Performance

Report

**1800 951 822**

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| Name of service: | Brightwater Onslow Gardens |
| Service address: | 39 Hamersley Road SUBIACO WA 6008 |
| Commission ID: | 7401 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 13 July 2023 |
| Performance report date: | 22 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Brightwater Onslow Gardens (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, staff and management;
* the provider’s response to the Assessment Team’s report received 27 July 2023 acknowledging the Assessment Team’s findings; and
* the Performance Report dated 15 March 2023 for a Site Audit undertaken from 1 February 2023 to 3 February 2023.

# Assessment summary

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| Standard 4 Services and supports for daily living | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |

Findings

Requirement (3)(b) was found non-compliant following a Site Audit undertaken from 1 February 2023 to 3 February 2023 where a consumer was found to not be supported and provided with active services and/or supports to promote their psychological or emotional well-being following an alleged incident. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, provided education to staff on Standard 4 and how to monitor and support the well-being of each consumer; and provided ongoing monitoring of the highlighted consumer’s well-being, and initiated a referral to a social worker for additional support.

At the Assessment Contact undertaken on 13 July 2023, each consumer was found to receive services and supports for daily living which promoted their emotional, spiritual and psychological well-being. Care plans for five sampled consumers reflected their needs and supports to be provided, and staff were familiar with consumers and strategies to support their well-being. Consumers who require additional support are referred to internal and external providers, such as clinical and lifestyle staff, general practitioners, mental health providers, community visitors scheme, Dementia Support Australia and social workers. Consumers sampled said their well-being is supported by the activities and supports provided, conversations with staff, and visits with family and friends.

For the reasons detailed above, I find requirement (3)(b) in Standard 4 Services and supports for daily living compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Requirement (3)(d) was found non-compliant following a Site Audit undertaken from 1 February 2023 to 3 February 2023 where effective risk management systems and practices relating to managing and preventing incidents were not demonstrated. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, reviewed related policies and procedures; monitoring application of the performance appraisal process; and provided education to staff on reporting and management of performance issues.

At the Assessment Contact undertaken on 13 July 2023, effective risk management systems, including management of high impact or high prevalence risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumers to live the best life they can were demonstrated. High impact or high prevalence risk data is identified through clinical assessments, incident and progress note reviews. The data is analysed and used to create reports which are discussed at monthly clinical risk meetings and used for reporting monthly quality indicators. Incidents are documented on an electronic database and were found to be appropriately managed. Incident reporting processes support the mandatory reporting of incidents demonstrated through Serious Incident Response Scheme (SIRS) incident reporting data. A dignity of risk policy guides staff in assessment of consumer risks, with risk mitigating strategies discussed with consumers and/or representatives to ensure consumers can make informed decisions. A risk register is in place and consumers who choose to take risks have a dignity of risk assessment care plan. Staff sampled were familiar with elder abuse, SIRS, dignity of risk and high impact high prevalence risks, commensurate with their roles and responsibilities.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)