Brightwater The Village

Performance Report

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**Commission ID:** 7415

**Provider name:** Brightwater Care Group Limited

**Assessment Contact - Site date:** 10 August 2022

**Date of Performance Report:** 5 September 2022

# Performance report prepared by

Janine Renna, 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others;
* the Infection control monitoring checklist undertaken on 10 August 2022;
* the provider’s response to the Assessment Contact - Site report received on 29 August 2022; and
* the performance report dated 30 March 2022 for the Site Audit undertaken from 31 January 2022 to 2 February 2022.

# STANDARD 3 NON-COMPLIANTPersonal 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 Assessment Team assessed Requirement (3)(a) in Standard 3 Personal care and clinical care at the Assessment Contact. No other Requirements in this Standard were assessed at the Assessment Contact.

Requirement (3)(a) was found non-compliant following a Site Audit conducted from 31 January 2022 to 2 February 2022, as the service was not able to demonstrate each consumer received safe and effective care that optimised their well-being and was best practice and tailored to their needs. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and has recommended the service does not meet this Requirement.

I have considered the Assessment Team’s findings, the provider’s response and the evidence documented in the Assessment Team’s report and based on this information, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care. I have provided reasons for my finding under the specific Requirement below.

### 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.*

This Requirement was found non-compliant following a Site Audit undertaken from
31 January 2022 to 2 February 2022, as the service was unable to demonstrate each consumer received best practice and tailored care that optimised their health and well-being. Specifically, changes in skin integrity were not identified and responded to in a timely manner and legislative requirements were not met for consumers subject to restraint.

The Assessment Team’s report for the Assessment Contact conducted on 10 August 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to:

* development of a wound flow chart;
* staff education and training;
* implementation of a wound monitoring system; and
* planned review of consumers receiving psychotropic medication.

The Assessment Team’s report also includes the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Falls risk scores or ratings were not included in risk assessments for Consumers A and B following falls. Management said the service’s electronic system does not generate consumers’ risk score or rating, so Registered nurses decide what the consumer’s falls risk is and appropriate prevention strategies to be implemented. In the six months prior to the Assessment Contact, the service received two complaints in relation to falls management.
* Consumer B was transferred to hospital due to an unwitnessed fall and required hip surgery.
	+ On return from hospital, the service failed to undertake a pain assessment or develop a pain management plan. The consumer had a script for 10 doses of ‘as required’ opioid analgesia. Pain charts and progress notes indicate the 10 doses of analgesia were administered to the consumer from 8 July 2022 to 28 July 2022, as they were experiencing pain. Following 28 July 2022, no further pain charting was completed, and staff did not ensure the consumer had a further supply of analgesia.
	+ Prior to being transferred to hospital, the consumer was prescribed medication to treat seizures. The hospital discharge letter stated that the medication was to be withheld until reviewed by a General practitioner. On return from hospital, the service did not arrange a General practitioner review of this medication and the consumer subsequently experienced a seizure. Following the seizure, staff did not complete an incident form and there was no evidence indicating the General practitioner was contacted for review or that neurological observations were undertaken.
	+ On return from hospital, the service failed to undertake a comprehensive care plan review to ensure hip replacement protocols were followed, a seating plan was in place and risk assessments for dislocation were undertaken.
* In relation to Consumer C, who had four pressure injuries to their lower extremities:
	+ The consumer had been assessed as having high risk of developing pressure injuries. Pressure injury prevention strategies had not been implemented to address risks associated with sleeping on a sofa instead of a bed. There is no evidence indicating the consumer had been referred to a General practitioner, Podiatrist or footwear specialist to address their inappropriate choice of footwear, despite staff knowing it is a contributing factor for their pressure injuries. There was no information in the consumer’s care plan in relation to pressure injury prevention strategies when sleeping on the sofa or suggested actions in relation to their footwear.
	+ The consumer’s care plan requires staff to check their skin daily and escalate any changes, however, there was no evidence this occurred. Progress notes and interviews with staff show the consumer was showered two days prior to a stage two pressure injury being identified on 22 July 2022 and clinical staff were not notified of a change in skin integrity. Staff said they attend to the consumer’s personal care quickly, as the consumer exhibits physical behaviours.
	+ Records showed, and staff confirmed, the consumer has not been referred to a General practitioner or wound specialist for management of their wounds, or external specialists for behaviour management.
* One consumer, who is prescribed three regular psychotropic medications and does not have a diagnosis consistent with the approved use of the medications, was not recognised as being subject to chemical restraint and, therefore, documentation as required under the *Quality of Care Principles 2014* was not completed. Staff said they do not commence restrictive practice documentation if a General practitioner states the medication is not a chemical restraint. In relation to the three other ‘as required’ medications prescribed to the consumer which were recognised as chemical restraint:
	+ there was no evidence that informed consent had been obtained;
	+ side effects, monitoring and reporting requirements were not documented to guide staff in administering the medication safely;
	+ unsuccessful non-pharmacological strategies trialled were not documented; and
	+ one medication was not listed on the consumer’s medication chart.
* A further three consumers who were subject to chemical restraint were sampled and none had Behaviour support plans in place. For two of the three consumers, there was no evidence demonstrating informed consent for the use of the restraint had been obtained prior to administration.

It was unclear whether the provider accepts or refutes the Assessment Team’s findings, however, the provider’s response includes the following additional information and evidence in relation to Consumers B and C:

Consumer B

* Consultation request dated 9 July 2022, demonstrating the service initiated a referral to a Physiotherapist on the consumer’s return from hospital. The consumer was reviewed by the Physiotherapist two days later and instructions were documented to ensure the consumer is being mobilised regularly and safely.
* Pain charting for 30 July 2022 and 31 July 2022 demonstrating the consumer did not experience further pain after 28 July 2022.

Consumer C

* Consultation request dated 5 July 2022, demonstrating the service initiated a referral to a Physiotherapist to review the consumer’s sofa and provide additional measures to prevent their pressure injury from deteriorating. The consumer was reviewed by a Physiotherapist and Occupational therapist on 11 July 2022, who noted redness on the consumer’s bottom but no skin breakage. Interventions, such as air cushion and reassurance to settle in bed, were noted.
* Wound charts for two wounds indicating significant improvement of the wounds.

The response also includes actions taken to address deficiencies identified by the Assessment Team, which include, but are not limited to, undertaking a full review of the service’s psychotropic register and confirming prescriptions that are chemical restraint, and implementing processes to ensure consumers subject to chemical restraint have appropriate documentation and relevant consent. I acknowledge actions taken by the service to rectify issues identified by the Assessment Team.

In coming to my finding, I have considered the Assessment Team’s findings, information in the Assessment Team’s report and provider’s response, which demonstrates at the time of the Assessment Contact, each consumer did not receive safe and effective care that was best practice, tailored to their needs and optimised their health and well-being.

I have considered that while the service’s electronic system does not generate consumers’ falls risk score or rating, there is no evidence indicating falls were ineffectively managed or that someone had a fall as they were assessed as low risk.

In relation to Consumer B’s pain management, I have placed weight on evidence included in the provider’s response indicating the consumer was not experiencing pain after their prescribed doses of analgesia had been exhausted. While the Assessment Team asserts the service failed to undertake a comprehensive care plan review to ensure hip replacement protocols were followed, a seating plan was in place and risk assessments for dislocation were undertaken, there was no evidence indicating there were deficits in the consumer’s post-surgery care. I find this evidence is more aligned with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers, which was not assessed at the Assessment Contact.

However, I find Consumer B did not receive safe and effective care in relation to management and prevention of their seizures, as a General practitioner review was not sought for the withholding of their medication. The consumer subsequently experienced a seizure and following this episode, staff did not complete an incident form, and there was no evidence indicating the General practitioner was contacted for review or that neurological observations were undertaken.

In relation to Consumer C, I have placed weight on evidence in the provider’s response which shows that prior to the Assessment Contact, the consumer was reviewed by a Physiotherapist and Occupational therapist to assess risks associated with sleeping on a couch and review their change in skin integrity respectively. However, mitigation strategies recommended by the Physiotherapist and Occupational therapist were not documented in the consumer’s care plan to guide staff in delivering safe and effective care. The Occupational therapist noted redness but no breakage to the consumer’s buttock area, however, there was no evidence indicating the consumer’s change in skin integrity was reviewed by staff daily to identify further breakdown of the area, in line with their care plan. Eleven days after the consumer was reviewed by the Occupational therapist, the consumer’s wound had deteriorated to stage two. I have also considered that staff knew the consumer’s choice of inappropriate footwear was contributing to pressure injuries on their feet, however, the service failed to seek consultation from a Podiatrist or footwear specialist to address the issue.

I have also considered that the service failed to provide safe and effective care to consumers subject to chemical restraint, as informed consent was not obtained prior to administering psychotropic medication and Behaviour support plans were either not in place or did not include information required under the *Quality of Care Principles 2014*.

Based on the information summarised above, I find the service non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 7 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 Assessment Team assessed Requirement (3)(a) in Standard 7 Human resources at the Assessment Contact. As no other Requirements in this Standard were assessed at the Assessment Contact, an overall rating of the Standard has not been provided.

Requirement (3)(a) was found non-compliant following a Site Audit conducted from 31 January 2022 to 2 February 2022, as the service was not able to demonstrate the workforce was planned to enable, and the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. The Assessment Team provided evidence of actions taken by the service in response to the non-compliance and has recommended the service meets this Requirement.

I have considered the Assessment Team’s findings and the evidence documented in the Assessment Team’s report and based on this information, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources. I have provided reasons for my finding under the specific Requirement below.

## Assessment of Standard 7 Requirements*.*

### Requirement 7(3)(a) 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.*

This Requirement was found non-compliant following a Site Audit undertaken from 31 January 2022 to 2 February 2022, as the service was unable to demonstrate workforce numbers were sufficient to ensure consistent delivery and management of safe and quality care and services to consumers.

The Assessment Team’s report for the Assessment Contact conducted on 10 August 2022 described actions taken by the service in response to the non-compliance, which include, but are not limited to, reviewed staff allocations and numbers, and added additional hours where necessary.

The Assessment Team’s report also includes the following information and evidence collected through interviews and documentation, which are relevant to my finding in relation to this Requirement:

* Four representatives considered staffing numbers to be sufficient and felt consumers receive safe and quality care and services.
* Six staff interviewed said there generally are enough staff to provide care and services in line with consumers’ needs and preferences.
* Allocation sheets for a two-week sampled period showed all shifts were filled.
* The service has processes for filling vacant shifts and satisfaction surveys are undertaken to gauge staffs’ thoughts on staffing levels and care delivery.
* Management said call bell response time audits are not regularly conducted, as consumers are unable to use standard nurse call bells, so sensor mats and sensor beams are used. Call bell response times are audited when clinical indicators identify a need, including increased falls, changes in behaviour or receipt of a complaint. Management provided evidence of where this had occurred.

The provider’s response did not address the Assessment Team’s findings in relation to this Requirement.

Based on the information summarised above, I find the service compliant with Requirement (3)(a) in Standard 7 Human resources.

# 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 3 Requirement (3)(a)**

* Ensure staff have the skills and knowledge to:
	+ provide appropriate care relating to medications, skin integrity and chemical restraint;
	+ ensure information relating to consumers’ personal and clinical care needs is documented and effectively communicated to others.
* Ensure policies, procedures and guidelines in relation to best practice care and are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to best practice care.