Performance

Report

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| Name of service: | Brightwater The Cove |
| Service address: | 35 Hudson Drive DUDLEY PARK WA 6210 |
| Commission ID: | 7282 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Site Audit |
| Activity date: | 13 March 2023 to 15 March 2023 |
| Performance report date: | 26 April 2023 |

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

**This performance report**

This performance report for Brightwater The Cove (**the service**) has been prepared by R Beaman, 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; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others; and
* the approved provider’s response to the assessment team’s report received 04 April 2023.

# 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 approved 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

Consumers and representatives confirmed they have choice over the way care is delivered and who they wish to be involved in the decision making process. Consumers confirmed care and services are delivered in a dignified and respectful manner, their privacy is maintained, and staff value their culture and identities. Consumers and representatives confirmed they are supported to take risks in a safe manner and information provided to them is timely and appropriate.

Consumers and representatives confirmed information is provided to them in a way that enables consumers to exercise choice and decision making over the way they wish care and services to be delivered. Consumers were confident staff respected their privacy and kept private information confidential.

Observations showed staff interacting with consumers in a respectful manner and staff maintaining consumer privacy.

Staff demonstrated understanding of consumers’ cultural needs and diversities and described ways they were able to deliver care and services that meets those needs, goals, and preferences including delivery of care to consumers whose choice was for a specific gender. Staff described ways they support consumers to take risks to do the things they want through discussion and developing ways to mitigate those risks to consumers’ safety.

Documentation reflected consumers choice and consultation of risks where appropriate, and information provided to consumers is done so in an appropriate, accurate and timely manner.

Accordingly, I find all Requirements within Standard 1 Consumer dignity and choice Compliant.

# 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

Consumers and representatives confirmed consumers are partnered in the development of care and services and assessments consider the risks associated with consumer care and these are documented in care plans appropriately. Consumers confirmed information about assessment and planning is current and in line with consumer needs, goals and preferences and that information is accessible.

Consumers and representatives were confident their care and services were reviewed when any changes occurred and confirmed outcomes of those were communicated in a way that was easily understandable.

Documentation confirmed information about consumer care and services are aligned with consumer needs, goals and preferences and consider risks associated with consumer care including falls, pressure injuries and restrictive practices. Risk assessments where appropriate are completed and outcomes of assessment and planning were observed to be completed and reviewed where changes in condition or incidents occurred.

Staff demonstrated understanding of the assessment and planning process and described ways they engaged and involved consumers in this process. Staff described the processes in place for the regular review of consumer care and services and the specific processes for review of assessment when a change in condition or incident occurs. Observations of shift handovers demonstrated consumer information is communicated with all staff so care delivery can be adjusted where required.

Accordingly, I find all Requirements within Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| 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

Consumers and representatives confirmed they receive personal and clinical care in a way that is safe and right for them. Consumers confirmed staff know them well and they don’t have to repeat their needs, goals and preferences for care and services to other providers of care and are confident risks associated with care and service delivery are managed well. Documentation including the service’s feedback register confirmed where consuemrs enter the end of life stage staff deliver care in a way that maximises comfort and is done so in a dignified manner.

Consumers and representatives confirmed referrals to medical and other health professionals is done in a timely manner and where care is shared consumers are confident information is communicated appropriately.

Documentation confirmed where there are risks to consumers’ health, including falls, choking and weight loss, they are documented with strategies to guide staff to deliver care in a safe and effective manner. Consumer care plans reflected consumers’ needs, goals, and preferences in relation to personal care and showed there are effective processes in place for timely referrals for consumers and end of life needs, goals and preferences are respected, recorded, and communicated and the consumers comfort and dignity maximised. Documentation confirmed where required antibiotics are prescribed for an appropriate amount of time. Observations showed the service has multiple outlets for hand hygiene and where staff, contractors and visitors enter the service infection control screening is completed.

Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to personal and clinical care, how they manage risks and communicate any changes in condition to other providers of care. Staff confirmed they receive regular infection control training and updates and demonstrated knowledge of the processes in place to minimise the spread of infection.

Accordingly, I find all Requirements within Standard 3 Personal care and clinical care Compliant.

# 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

Consumers and representatives confirmed supports for daily living are tailored to their needs and optimises their health, wellbeing and independence including their mobility. Consumers described how they are able to maintain personal and social relationships and do things of interest to them. Consumers were satisfied with the quality and quantity of meals and described ways in which staff support them when they are in a low mood or need extra emotional, spiritual, or psychological support.

Consumers and representatives confirmed information is communicated and shared appropriately in relation to their care and care needs and they felt safe using equipment to engage in the lifestyle program or support them with daily tasks. Consumers were observed participating in activities.

Staff demonstrated knowledge of consumers’ likes and preferences in relation to the lifestyle program and described ways in which they were able to support the to engage in things that interest them and maintain connections with the community.

Documentation sampled reflected consumers’ likes, dislikes and requirements for meals and activities and recorded strategies to support their emotional, spiritual, and psychological needs.

Equipment used as part of consumers’ engagement with lifestyle and maintaining their independence was observed to be clean, safe, and well-maintained.

Accordingly, I find all Requirements within Standard 4 Services and supports for daily living Compliant.

# 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

Consumers and representatives confirmed they feel at home and safe living at the service. Consumers confirmed they are able to decorate their personal spaces in a way they wish to, and visitors are welcomed with areas throughout the service for consumers and visitors to engage. Consumers were satisfied with the cleanliness of the service environment and confirmed when there is an issue requiring maintenance they are resolved in a timely manner.

Observations showed consumers moving freely within the indoor and outdoor areas of the service and navigating within the service to their personal rooms and communal areas independently. The service environment including consumer rooms and equipment used by consumers to mobilise or be transferred was observed to be clean and well-maintained.

Documentation confirmed the service has an annual planned maintenance schedule including but not limited to building, equipment, carpet, and furnishings with all issues fixed in a timely manner.

Staff demonstrated understanding of the maintenance system at the service and described the ways in which they escalated any issues reported to them to be resolved. Staff described the ways the maintenance schedule and individual items are monitored to ensure they are resolved in a timely manner.

Accordingly, I find all Requirements within Standard 5 Organisation’s service environment Compliant.

# 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

Consumers and representatives confirmed they felt supported to provide feedback including making complaints about care and services. Consumers reported feeling safe to provide feedback to staff and management about care and services and reported satisfaction with the resolution process. Observations showed information about raising complaints and providing feedback is displayed throughout the service with multiple locations for consumers to drop written feedback into confidential boxes.

Consumers and representatives confirmed they knew how to access advocates if required. Observations showed the service has information about accessing advocates was displayed throughout the service for consumers and representatives. Documentation confirmed external advocacy service providers attended resident and relative meetings.

Staff demonstrated understating of the feedback mechanism and described ways in which they support consumers to provide feedback including complaints and how they use of open disclosure when things go wrong.

Documentation confirmed a feedback register is maintained as feedback is provided and records the actions taken and discussions with the complainant. Documentation reflected feedback being used to drive continuous improvement including a garden redesign project.

Accordingly, I find all Requirements within Standard 6 Feedback and Complaints Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| 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

Consumers and representatives were satisfied with the mix and number of staff to deliver care and services in a way that meets their needs, goals, and preferences. Consumers confirmed they are assisted in a timely manner when they used the call bell and staff treated consumers in a kind, caring and respectful manner. Consumers reported staff were patient when tending to their care and felt staff were well trained and competent in their roles.

Staff were observed interacting with consumers in a kind and respectful manner, maintaining consumer dignity and privacy when delivering care. Staff spoke of consumers in a respectful and polite manner and demonstrated knowledge of consumers’ needs, goals and preferences in relation to the way consumers wished care and services to be delivered.

Staff confirmed they are provided regular training and have access to additional training if they request it or it is identified as a need. Staff confirmed they have regular performance appraisals and management provided specific instances where performance management has been undertaken as a result of the service’s staff performance monitoring systems and processes in place.

Documentation confirmed staff performance is monitored through observation, feedback and review of incidents, and staff are up to date with performance appraisals.

Accordingly, I find all Requirements within Standard 7 Human resources Compliant.

# 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

Consumers and representatives confirmed they are engaged in the development and delivery of care and services including through input into the lifestyle program through activity program, safety actions with consumers taking up roles as fire wardens and improvements to the service environment including the redesign of one of the service’s communal garden areas. Documentation confirmed feedback is sought from consumers through regular resident and relative meetings, via staff and in written forms and this drives continuous improvement projects.

Management described and documentation showed various ways the organisation’s governing body is accountable for the delivery of safe, inclusive, and quality care, including various performance level meetings that occur at the service with management, clinical and other staff with outcomes issued to the governing body. The organisation has up to date policies and procedures in place to guide staff practice in relation to risk management, organisational and clinical governance.

Documentation confirmed the service has organisational governance systems in place to ensure information is managed appropriately to enable staff to deliver care and services in a way that meets consumers’ needs and preferences. Systems and processes are in place to ensure, continuous improvement is consumer focused, the service is able to purchase equipment for care and service delivery when required, and the workforce is monitored at an organisational level to ensure right numbers, skills, and training.

Staff demonstrated understanding of how the risk management system operates and their part in monitoring high impact or high prevalence risks. Documentation confirmed the service has a risk register that monitors consumer risks. Consumers are supported to live their best life and where risks are taken staff were able to describe how they supported consumers to engage in those activities in a safe manner. Staff described how they use the incident management system to manage and prevent incidents including those that require reporting to external services.

Documentation confirmed the organisation has policies and procedures to guide staff in relation to clinical governance. Staff demonstrated knowledge of the clinical governance framework including antimicrobial stewardship and the use of open disclosure. Documentation confirmed restrictive practices are monitored and where applied they are used as a last resort.

Accordingly, I find all Requirements within Standard 8 Organisational governance Compliant.

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