Bupa Mt Sheridan

Performance Report

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**Commission ID:** 5721

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

**Assessment Contact - Site date:** 22 July 2020 to 23 July 2020

**Date of Performance Report:** 24 August 2020

# 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) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 20 August 2020.

# STANDARD 2 NON-COMPLIANT 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 did not assess all Requirements in Standard 2, therefore an overall summary is not provided.

The Quality Standard is assessed as Non-compliant as one of the two specific requirements have been assessed as Non-compliant.

## 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.*

Assessment and planning processes are not effective in identifying risks to consumers in relation to wound management and restraint usage. The Approved provider is not able to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, relating to restraint and wound management is accurate and consistently informs the delivery of safe and effective care and services.

I have reviewed the Assessment Team’s report and the written response from the Approved provider in order to make my decision relating to this Requirement.

The Assessment Team identified care planning documentation did not demonstrate comprehensive assessment and planning has been undertaken to inform safe and effective care and services for all consumers sampled. For a named consumer, progress notes indicate the consumer had clear fluid leaking from their back and the condition of their skin has worsened. The Assessment Team noted wound care documentation had not been commenced following the deterioration in the consumer’s skin integrity. The Approved provider has stated the skin assessment for the consumer contains information relating to the consumer experiencing a rash and dry itchy skin, however, there was no evidence to support the rash had developed into a wound, requiring assessment. I do not agree with the Approved provider, fluid leaking from a rash is evidence the consumer’s skin is not intact and would require regular monitoring. The Approved provider did not evidence any further monitoring occurred in relation to the rash which was leaking fluid requiring a daily change of bed linen, until a medical officer reviewed the consumer three days later and noted ‘some areas of skin breakdown’ and ‘excoriation’, and the consumer was prescribed a steroidal and antifungal cream to treat the area. Regardless of the area of skin being classified as a wound, any interruption to a consumer’s skin integrity should be closely monitored and assessed for potential deterioration.

The Assessment Team identified for another named consumer had a bed pole installed with a lack of assessment relating to the safety and suitability of the equipment. The Assessment Team also identified a call bell attached to the bed pole had hit the consumer on the forehead, and an incident form had not been completed following this event. The Approved provider has noted the consumer was assessed by a physiotherapist following feedback from the Assessment Team, and the bed pole was found to be unsuitable for the consumer and was removed. It is my decision that an initial assessment had not occurred in consideration of the risk to the consumer’s health and well-being in relation to the use of the bed pole, nor had an assessment occurred following an adverse event caused by the bed pole.

The assessment of risk for a third named consumer had not been considered following the consumer returning from hospital after numerous falls. Hospital directives had not been identified or captured in care planning documentation to prevent the consumer from further falls. The Approved provider updated assessments and care planning following the identification of the deficiency by the Assessment Team. While there is no evidence to support the consumer has sustained a fall due the lack of current care directives in relation to the mobility support required, the lack of updated care planning and assessments, do not support an effective assessment and planning process.

While the Approved provider took immediate steps to address the risk identified for the three named consumers, and the Approved provider has committed to ‘taking on the challenge’ to demonstrate comprehensive assessment and planning. it is my decision that assessment and planning processes have not given consideration to risk for consumers.

### 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.*

For the consumers sampled, care planning documents generally details the individuals’ current goals, needs and preferences. Care documents include advanced care planning and end of life planning.

Consumers and representatives advised staff had discussed their end of life wishes, advanced health directives or statement of choices for the consumer residing at the service. Consumers and representatives said they are happy with the way in which the consumer’s care and services are delivered and felt the staff were aware of their goals, needs and preferences.

Care staff advised if they notice any changes in the consumer they advise the registered staff immediately. Care staff could describe what is important to the consumers sampled in terms of how their personal and clinical care is delivered, including their needs, goals and preferences which is documented in their care plans.

The Assessment Team confirmed through review of consumers’ care documentation that care plans had been evaluated within the last three months and generally reflect the consumer’s current care goals, needs and preferences. Management advised staff have access to end of life care guidelines and confirmed staff conduct end of life discussions with consumers and representatives as per policy. Care staff consistently demonstrated they were aware of consumers’ personal preferences, clinical care needs, and health goals. Consumer information was accessible via consumer care plans, handover documentation and verbal discussions with registered staff and representatives. Registered staff confirmed consumers and their representatives are offered an opportunity to complete an Advanced Health Directive or Statement of Choice when they enter the service.

# 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 did not assess all Requirements in Standard 3 and therefore an overall summary is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 recommended this Requirement was not-met, I have come to a different decision to the Assessment Team. I have placed the weight of the evidence gathered by the Assessment Team in making my decision that Standard 2 Requirement (3) (a) is non-compliant. It is my decision that consumers are receiving safe and effective care, however assessment and care planning processes are not effective.

The Assessment Team identified monitoring processes for two named consumers requiring physical restraint were not evident. In reviewing the Approved provider’s commitment to instigating regular monitoring checks of the consumers and the removal of unsuitable equipment, it is my decision the two consumers are receiving safe and effective care. The Assessment Team identified wound care documentation is inconsistently recorded, however I have noted wounds are healing and pain management processes have been considered.

Care staff interviewed by the Assessment Team confirmed if they had any concerns in relation to care provided to consumers, they would report it to the registered nurse. Registered staff said they are provided with relevant training on deliverance of safe and effective care for consumers. Registered staff stated if they were unsure of how to deliver specific safe and effective care for consumers, they have access to policies and training documents and would contact management for advice and clarification of any issues. Care staff interviewed confirmed they were able to access care plans to ensure care they provide to consumers are in line with consumer’s needs, goals and preferences.

It is my decision; this Requirement is compliant.

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

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

Consumers’ care planning documents detailed consumer’s advanced care planning information and end of life preferences. Review of care planning documents for consumers identified the Approved provider produces palliative care plans which reflects their needs, goals and preferences when they approach the end of their life.

The Assessment Team reviewed documentation for a previous consumer who was being provided with palliative care, identified pain management, comfort and dignity was being monitored and delivered to the consumer, with spiritual support and family members involved in case conferences. Consumers and representatives interviewed confirmed staff had spoken to them about advance care planning and end of life preferences.

Registered and care staff described how they support consumers who were nearing the end of life and gave examples of interventions, such as mouth and eye care, repositioning and pain management to be delivered to maximise comfort and dignity. Registered staff confirmed when case conferences are conducted with consumers and their family members, end of life care planning preferences are discussed.

The Approved provider has policies and procedures relating to end of life care and advanced care planning and has access to palliative care services to support consumers during end of life. Education records confirmed palliative care training is implemented in the education calendar for registered staff and care staff.

### Requirement 3(3)(e) 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.*

Care documentation provides adequate information to support safe and effective care. Review of clinical documentation demonstrated progress notes and care plans evidenced information recorded in relation to consumer’s needs and preferences. Care documentation is accessed by Medical officers and allied health specialists who provide updated information in the computerised system to communicate care needs and preferences for consumers.

Staff discuss consumer’s clinical and personal care needs at handovers, case conferences, regular consumer monthly reviews, clinical meetings and staff meetings. Staff have access to a handover documentation. Registered nurses and care staff described the handover process for sharing information regarding consumers’ needs and preferences. Staff are able to describe how the Approved provider provided enough information at each handover to ensure staff were informed of any changes in a consumer’s condition or care needs. Review of consumer files demonstrates registered staff notify the consumer’s Medical officer and their representatives when the consumer experiences a change in condition or is transferred to hospital.

# STANDARD 8 Organisational 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 Assessment Team did not assess all Requirements in Standard 3 and therefore an overall summary is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) 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.*

Staff demonstrated how they access consumer and organisational information to inform their practice and, this includes hard copy, electronic and verbal information.

The service maintains a register of quality improvement activities, which is monitored by management and senior quality staff on a monthly basis. Improvements are identified through the service’s review of incidents, audits, feedback and via the complaint communication channel.

Management explained the Approved provider has an operational budget which incorporates contingency funds to allow the service to undertake responsive purchasing to maintain operations and consumer care. Out-of-budget expenditure is approved by the state manager and tracked by senior management. Clinical staff advised they can purchase stock such as wound dressings and other clinical items sufficient to meet consumer needs.

Management advised they monitor staffing levels and allocations-based occupancy levels, incidents, call bell reports and clinical audits. Workforce activity and changes are reported to the quality management team and monitored by senior management across the geographical district.

Management explained the Approved provider’s quality team monitors and communicates changes to legislation, update organisational policies and procedures and communicate operational changes to the service. The Approved provider distributes communications to staff through memos and staff meetings which include clinical analysis and performance, updates and changes to legislation, mandatory training and digital links to toolbox education resources. The Approved provider has quality management processes, to monitor compliance with policies and procedures, which includes the recording of reportable assaults and clinical audits. Clinical management review progress notes, incident reports and rely on staff feedback to identify instances of assault and subsequent use of the mandatory reporting protocol.

The Approved provider has a digital and paper-based feedback mechanism, which is captured in an electronic complaint register. This register can be accessed by management and senior quality staff, and a review of the records demonstrate all entered records are followed up and responded to by management, with documented actions and outcomes. The Approved provider’s Clinical Governance Framework demonstrates the used of the principles of open disclosure to guide the process of complaints, which is reflective in the services response to complaints received.

# 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.

* Assessment and planning processes are to include the consideration of risk to the consumer.