Bupa Armidale

Performance Report

112 Brown Street
ARMIDALE NSW 2350
Phone number: 02 6776 8000

**Commission ID:** 2551

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Assessment Contact - Site date:** 10 February 2021 to 11 February 2021

**Date of Performance Report:** 20 April 2021

# Publication of report

This Performance Report **may 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Non-compliant |
| Requirement 2(3)(d) | Non-compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | Compliant |

# Detailed assessment

This performance report details the Commission’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 provider’s response to the Assessment Contact - Site report received 9 March 2021.

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Some sampled consumers did not consider that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed said they are informed regarding the care plan, and acknowledged they have some input although they did not feel involved in the process.
* The majority of consumers and representatives said they are aware of a care plan in place for the consumers. Four representatives and one consumer said they were not aware they could have a copy of the plan.
* One representative said the registered staff inform them of their consumer assessment and care plan process, however they are told what is happening and it is not a discussion regarding what the preferences and goals the consumer would prefer.
* Representatives said they are usually informed regarding a consumer incident however, it may not be when it occurs but at a later time. They said they were not aware if the care plan was reviewed and adjusted as needed after incidents.

The Assessment Team also identified that assessment and planning did not adequately consider some risks to consumer’s health and wellbeing or identify their current needs.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team reviewed a sample of consumers’ assessments and care planning documents and identified a number of deficiencies that could compromise the delivery of safe and effective care and services.

The provider has since responded with further information to address some of these deficiencies identified. However, the service has not demonstrated they have undertaken assessment and planning in consideration of the potential risks associated with restraints.

For example, the team identified that consumers beds have been placed alongside the bedroom wall without documentation evidencing it was consumer preference, nor had appropriate risk assessments been completed to ensure consumers are safe. The service has responded that they do not perceive the consumers with beds against the wall as restrained (since they are all due to consumer preference and their movements are not hindered), hence risk assessments were not obtained. They stated they have since had a physiotherapist review the placement of the beds after the assessment, who affirmed that the bed positions do not hinder consumer movement. However, I note there is limited evidence provided that that the service has assessed other risks related to the bed arrangement for these consumers, such as risk of entrapment, trauma from accidently hitting the wall, and other risks that may impact the consumer. These are risks that could occur if a person experiences involuntary movements, confusion, and other symptoms. It is still therefore unclear whether the service has adequately assessed and planned for the risks associated with the bed against the wall arrangement for consumers.

The team also identified that many consumers receiving chemical restraints did not assessment or planning to consider alternative strategies, and they did not have the relevant authorisations completed. The service was informed during the site assessment and they had commenced obtaining authorisation forms. They state most forms required have since been obtained, although the service has yet to detail how assessment and planning related to chemical restraints will be evaluated and monitored in the future to ensure that all risks continue to be adequately considered.

I find this requirement Non-compliant.

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment Team found that the service did not demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.

While management were able to demonstrate advanced care planning and end of life planning is in place for most of the consumers, they were not able to demonstrate assessment and planning is addressing the consumers current needs and preferences. Care plans reviewed demonstrated repeated instances of some consumers who have ‘refused care’ or are ‘non-compliant with care’, but there was no evaluation on the reasons why the consumer did not prefer to have the care, or whether there were other strategies to engage the consumer to ensure their current needs continued to be met.

The approved provider in its response to the Assessment Team’s report has included some further information regarding bed placements, and a continuous improvement plan. However, the information and continuous improvement plan has not addressed staff engagement with consumers when consumers have refused care, explain how the service assesses/evaluates the consumer’s reason for declining care, and plan to ensure the consumer’s needs continue to be met.

I find this requirement Non-compliant.

### Requirement 2(3)(c) Non-compliant

*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.*

The Assessment Team interviewed a sample of consumer representatives who said that staff regularly ring them regarding a consumer’s care, but it mainly involves updates from a nurse. Some representatives said they are not often asked for feedback or given opportunity to discuss what the consumer would like to achieve or their needs and preferences. One representative stated they are not consulted to give consent to medication changes. It is not therefore not evident a partnership occurs between the consumer and/or representatives and the service.

The Assessment Team also identified some circumstances where the service has not included other providers to assess and plan for the consumer. For example, consumers who prefer their bed placed alongside their bedroom wall were not evidenced to have a physiotherapy or occupational therapist assessment to determine their safety.

The provide has responded with further information stating that they will include additional training for care and Registered nurses, they have sent out a notice to representatives and or consumers further inviting collaboration and partnership and will remind staff to undertake a collaborative approach.

I find this requirement Non-compliant.

### Requirement 2(3)(d) Non-Compliant

*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.*

The Assessment Team interviewed a sample of consumers and representatives and the majority of them said they are aware of a care plan in place for the consumers. However, four representatives and one consumer said they were not aware they could have a copy of the plan, and they were not offered a copy of the consumer’s care plan. One representative stated they are told what is in the care plan but they are not invited to discuss what the consumer would like to achieve.

Staff interviewed stated that representatives are offered a draft of their care plan to read and make any changes. However, they could not describe the last time this occurred.

The approved provider’s response explained that the service directs staff to communicate regularly with consumers and representatives and encourages discussion and involvement, and that care plans are always available to consumers and this has been explained to consumers prior. They further state that many consumers and/or their representatives already have a copy of their care plan, and management has identified that their processes could be more effective and has addressed this in their plan for continuous improvement.

I acknowledge that the service regular communicates about care plans to consumers and/or representatives, and this is supported by the consumer/representative interviews. I also acknowledge that the service is of the view they have already explained to consumers/representatives that they can request a copy of their care plan, and many of them already have a copy. However, I have considered that the consumer representatives interviewed indicated they did not share the same awareness, and staff interviewed were not able to describe the last time a care plan was offered to a consumer.

On balance, I find this requirement Non-compliant.

### Requirement 2(3)(e) Compliant

*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.*

The Assessment Team identified that care and services are reviewed regularly however, review of the consumer incident forms, clinical documents and care plans showed that when circumstances change or when incidents impact on the needs, goals or preferences of the consumer, care and services are not always reviewed for effectiveness.

The approved provider in their response to the Assessment Team’s report included additional clarifying information that refuted some of the concerns raised by the report. The approved provider included evidence of documentation that demonstrates a review of care for effectiveness was initiated after incidents or changing circumstances, and regular reviews are conducted every three months irrespective of incidents. Although the Assessment Team had identified some gaps in care even after reviews have occurred, this is best addressed in other requirements.

I find this requirement Compliant.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

The service is unable to demonstrate consumers are receiving the personal care and clinical care that is right for them. The Assessment team identified gaps in the management of consumers relating to restraint management, risk management, and optimising their safety, care and wellbeing.

The Assessment Team also identified issues regarding internal communication regarding a consumer’s condition, as consumer representatives and staff expressed some concerns.

The Assessment team did not assess all requirements for this Quality Standard. However, a decision of Non-compliant in one or more requirements results in a decision of Non-Compliant for the Quality Standard.

### 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.*

The Assessment Team found that the service does not demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

The Assessment Team reviewed care documentation and identified deficiencies in relation to pain and restraint management. There is a recorded example of a consumer being unsettled and needing pain management, but equipment was unavailable for a significant length of period to manage their pain according to their preferred pain management pathway.

Restraint documentation reviewed was also not completed for some consumers’, including authorisations, consents, consultation with stakeholders to explain risks involved, and alternative strategies. For example, many forms related to the use of chemical restraints were not reviewed or signed by an appropriate person, nor did care plans detail other strategies trialled prior to the use of chemical restraints for some consumers. Management staff acknowledged these deficits during the site assessment and commenced notifying medical officers and representatives to complete the appropriate authorisations.

The provider has since responded that the aforementioned consumer in relation to pain management did not have their comfort compromised due to insufficient equipment, as alternative therapies were utilised and the consumer’s pain was assessed with no further action required. The approved provider noted that they will prevent future issues with equipment in the future by tightening their supply pipelines to have ample stock on hand and ensure care is delivered to best practice. However, their response does not detail specifically how the service will ensure management, staff, and documentation will reflect best practice in restraint management in line with their policies and legislation.

I find this requirement Non-compliant.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team reviewed care documentation and found that the service does not demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. For example, the documentation noted an incident involving a consumer trapped in a lift, and the service did not appear to demonstrate timely management, adequate follow up of the consumer’s wellbeing after the incident, an accurate record of the incident, and notification of the consumer’s representative. The management also continued to operate the lift even after it had malfunctioned and was, as the management team explained, was only “intermittently working”. This demonstrated ineffective management of the risk, as others may have become locked in the lift until the lift was deemed unsafe from the executive management team.

The team also identified an instance where a consumer with suspected COVID -19 was not immediately tested, and there were minimal pandemic precautions implemented to ensure the safety of others at the service.

The approved provider submitted a response that refuted and clarified some of the Assessment Teams findings. While I am satisfied that the service has addressed some of the findings, some concerns were still not appropriately addressed at the time of occurrence to indicate effective management of high impact or high prevalence risks.

I have also taken into consideration the other concerns raised by the Assessment team during this site assessment, including evidence of effective minimisation of use of restraint, inconsistent documentation, and engagement of stakeholders when assessing and planning related to risks.

I find this requirement Non-compliant.

### Requirement 3(3)(d) Compliant

*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.*

The Assessment Team found that the management of the service was unable to demonstrate interventions and strategies are in place to manage changes in a consumer’s mental health.

The approved provider in its response to the Assessment Team’s report has provided additional information to demonstrate the steps taken to manage the changes in the consumer’s mental health, and clarified details of the consumer’s circumstances. I am satisfied that they have identified and responded appropriately to the consumers issues.

I find this requirement compliant.

### Requirement 3(3)(e) Non-Compliant

*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.*

The Assessment Team found that the service does not demonstrate that 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.

The Assessment Team identified the consumers documentation is at times not reflective of the consumers current condition and therefore unable to be accurately communicated to staff to guide their practice in the management of consumers care. Furthermore, consumer representatives expressed concerns regarding communication between staff and described it’s impact on their consumers’ care, such as some staff not following the consumers care needs and preferences as per their agreed plans of care.

Staff interviewed explain that they receive handovers between every shift, however, one staff said there was a lack of communication regarding care for one consumer. Some staff could not describe a consumer’s preferred activity. The Assessment Team also sighted the daily handover sheets, and noted they contained limited information.

The provider has since responded that staff have received further training and will improve communication and involvement of consumers and their representatives in progressing their plans of care.

I find this requirement Non-Compliant.

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

The service was able to demonstrate a risk management practice and system in place and has improved their system since this assessment.

Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found that the service does not demonstrate they have effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can.

A review of consumers documentation and interviews identified consumers at high risk associated with their care and the services provided by the service are not managed accordingly.

The provider has since responded by providing information regarding its risk management system and practices and has provided further information in regard to risk management specific to consumers of concern identified by the Assessment Team. They have also outlined further risk management systems and practices they have implemented since the assessment, and further training has been provided to staff.

I am satisfied the service demonstrates an effective risk management system, and while the service still has some concerns that require addressing in relation to managing high impact or high prevalence risks, these are best administered under Requirement 3(3)(b).

I find this requirement Compliant.

# 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.

### 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.*

* Demonstrate that assessment and planning considers all risks in relation to consumers, particularly risks associated with the use of restraints

### 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.*

* Demonstrate that assessment and planning addresses a consumer’s current needs, including consideration of circumstances where a consumer has declined care

### Requirement 2(3)(c)

*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.*
* Demonstrate that assessment and planning 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.
* Ensure documentation reflects this involvement and input of consumer and their representatives.

### 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.*

* Ensure consumers and/or their representatives are given a copy of their care plan or are made aware that they can request a copy of one, and this is documented.

### 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.*
* Demonstrate that care is appropriate, safe and unique to each consumer’s needs, and that it is reviewed and evaluated in a timely manner. Staff are trained, equipped and supported in best practice in assessment and planning, and identification of risk. Ensure strategies are effectively documented.

### Requirement 3(3)(b)

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

* Demonstrate that high impact and high prevalence risks are identified and monitored with staff equipped and supported in best practice in relation to minimisation of use of restraint, correct use of clinical documentation, and the engagement of relevant stakeholders in assessing and strategizing risks to the consumer.

### 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.*

* Ensure information about consumers condition, need and preference is accurately documented and communicated within the organisation, and that staff can demonstrate they use the information to deliver care to a consumer.