monitor the wound and failed to recognise or respond to the deterioration to prevent an unstageable pressure injury.
* Consumer F’s wounds continued to deteriorate resulting in the consumer requiring hospitalisation. Although referral to the Medical officer was initiated, recommendations for management were not sufficient to stop deterioration of the wounds.

Managing and preventing incidents, including the use of an incident management system

* A review of incidents for five sampled consumers indicated that while the service records incidents and undertakes an investigation, causative factors other than those that are immediately evident are not considered. Additionally, mitigating strategies have not been considered on most occasions to reduce the risk and prevent further harm to consumers.

I acknowledge the provider’s response and commitment to address the deficits identified. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not demonstrate effective risk management systems and practices, specifically in relation to managing and preventing incidents, including the use of an incident management system.

In coming to my finding, I have considered the organisation’s incident management system has not been effectively used to prevent similar incidents occurring. Causative factors are not being consistently identified or mitigating strategies implemented in response to incidents reported. I find this has not ensured that all incidents are effectively monitored to ensure risks to consumers’ health and well-being are being minimised and/or eliminated.

As for evidence presented relating to managing high impact or high prevalence risks, I find it more aligned with Standard 3 Personal care and clinical care Requirements (3)(a) best practice and (3)(b) effective management of high impact high prevalence risks and care and services provided to the individual consumers highlighted. As such, I have considered the evidence with my finding for that Standard and those Requirements.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(d) in Standard 8 Organisation governance.

**Requirement 8(3)(e) Non-compliant**

*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.*

The Assessment Team were not satisfied the service demonstrated an effective clinical governance framework, specifically in relation to minimising use of restraint and open disclosure. The Assessment Team provided the following information and evidence relevant to my finding:

Minimising use of restraint

* The service was unable to demonstrate that it consistently applies policies and procedures to effectively minimise the use of restraint. Mandatory ‘essential restrictive practice’ education has been completed by only 65% of staff.
* Care files for two consumers indicated they do not have a behaviour management plan or interventions documented cannot be used when the behaviours are demonstrated. The effectiveness of the restraint being used or interventions have not been assessed.

Open disclosure

* Four of five care staff were not able to state what open disclosure was and two could not provide relevant examples of it being used. Open disclosure training records show only two staff have enrolled and have completed it.
* Two representatives felt that although they were informed about incidents the service did not find what the cause of the incident was.

I acknowledge the provider’s response and commitment to address the deficits identified. However, I find at the time of the Site Audit, the organisation did not demonstrate an effective clinical governance system, specifically in relation to minimising use of restraint and open disclosure.

I have considered the organisation’s policies and procedures have not been consistently applied in relation to minimising use of restraint. One consumer highlighted had a restrictive device applied without consideration of alternative strategies being explored or discussed with the representative and a Behaviour support plan to guide staff in use and monitoring of the restrictive device had not been implemented. For another consumer, while a regular medication, considered a chemical restraint, was being administered, escalation of a change in the consumer’s condition was not escalated. I have also considered that only 65% of staff have completed mandatory education relating to restrictive practices which I find may contribute to lack in staff knowledge of use of restrictive practices and requirements for Behaviour support plans.

In relation to open disclosure, I have considered the organisation’s systems have not supported effective communication relating to incidents which have caused consumers harm or that actions taken to prevent like incidents occurring have been effectively explained to consumers and/or representatives. I have also considered evidence in Standard 6 Feedback and complaints Requirement (3)(c), including feedback provided by representatives, indicating an open disclosure process is not consistently applied in response to concerns raised.

In coming to my finding, I have also considered outcomes in Standard 3 Personal care and clinical care. The finding of non-compliance in five of the seven Requirements in this Standard indicates the organisation’s clinical governance framework is not effective, with deficits highlighted not being identified by the service’s or organisation’s own monitoring processes.

For the reasons detailed above, I find Brightwater Care Group Limited, in relation to Brightwater Madeley, Non-compliant with Requirement (3)(e) in Standard 8 Organisation governance.

# 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 1 Requirement 1(3)(a)**

* Ensure consumers are provided care and services in a way which ensures they are treated with dignity and respect, with their dignity, culture and diversity valued.
* Ensure staff have the skills and knowledge to provide care and services to consumers in a way which ensures they are treated with dignity and respect and values their culture and diversity.
* Ensure staff interactions with consumers are monitored to ensure kind, caring and respectful interactions are maintained at all times.

**Standard 2 Requirement 2(3)(a)**

* Ensure staff have the skills and knowledge to initiate assessments, develop and/or update care plans, and regularly review consumers’ care and service needs.
* Ensure policies and procedures in relation to assessment, care planning and review are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to assessment, care planning and review.

**Standard 3 Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(f)**

* Ensure staff have the skills and knowledge to:
* provide personal and or clinical/care and services to consumers in line with their assessed needs and preferences and that is best practice, tailored to their needs and optimises their health and well-being;
* provide appropriate care relating to management of skin integrity, continence care, falls, wounds and post incidents;
* recognise changes to consumers’ health and well-being, including clinical deterioration, and implement appropriate monitoring and management strategies;
* ensure information relating to consumers’ personal and clinical care needs is documented and effectively communicated to others; and
* initiate referrals to Medical officers and/or allied health specialists in a timely manner.
* Ensure policies, procedures and guidelines in relation to best practice care, management of high impact or high prevalence clinical risks, deterioration and referral processes are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care, management of high impact or high prevalence clinical risks, deterioration and referral processes.

**Standard 4 Requirements 4(3)(a) and 4(3)(c)**

* Ensure staff have the skills and knowledge to:
* provide consumers with safe and effective services and supports in line with their assessed needs, goals and preferences; and
* identify things of interest to each consumer, implement activity programs in line with consumers’ preferences and engage them in activities of interest.
* Ensure policies, procedures and guidelines in relation to supporting consumers’ leisure and lifestyle needs and preferences are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to supporting consumers’ leisure and lifestyle needs and preferences.

**Standard 6 Requirements 6(3)(c) and 6(3)(d)**

* Ensure appropriate action is taken in response to feedback and complaints, including liaising with the complainant and using an open disclosure approach when things go wrong.
* Ensure feedback is provided to consumers, representatives and others in relation to receipt of complaints and actions taken in response.
* Ensure feedback and complaints data is regularly reviewed to identify trends and improvement opportunities to the quality of care and services.

**Standard 7 Requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e)**

* Ensure appropriate and adequate staffing levels and skill mix are maintained to deliver care and services in line with consumers’ needs and preferences.
* Ensure staff competency, skills and knowledge are monitored and tested to ensure staff are competent to undertake their roles.
* Ensure staff completion of mandatory training is monitored.
* Ensure staff are provided appropriate training to address the deficiencies identified in seven of the eight of the Quality Standards.
* Ensure regular assessment, monitoring and review of the performance of each staff member is undertaken.

**Standard 8 Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e)**

* Review processes to ensure the Board promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Review the organisation’s governance systems in relation to continuous improvement, workforce governance and feedback and complaints.
* Review the organisation’s risk management processes in relation to managing and preventing incidents.
* Review the organisation’s clinical governance framework in relation to minimising use of restraint and open disclosure, as well as the non-compliance identified in Standard 3 Personal care and clinical care.