Performance

Report

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| Name: | Brightwater The Oaks |
| Commission ID: | 7240 |
| Address: | 2-10 Oakwood Crescent, WAIKIKI, Western Australia, 6169 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 10 October 2023 |
| Performance report date: | 6 November 2023 |
| Service included in this assessment: | Provider: 260 Brightwater Care Group Limited  Service: 4767 Brightwater The Oaks |

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 Oaks (**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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 24 October 2023 acknowledging the assessment team’s recommendation.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |

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

# Areas for improvement

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

# Standard 3

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

Findings

Each consumer receives safe and effective care based on best practice guidelines. Care files were reflective of consumers’ individualised personal care needs and demonstrated appropriate management of specific aspects of care, including personal care needs, falls, wounds, pain and restrictive practices. Care files also demonstrated involvement of allied health professionals in consumers’ care. Staff said they monitor consumers’ health daily and report any changes to registered staff for follow up, and policies and procedures are available to guide staff in delivery of best practice care. Consumers said they are looked after by the staff who are very good to them, and representative expressed satisfaction with care provided to consumers.

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

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers were satisfied meals were varied and of suitable quality and quantity, and they can request different meals if they wish. The Assessment Team observed several consumers being assisted with eating. Care files included consumers’ dietary requirements for food and fluids, likes, dislikes, and specific food allergies, and consumers were observed being served meals in line with documented dietary requirements. Food is discussed monthly at consumer meeting forums and changes to meals to improve consumer satisfaction are made in response to feedback. The service has a catering project underway where a single staff member takes responsibility of the dining experience which was observed to be implemented during the Assessment Contact to the satisfaction of consumers.

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

# Standard 6

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

Findings

All complaints, suggestions, and compliments are documented and responded to in line with the service’s related policies and procedures. Review of incident reports for the last two months showed organisational procedures were followed and appropriate actions taken to resolve all complaints in a timely manner, with open disclosure principles applied. Staff members from various disciplines described how they assist consumers and their representatives to make a complaint or provide feedback and use open disclosure principles in their everyday practice. Consumers and representatives said when they make a complaint about care and services or suggestions for improvement, staff respond and resolve issues in a timely manner. They said staff and management use open disclosure when things go wrong and check in to ensure any issues they have raised are resolved to their satisfaction.

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

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