Bupa Dural

Performance Report

1 Stonelea Court
DURAL NSW 2158
Phone number: 02 9653 9600

**Commission ID:** 0570

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

**Assessment Contact - Desk date:** 17 November 2021 to 19 November 2021

**Date of Performance Report:** 21 December 2021

# Performance report prepared by

G Cherry, 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 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Non-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 - Desk; the Assessment Contact - Desk report dated 17 November 2021 was informed by a telephone contact, observations and review of documents and interviews with staff, representatives and others
* the provider’s response to the Assessment Contact - Desk report received 10 December 2021
* Performance report dated 26 February 2021
* Information received by the Commission from members of the public.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The service demonstrated effective systems to manage complaints and employ open disclosure principles. Management and staff demonstrate an understanding and application of open disclosure processes.

Consumer representatives interviewed consider overall, appropriate action is conducted when complaints are made and/or things go wrong.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Sampled consumer representatives generally gave positive feedback in relation to actions taken by the service in response to complaints, and their practise of open disclosure principles. Representatives gave examples of positive outcomes where feedback had been provided to the service. Some representatives expressed dissatisfaction that details of a reportable incident had not been fully disclosed to them.

Management and staff demonstrated an appropriate understanding of complaints management including the open disclosure procedures required and gave examples of instances where this had occurred. Management detailed recent actions implemented to ensure complaint management is effective including staff education, increased communication with consumers and representatives, capturing all complaints to enable analysis and trending, changes to processes and increased exposure to feedback forms as a visual prompt for consumers and representatives to provide feedback/suggestions.

Documentation review detailed policies and procedures are in place to guide staff. Education records demonstrated the service has undertaken open disclosure training and complaints documentation demonstrated feedback is consistently recorded.

The provider did not respond to the evidence bought forward by the Assessment Team in relation to this requirement.

On balance, I consider the provider has demonstrated effective systems. Consideration has been given to the satisfaction of most consumer representatives interviewed.

I find this requirement is compliant.

# 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

Overall, consumer representatives are satisfied staff provide quality care and services. The service demonstrated multiple mechanisms to monitor and ensure staff performance and appropriate capabilities.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The service demonstrated multiple processes to monitor and review staff performance to ensure they display appropriate competencies and skills. The service demonstrated the workforce is recruited, trained, equipped and supported to deliver safe and appropriate consumer outcomes. Staff said appraisals are conducted. Clinical staff said they feel supported to improve/enhance their performance and professional development and feel comfortable asking for additional training and education. They advised of participation in annual skills and core competency assessments and new staff described the induction program. All staff interviewed advised knowledge of the core skills and required accountabilities for their role and expressed confidence in achieving these.

Documentation review detailed an effective monitoring process to ensure completion of staff appraisals and competencies. Policy documentation guides staff in this process; handbooks and position descriptions detail roles, responsibilities and accountabilities.

The Assessment Team identified some inaccuracies in documentation, however on balance, consideration is given to the service’s demonstration of regular assessment and monitoring of staff performance.

I consider this requirement is compliant.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### 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

The service demonstrated effective organisational governance systems to ensure a consumer-centric approach. Management demonstrated commitment to ensuring accountability for quality care and services relating to information management, continuous improvement, financial and workforce governance, feedback and complaints and most aspects relating to regulatory compliance.

The service did not demonstrate appropriate categorisation of incidents reported under the Serious Incident Reporting Scheme (SIRS).

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Non-compliant

*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.*

The service demonstrated effective organisational governance systems relating to information management, continuous improvement, finance, workforce, feedback/ complaints and aspects of regulatory compliance and how these systems are applied. Organisational leadership is evident in the running of the service and development of processes to monitor care is provided in accordance with the Quality Standards.

The service provided examples of consumer and representative engagement in decisions relative to individual care and services and demonstrated consumer involvement in continuous improvement. The Assessment Team observed documentation, and management and staff demonstrated opportunities are identified and used to drive continuous improvement.

Management explained the service was currently in the process of migrating paper-based consumer documentation to an electronic platform. They explained a capital expenditure approval system and processes for gaining approval for budget changes and seeking additional expenditure. Effective systems ensure the workforce is recruited, trained, equipped and supported to deliver safe and appropriate consumer outcomes.

Management and staff generally demonstrate knowledge of systems in place relating to regulatory requirements, feedback and complaints processes, risk management systems and the process for escalating issues of concern.

The Assessment Team observed documentation in relation to organisational clinical and risk management frameworks, noting a variety of policies and procedures to support both frameworks.

Changes to regulatory compliance obligations are communicated to management and staff on a regular basis. Processes ensure adherence to Public Health directives relating to the COVID-19 pandemic.

There is a process to ensure all staff receive Serious Incident Reporting Scheme (SIRS) training, incidents are electronically recorded and documentation guides staff in completing incident reporting. Organisational staff are accessible to support management of SIRS and adherence to regulatory compliance obligations.

The service did not demonstrate appropriate categorisation of incidents reported under the Serious Incident Reporting Scheme (SIRS) consistently occurs. The Assessment Team identified reportable incidents involving two consumers were not appropriately entered into the organisation’s incident management system nor appropriately categorised, which subsequently resulted in non-reporting within required timeframes.

In their response the provider acknowledged a deficit in recording within the incident management system and have subsequently rectified this error. Upon further reading of the SIRS guideline documentation detailing the required reporting criteria between classification of priority 1 and 2, the provider acknowledged a misunderstanding of the relevant requirements, and error in categorisation (and subsequent reporting timeframe). The provider advised of subsequent alteration to organisational guidance documentation and processes, and additional education provided to ensure further errors do not occur.

The provider demonstrated multiple organisational processes, including education sessions and monitoring practices in relation to SIRS, and immediate review of legislative guidance documentation to ensure ongoing understanding.

I acknowledged the volume of work undertaken by the organisation however, in this instance, the service did not demonstrate appropriate categorisation and reporting timeframes occurred.

I find this requirement non-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.

*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.*