Performance

Report

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| Name: | Brightwater Redcliffe |
| Commission ID: | 7201 |
| Address: | 23 Johnson Street, REDCLIFFE, Western Australia, 6104 |
| Activity type: | Site Audit |
| Activity date: | 29 July 2024 to 31 July 2024 |
| Performance report date: | 2 September 2024 |
| Service included in this assessment: | Provider: 260 Brightwater Care Group Limited  Service: 4729 Brightwater Redcliffe |

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 Redcliffe (**the service**) has been prepared by Denise McDonald, 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.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 15 August 2024
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed they were treated with dignity and respect, and staff valued their identities, cultures and diversity. Staff explained they were trained in the Code of Conduct for Aged Care and were observed interacting with consumers in a dignified and respectful manner. Care documentation evidenced what was important to consumers in maintaining their identities, which included their religious, spiritual, cultural and personal preferences.

Consumers confirmed they received culturally safe care and staff respected their cultures, values and backgrounds. Staff gave practical examples of culturally safe care as respecting events of cultural significance to consumers and providing food and activities to enhance their celebrations. Care documentation captured consumers’ cultural backgrounds, beliefs and preferences.

Consumers confirmed they had choice in how their care was delivered, who was involved in their care, and how they wanted to maintain relationships with people important to them. Staff gave practical examples of supporting consumers’ independence and connection to loved ones, such as asking for their preferences when delivering care and arranging phone calls with loved ones. Care documentation evidenced consumers’ care preferences and those who were involved in their care.

Consumers gave practical examples of choosing to use bedrails as how they were supported to take risks and live life as they chose. Staff explained how they and consumers were involved in discussions to understand the benefits and reduce the possible harm to consumers when taking risks. Care documentation evidenced risk had been assessed, with informed consent and strategies to promote consumers’ safety.

Consumers confirmed they received timely information through verbal updates from staff, scheduled meetings, menus and an activities calendar, which enabled them to make informed choices. Staff explained consumers received information in ways which met their assessed communication needs and supported decision-making. Noticeboards displayed posters on activities, advocacy services and complaints mechanisms, which were current and easy to understand.

Consumers gave practical examples of staff closing doors and curtains when providing care as how their privacy was respected. Staff explained consumers’ confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | 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. | Compliant |
| Requirement 2(3)(c) | 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. | Compliant |
| Requirement 2(3)(d) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored and used to develop the care plan, which informed how they delivered care. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, with care strategies planned to guide staff practice. Care documentation evidenced risks to consumers, such as falls and infections, were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs or wishes changed. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and health professionals participated in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care, particularly when there was an assessed need for specialised care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as medical officers, pharmacists and allied health professionals.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and consumers and representatives were offered a copy of the consumer’s care plan following each review of their needs. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives.

Consumers confirmed their care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were addressed. Staff explained incidents and changed circumstances may also result in a review of consumers’ needs and preferences. Care documentation evidenced consumers’ needs were reviewed annually and reassessment occurred when their health status, preferences or circumstances changed.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers confirmed they received the care they needed, which was individualised, safe and met their needs and preferences. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer were managed, with the delivery of care guided by consumers’ preferences and their assessed needs. Care documentation evidenced consumers received safe, individualised care in line with their assessed needs and preferences.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls and unexplained weight loss, and described how these were managed and prevented. Care documentation evidenced risks to consumers were identified and responsive management strategies were in place.

Care documentation, for a consumer who had recently passed away, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and were supported by their medical officer, palliative care specialists, a chaplain and their family. Staff understood how to care for consumers nearing end of life, to ensure their comfort and meet their needs and preferences, including providing emotional support to consumers’ families. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their wellbeing and responses were timely. Staff explained they often worked with the same consumers and were familiar with their conditions, which enabled prompt recognition and escalation of changes to their behaviours, appetite or pain levels to clinical staff for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood and delivered the care they needed. Staff confirmed consumers’ care and services were documented and health care providers who shared responsibility for their care, had access to the information in the ECMS. Care documentation evidenced information about consumers’ conditions was shared with and contained input from others who had responsibility for the consumer’s care.

Consumers confirmed they had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to medical and other health professionals, such as physiotherapists, when needed.

Consumers gave positive feedback about how infection-related risks were prevented and managed, particularly as staff performed hand hygiene and wore personal protective equipment, as required. Staff said they were trained in infection prevention and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to maintain their independence, by washing their own clothes in the onsite laundry, which optimised their well-being. Staff had knowledge of consumers’ daily living preferences and explained individual leisure and lifestyle plans were developed and updated in consultation with consumers and representatives. The lifestyle program offered a diverse range of activities aligned to consumers physical, spiritual, sensory and intellectual abilities.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff had knowledge of consumers’ social, emotional and spiritual needs and recognised when their moods were low, whereby they spent one-on-one time with them or arranged pastoral care, with referrals made to mental health support, if needed. The activities calendar offered monthly Catholic church services, weekly Communion and support to attend external religious services.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as attending to the garden, and leaving the service independently, or with representatives, to spend time with people important to them. Staff explained they supported consumers to participate in the community and maintain significant relationships by ensuring they were ready for planned outings to local shops or to spend time with family. Consumers were observed returning from time spent in the community and socialising with each other, visitors and staff during activities.

Consumers gave positive feedback about how information was shared relating to their daily living supports, particularly as staff understood their needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, allied health meetings, via dietary lists, and with consent, to other service providers, from care documentation kept in the ECMS.

Consumers and representatives confirmed when additional support was needed, consumers were promptly referred to other organisations and service providers. Staff explained pet therapy providers, counselling services and volunteer programs were engaged to offer a range of supports and to spend meaningful one-on-one time with consumers. Care documentation evidenced timely referrals were made to meet consumers’ diverse needs.

Most consumers and representatives said meals were varied, enjoyable and portions served were sufficient, however; one consumer wanted more meals prepared fresh onsite, with management confirming they were working towards increasing the variety of foods cooked onsite. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, and explained consumers had access to food and drinks between mealtimes. Meal service was observed as calm, with consumers socialising, and staff provided assistance, if needed.

Consumers said the equipment provided was clean and maintenance staff regularly checked their equipment to ensure it was safe for their use, with faulty items promptly repaired or replaced. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned, inspected and serviced. Equipment used for activities of daily living were observed to be safe, suitable, clean, well maintained and suitable for consumers’ use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives said the service was open and welcoming, consumers were encouraged to personalise their rooms and receive visits from loved ones, which made it feel like home. Staff referred to the service as the consumers home and confirmed they encouraged consumers’ sense of belonging by helping them to maintain their surroundings. Consumers were observed spending time indoors and outdoors and common areas offered comfortable furnishings and activities which encouraged social interactions between consumers.

Consumers and representatives gave positive feedback about comfortability and cleanliness of the service, particularly consumers’ personal rooms. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. Consumers were observed moving freely around a clean and well-maintained service.

Consumers confirmed furniture, fittings and equipment were clean, well maintained and suitable for their use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to raise concerns and gave practical examples of speaking with staff, attending consumer meetings and completing feedback forms, as ways they could give feedback. Management explained the complaints process and said consumers also provided feedback during care plan reviews and participation in regular surveys. The consumer handbook included information on how to submit a complaint or provide feedback, and feedback forms were observed to be readily accessible to consumers.

Consumers and representatives understood how to access external complaints and advocacy and language services, whose contact details were included in the consumer handbook. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Pamphlets and notices displayed promoted access to the Commission, advocacy support and language services.

Consumers and representatives gave practical examples of their agreed personal care preferences being met, as appropriate action taken in response to their complaints. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers and representatives said they were engaged in finding solutions to issues raised and gave examples of how their feedback resulted in different food preparation options being trialled, so meals were more appetising. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the plan for continuous improvement for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained the roster was planned according to consumers’ care needs and matched staff competencies with those needs, call bell data was analysed to identify areas of need, and care minute targets were being met. Rostering documentation evidenced all shifts were filled and a registered nurse (RN) always available.

Consumers said staff were kind, caring, gentle and respectful of their cultures and diversity when providing care. Staff were familiar with consumers’ needs and preferences and were observed to be kind, respectful and personable when caring for consumers. Staff were guided by policies, procedures and training which promoted treating consumers with dignity and showing respect for their identities and cultures.

Consumers confirmed staff were suitably skilled and competent in meeting their care needs, particularly as they understood their individual preferences. Management explained staff competency was initially determined through the recruitment process and ongoing through role-specific competency assessments, induction and training programs and ensuring criminal history checks were current. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers gave positive feedback about staff training and said they were equipped to perform their roles. Management explained, and staff confirmed, mandatory training was completed in topics which reflected the Quality Standards, with additional training arranged at the request of staff or in response to identified trends and consumers’ feedback. Training records evidenced significant rates of completion in mandatory training topics, such as restrictive practices, manual handling, open disclosure, infection prevention and control, fire safety and the Serious Incident Response Scheme (SIRS).

Management advised, and staff confirmed, staff performance was assessed and monitored through performance reviews conducted every 18 months, informal appraisals through competency assessments, analysis of internal audit results and clinical data, with care staff supported in their roles by management and RNs. Staff confirmed they participated in performance reviews and described it as an opportunity to request training relevant to their roles. Management explained if issues arose with staff performance, they would be addressed immediately.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| 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 |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service operated and confirmed they were supported to evaluate their care and services through attending scheduled meetings and speaking with staff. Management explained consumers further contributed to service evaluation through involvement in the consumer advisory body and participation in surveys, the results of which were accessed by the organisation’s board of directors (the board). Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care, such as the menu.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board was accountable for service delivery and satisfied itself the Quality Standards were being met through a range of committees, and it received regular reports on clinical practice, infection control, incident trends, quality improvements and operational matters. Meeting minutes evidenced the board received regular reporting which supported oversight of the service’s performance against the Quality Standards.

The organisation had effective governance systems which involved the board, senior management and staff, and supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)