Bupa Campbelltown

Performance Report

1 Steele Street
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Phone number: 08 8337 2000

**Commission ID:** 6089

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

**Assessment Contact - Site date:** 24 November 2021

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

# Performance report prepared by

Michelle Glenn, 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 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(b) | 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 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 consumers, representatives, staff and management
* the provider’s response to the Assessment Contact - Site report received 14 December 2021
* the Performance report dated 7 May 2021 for the Site Audit conducted 11 March 2021 to 12 March 2021.

# STANDARD 2 Ongoing 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

The Assessment Team assessed Requirements (3)(b) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirements (3)(b) and (3)(e) in this Standard. These Requirements were found Non-compliant following a Site Audit conducted 11 March 2021 to 12 March 2021 where it was found:

* advance care planning and end of life planning processes were not effectively implemented. Information relating to consumers’ end of life and palliative care goals, needs and preferences was not routinely captured and available to staff to ensure care and services were provided in line with consumers’ wishes in the palliative phase; and
* consumer care plans, specifically falls management strategies and risk assessments, were not routinely reviewed to ensure care plans were up-to-date, reflective of consumers’ current care and service needs and continued to meet consumers’ current needs, safely and effectively.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirements (3)(b) and (3)(e) met.

The provider’s response included further clarification/detail of the evidence presented in the Assessment Team’s report. Additionally, the response highlighted actions implemented in response to the Assessment Team’s report to further imbed improvements, and demonstrated a commitment to continuous improvement.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Requirements (3)(b) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers. I have provided reasons for my findings in the specific Requirements below.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(b) 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 service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 11 March 2021 to 12 March 2021 where it was found advance care planning and end of life planning processes were not effectively implemented. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provided training and education sessions to clinical staff relating to advance care planning, end of life and palliative care with the aim of enhancing staff skills and knowledge.
* Developed an initial Palliative care wishes care plan to direct staff to advance care directives information. This will be used with care planning to build a person-centred end of life preference picture.
* Reviewed End of life and palliative care plans and implemented an end of life care review audit to identify areas for improvement; no significant issues were identified.
* Support provided to Registered nurses to initiate discussions with consumers and/or their representatives during monthly Resident of the day processes to ensure consumers’ wishes, needs and preferences remain current.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* All six consumers and four of five representatives were satisfied care plans reflected consumers’ needs and preferences and stated staff discuss care plans with them on a regular basis.
* Two representatives stated they had been consulted in relation to consumers’ end of life needs, goals and preferences which addressed their wishes.
* All care files sampled included an advance care plan signed by the consumer and/or their representative and the Medical officer. These documents had been reviewed annually, when circumstances changed or on request from the consumer and/or representative.
* All care files sampled included documented end of life wishes. Progress notes for three consumers demonstrated end of life wishes had been adhered to.
* Three care files sampled for consumers who had recently passed included a comprehensive palliative care assessment detailing end of life needs, goals and preferences.
* Care and clinical staff described what was important to consumers in relation to how their personal and clinical care is delivered. Management stated monthly Resident of the day and care plan reviews inform how the service meets the needs, goals and preferences of consumers.
* Staff described how end of life and advance care planning is approached with consumers and representatives, taking into account any sensitivities, such as cultural preferences, and said discussions are held on entry, when needs change and at care plan reviews.
* Policy and procedure documents relating to palliative care and end of life are available to guide staff in the delivery of consumers’ care.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers.

### 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 service was found Non-compliant with Requirement (3)(e) following a Site Audit conducted 11 March 2021 to 12 March 2021 where it was found consumer care plans, specifically falls management strategies and risk assessments, were not routinely reviewed to ensure care plans were up-to-date, reflective of consumers’ current care and service needs and continued to meet consumers’ current needs, safely and effectively. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Education and guidance provided to Registered nurses relating to the organisation’s falls work instruction and processes.
* Introduced a worksheet to guide staff in post falls management processes, ensuring staff are aware of what stage consumers are in during their shift.
* Fall incidents and data are monitored to ensure staff are effectively reviewing current strategies and monitoring effectiveness of newly implemented strategies.
* Training provided to staff relating to Stop and watch to ensure staff can identify and escalate concerns. All Registered nurses received training on falls prevention and management.
* A falls training questionnaire was provided to Registered nurses to assess competency relating to the falls assessment process.
* Revised the organisation’s Falls work instruction, with a step-by-step guidance tool introduced for staff reference.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Three of four representatives said the service informs them when circumstances change, or when incidents occur impacting on consumers' needs, goals and preferences and confirmed staff have discussed consumers’ care plans with them.
* Two consumers said staff communicate when their care needs change or when things go wrong. Additionally, the consumers stated when they have experienced pain or had concerns about their health, staff are quick to respond to their needs and, if required, arrange Medical officer or external provider reviews.
* Care files sampled for six consumers demonstrated review on a regular basis and when circumstances change, or incidents occur. Where incidents, such as falls and weight loss had occurred, additional monitoring had been commenced, reassessments, including in relation to risk had occurred, management strategies reviewed and/or new strategies implemented, care plans updated and input from Medical officers and/or allied health specialists initiated.
* A care plan and Resident of the day schedule is maintained to ensure reviews are undertaken within required timeframes. Three consumer files sampled demonstrated Resident of the day reviews had occurred in line with the service’s processes.
* Clinical staff described reassessment processes in line with internal policies and procedures, including when incidents occur, when circumstances change and when scheduled reviews are required.
* Three clinical staff provided examples of strategies implemented for sampled consumers identified as high risk of falls or weight loss.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# STANDARD 3 Personal 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)(b) in Standard 3 Personal care and clinical care as part of the Assessment Contact. All other Requirements in this Standard were not assessed and, therefore, an overall rating of the Standard is not provided.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted 11 March 2021 to 12 March 2021 where it was found high impact or high prevalence risks associated with the care of each consumer, specifically falls management for two consumers, were not effectively managed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Site Audit and have recommended Requirement (3)(b) met.

The provider’s response included further clarification/detail of the evidence presented in the Assessment Team’s report. Additionally, the response highlighted actions implemented in response to the Assessment Team’s report to further imbed improvements, and demonstrated a commitment to continuous improvement.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and based on this information, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care. I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Compliant

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

The service was found Non-compliant with Requirement (3)(b) following a Site Audit conducted 11 March 2021 to 12 March 2021 where it was found high impact or high prevalence risks associated with the care of each consumer, specifically falls management for two consumers, were not effectively managed. The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Education provided to staff relating to falls prevention and management. Further training sessions were held with the Physiotherapist to focus on improving Registered nurses’ skills in developing appropriate falls management strategies.
* Fall incidents and data are monitored through an electronic risk management system to ensure staff are effectively reviewing current strategies and the effectiveness of newly implemented strategies are being monitored.
* A falls investigation tool is in use which guides staff in post falls management procedures. The tool was noted to have been utilised for consumers who had sustained two or more falls in a one-month period or consecutive falls over three months. Staff had identified and documented potential causative or contributing factors, evaluated the effectiveness of current strategies and implemented further interventions where appropriate.

The Assessment Team provided the following evidence and information collected through interviews, observations and documents which are relevant to my finding in relation to this Requirement:

* Six consumers and five representatives sampled confirmed consumers receive the care they need and were satisfied with how the service manages consumers’ individual risks, including in relation to management of medications, falls, wounds, skin integrity and pain.
* Four care files sampled demonstrated consumers had been assessed for high impact or high prevalence risks on entry. Validated risk assessments, including for falls and pressure injuries, had been used to inform service delivery and were reflected in care plans. These assessments had been reviewed following an incident, such as a fall or identification of a wound.
* Where high impact and high prevalence risks had been identified, staff had implemented strategies, evaluated the effectiveness of interventions and initiated referrals to Medical officers and allied health specialists where required. Care files sampled demonstrated identification, management and review of risks relating to behaviours of concern, pressure injuries, falls, malnutrition, choking and weight loss.
* Two care, one lifestyle and three clinical staff sampled were knowledgeable about sampled consumers’ high impact or high prevalence risks and could detail how they identify, assess, and manage such risks.
* All care and clinical staff sampled confirmed they are notified of new, emerging, and existing high impact or high prevalence risks through handover processes, meeting forums and the high risk register.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.