Bupa Tamworth

Performance Report

68-74 Bligh Street   
TAMWORTH NSW 2340  
Phone number: 02 6764 6300

**Commission ID:** 0513

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

**Site Audit date:** 17 March 2020 to 19 March 2020

**Date of Performance Report:** 20 April 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

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-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)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Non-compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | 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 Site Audit; the Site Audit 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 Site Audit report received 14 March 2020.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

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, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall most sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

* Sampled consumers said they are treated with respect and the staff are kind and caring. Consumers said the staff respect their backgrounds, values and diversity.
* Sampled consumers mostly said they make decisions about their care and the way it is delivered.
* When asked if there was anything they wished to do but have not been allowed to do, most sampled consumers said there wasn’t. Consumers said they are supported to live the best life they can.
* Consumers sampled said they receive information to help them exercise choice. They said information is given in a way they can understand.
* Consumers sampled said staff respect their personal privacy.
* Interviews with care staff, lifestyle staff and management identified staff know consumers’ backgrounds, needs and preferences regarding their dignity and choice.
* Care planning documentation demonstrates consultation around the way care and services are delivered including choices and maintaining relationships.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# 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

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.

Overall sampled consumers and representatives considered that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

* Consumers and representatives interviewed confirmed they are now involved in assessment and care planning at the service. This is a change implemented recently and they acknowledged that previously they did not know they could access their care plans.
* Sampled consumers and representatives advised they are regularly informed regarding the outcomes of assessment and planning. Representatives advised they have recently been given access to their consumers’ care plans to review and suggest changes.
* One representative advised that while her husband’s care plan is written in the first person, she doesn’t understand where the information came from. This is because her husband has a brain injury and vascular dementia and so could not have specified the things that the care plan states he wants and needs. She intends to follow up with the service regarding this.

On review of care planning documentation, the Assessment Team found registered/enrolled nurses review care planning documentation every three months and as needed according to the organisation’s protocol. Providers and staff involved in care of consumers have ready access to care plans in nursing stations throughout the service. Sampled care plans were found to address consumers’ needs, goals and preferences in line with consumer’s stated needs and preferences.

The Assessment Team found that when consumer condition changes or when prescribed needs are updated by providers, they are not always reflected in care planning. For example, speech pathology recommendations regarding medication consistency. While documentation was found in progress notes to reflect a change in health status or well-being of one sampled consumer, the care plan was not updated to reflect the documented changes. Refer to Standard 2 Requirement (3)(e) for further information regarding these findings.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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.*

### Requirement 2(3)(c) 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.*

### Requirement 2(3)(d) 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.*

### Requirement 2(3)(e) Non-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 found that when a consumer’s condition changes or there are prescribed alterations to care this is not always reflected in care planning documentation. While assessment and planning measures are in place for consumers who fall or when incidents occur such as challenging behaviours, follow up of prescribed changes does not always occur.

In their response the approved provider submitted information about consumers sampled by the Assessment Team. The approved provider acknowledged that the care plans identified by the Assessment Team were not updated appropriately and immediately corrected the care plan. They reported that they have reflected on processes to ensure these gaps are identified and rectified by Care Staff in future. The consumers identified in the site audit report have been reviewed, a document review attended with strategies set in place to rectify any gaps and improvement processes for a sustainable improvement implemented.

The approved provider does not comply with this requirement as it does not demonstrate at the time of the assessment of performance that care and services are appropriately reviewed for effectiveness and when circumstances change.

# STANDARD 3 NON-COMPLIANT 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

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.

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

For example:

* Sampled consumers and representatives confirmed they get the care and services they need. Specifically, one consumer stated, staff at the service are great to him, and his doctor visits regularly. Another consumer’s representative advised staff are attentive to his needs and acknowledged he has been reviewed by Dementia Services Australia and currently sees a surgeon for a lesion on his head.
* Sampled consumers and representatives advised they are able to access medical officers and other health professionals when they need it. Specifically, one consumer agreed he has access to a physiotherapist as he wishes.
* The representative for another consumer advised care and nursing staff did all they could in the final days of her life to keep her comfortable and pain free.

Generally, care and service provision to consumers is consistent with assessment and planning with some exceptions as outlined below. The service has demonstrated that it manages consumers receiving palliative care within a structured pathway. Registered nurses demonstrated they recognise and manage care of consumers with acute decline in health. Management demonstrated they have recognised deficiencies in medication management and addressed this with medication administering staff by providing further targeted and topic specific training.

The Assessment Team found however, that care and services are not always tailored to the needs and requests of consumers to optimise their health and well-being; For example, when a consumer has requested foods be pureed but receives normal texture and cut-up food.

The Assessment Team identified deficiencies in the flow of information through the service. For example, where medical officers or allied health providers prescribed treatments or specific levels of care these were not always actioned, resulting in actual or potential negative outcomes for consumers.

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

### 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 care and services are not always tailored to the needs of consumers to optimise their health and well-being. Documentation regarding maintenance of oxygen concentrator for one consumer could not be located despite it being present during an audit conducted by management prior to this site audit. Where consumers have specific needs or behaviours, they are not always documented on care planning documentation.

In their response, the approved provider submitted information about the sampled consumers to address the issues raised by the Assessment Team. This includes wound management, diabetic management, continence management including colostomy & catheter management and management of consumers with allergies. While I’ve considered this information in forming my view, I am not satisfied that this constitutes compliance at the time of the site audit. The Approved Provider acknowledges that the Assessment Teams review of documentation, including progress notes, care plans and other relevant clinical documentation revealed the service does not always demonstrate consumers care is consistently tailored to their needs to optimise their health and well-being. The approved provider reported actions taken following the site audit to improve the clinical documentation. Several audits were conducted to identify gaps, review the process and improve the documentation.

The approved provider does not comply with this requirement as it does not demonstrate that it delivers safe and effective personal and clinical care to consumers which is best practice, tailored to their needs and optimises their health and well-being.

### 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 found that while the service and organisation have a robust system in place to track and monitor clinical risks, the Assessment Team found key risks are not always identified in care planning documentation. Not all details of specialist recommendations or referrals were consistently being followed. Staff demonstrated a lack of awareness regarding risk to consumers who display swallowing difficulties.

In their response, the approved provider submitted information about sampled consumers and actions taken to address the issues raised by the Assessment Team. The approved provider accepts the teams finding that whilst the Service and the organisation have a robust system in place to track and monitor clinical risks, the Assessment Team were able to find some risks not always identified in care planning documentation. The approved provider reports that care plans have been reviewed following the site audit and all identified residents care planning has been amended and updated. Staff education has been provided to assist staff in identifying gaps in documentation and improving their awareness in regard to clinical risks.

The approved provider also acknowledges that not all details of specialist recommendations or referrals are being followed. Since the site audit, all specialist notes and referrals have been reviewed to ensure the recommendations are followed and directives addressed through care planning.

The approved provider does not comply with this requirement as it does not demonstrate that high prevalent high impact risks associated with the care of consumers is appropriately managed.

### 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.*

### 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.*

### 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 identified deficiencies in the flow of information through the service. Where medical officers or allied health providers prescribed treatments or specific levels of care these were not always actioned, resulting in actual or potential negative outcomes for consumers.

In their response the approved provider stated that although the Assessment Team identified in the gaps in documentation, it was acknowledged that the home has identified an area for improvement in communication at handover and this has recently been implemented. The new handover sheets contain recent photographs of each resident, current diagnosis and allergies also care requirements including weights, wounds and linen change. The approved provider stated that this improvement has enhanced communicated within the home, and with others where responsibility is shared.While I accept improvements have been made at the service concerning this requirement, I am not persuaded by the information provided by the approved provider, that they were compliant at the time of the site audit.

The approved provider does not comply with this requirement as it did not demonstrate at the time of the site audit that information about consumers condition, needs and preferences is adequately documented and effectively communicated within the organisation and with others where care is shared.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

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 – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The Assessment Team also examined relevant documents.

Overall sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

For example:

* Consumers interviewed confirmed they are supported to do the things they want to do and are encouraged to maintain their independence. They said staff are kind and supportive and provide individual emotional support as needed.
* Consumers confirmed they are supported to participate in their community within and outside the organisation’s service environment, to have social and personal relationships and to do things of interest to them. The service supports individuals to go out of the service as they choose and organise outings for consumers to go out into the community. Community groups are invited to come into the service to provide activities and engage the consumers. Visitors are welcome at the service. There is an activities program with a variety of group activities run in the service to support consumers leisure interests and social needs.
* Consumers interviewed were generally satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

Overall sampled consumers considered that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed the service environment is welcoming and they feel at home at the service. The service environment provides both private and communal space to cater for consumers personal and social needs and support their sense of belonging, independence, interaction and function.
* The service is decorated with paintings and photographs of scenes from the local district to help create a sense of belonging and consumers had personalised their own rooms.
* Consumers interviewed confirmed the service is clean and well maintained and they can move freely within the facility and outdoors.
* The service environment was observed to be safe, clean, well maintained and comfortable. Consumers were observed to have free access to indoor and outdoor areas. There are systems in place for the cleaning and maintenance of the service environment and to ensure it is safe.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT 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

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 – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

For example:

* Sampled consumers are generally comfortable to raise concerns and said they are confident action would be taken.
* Most sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.
* Consumers/representatives said they are offered opportunity to raise concerns at case conferences. Consumers are generally aware of feedback forms and said they could raise issues with staff.
* The Assessment Team spoke with consumers/representatives who had recently raised concerns with the service. Consumers are satisfied the service responded appropriately and the quality of care and services has improved.
* The organisation has a documented complaints management process available to staff and management outlining responsibilities.
* Staff and management have received training in feedback and complaints management processes.
* Management described how complaints are being documented, trended and analysed to improve care and services provided. Improvements have been made regarding complaints’ oversight and responsibilities.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

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

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

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Most sampled consumers considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

* Feedback from consumers indicated they felt staff were kind and caring in their interactions. This was also supported by comments from representatives.
* Positive feedback was received from consumers regarding staff members knowledge and competency to effectively perform their roles. Consumers said they generally felt confident staff knew what they needed to do.
* The Assessment Team received mixed feedback from consumers and representatives regarding the adequacy of staffing levels. Some consumers indicated they had no issues with staffing whilst other consumers and representatives provided examples of delays in the provision of care. For example, delays in being taken to the toilet due to the need to find two staff members to assist with lifting equipment.
* The service, following a site audit in October 2019, has increased cleaning and laundry hours as well as providing an additional registered nurse on the weekend day shift to provide improved clinical oversight. A review of day sheets indicated that most shifts vacancies have been replaced.
* Feedback from some consumers and some representatives indicated their concerns regarding the staffing levels impacting upon the delivery of care to themselves or their family member. This included delays in staff being able to take consumers, who require two staff members to assist them, to access the toilet. One consumer who wanted to shower later in the morning felt they needed to fit in with staff.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

## 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.*

The Assessment Team found that whilst management has systems in place to manage the employment of staff including replacement of vacant shifts and ensuring a mix of staff to the various areas of the service, this was not reflected in the feedback from some consumers and some representatives. In interviews with consumers and representatives they identified concerns regarding staffing levels which they felt impacted upon the provision of care. For example, this included one consumer being left for an extended period on a toilet and other comments regarding waiting times to find enough staff for a two person assist to enable the consumers to access a toilet.

In their response the approved provider submitted information about its staffing composition. This supports that there are an adequate mix of and number of staff. The reported additional clinical, management and administration staff at the service when compared with other Bupa homes of a similar size. They reported that all key leadership staff are fully covered by permanent qualified staff. They added that Cleaning and laundry hours have been increased by in excess of 30 hours per week as well as a second part time maintenance officer employed to improve maintenance systems and to confirm that there are no outstanding maintenance concerns. It is unclear however whether this was at the time of, or since the site audit. Despite the reduced number of residents when compared with their full capacity, the home has not reduced approved hours on the master roster, rather hours have increased to ensure all staff are able to attend training and perform their duties with the care and dedication required. The CCM reviews the allocation daily and reallocates staff to most needed areas where resident care needs are more demanding and urgent. Additional care hours have been added to roster in Carthage community to compensate for the increased resident care requirements with the relocation of the Burnside community. The additional hours have been noted to contribute to better time management, maintenance infection control rates at a low level and assist with orientation of residents in their new environment

The approved provider does comply with this requirement as it does not demonstrate that there is an adequate number and mix of workforce deployed to enable the delivery of safe and quality care and services.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

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

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

# STANDARD 8 NON-COMPLIANT 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

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).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

* Feedback from consumers generally indicated they felt the service was well run.
* One consumer could recall being involved in the interview process for a new staff member.
* The organisation provides oversight across a range of management system as part of the organisational governance program. This includes undertaking audits and surveys to monitor the performance of individual services within the group. The service provides information to senior management across a range of clinical areas to enable management to monitor any trends. This in turn enables management to develop and implement strategies to minimise risks to consumers.
* Whilst the organisation has systems in place to manage clinical governance information management is not being managed effectively. Staff are not always able to access current information through the handover process as these are not being held consistently and in a timely manner. Clinical information is not being accessed by key staff which has had an impact on the care and services being received by some consumers. For example, one consumer was not referred to a speech pathologist as staff had not read the doctors notes. One consumer did not receive their meal pureed as the consumer had requested in his care plan.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### 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 Assessment Team found that Information management is not effective. Staff are not always able to access current information through the handover process as these are not being held consistently and in a timely manner. Clinical information is not being accessed by key staff which has had an impact on the care and services being received by some consumers. For example, staff not following up and arranging a speech pathologist’s review for a consumer; another consumer not eating his meal as staff had not checked with him when his meal was not pureed as per his request which was documented in his care plan, regarding a lack of follow-up on crushed medications following a review by a speech pathologist.

While the Assessment Team found and the approved provider agrees that there are effective governance systems relating to continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints, the information in the approved providers response accepts the teams findings regarding information management governance. The service has implemented improvements to address the issues raised by the Assessment Team since the date of the site audit. The home notes the need for ongoing education and competencies to improve documentation and the flow of information.

The approved provider does not comply with this requirement as it does not demonstrate that there is effective organisation wide governance systems.

### 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.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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)(e)

*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 approved provider must ensure that:

* when a consumer’s condition changes or there are prescribed alterations to care this is reflected in care planning documentation.
* There is adequate follow up of prescribed changes.

### 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.*

The approved provider must ensure that:

* care and services are tailored to the needs of consumers to optimise their health and well-being specifically in the areas of wound management, diabetic management, continence management including colostomy & catheter management and management of consumers with allergies.
* Documentation regarding maintenance of oxygen concentrator is accurate and available
* Where consumers have specific needs or behaviours, they are documented on care planning documentation.

### Requirement 3(3)(b)

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

The approved provider must ensure that:

* key risks are always identified in care planning documentation.
* all details of specialist recommendations or referrals are consistently being followed.
* Staff demonstrate awareness regarding risk to consumers who display swallowing difficulties.

### 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.*

The approved provider must ensure that:

* There are no deficiencies in the flow of information through the service.
* Where medical officers or allied health providers prescribed treatments or specific levels of care, these are always actioned. This is to minimise actual or potential negative outcomes for consumers.

### Requirement 8(3)(c)

*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 approved provider must ensure that:

* Information management is effective. Staff are always able to access current information through a consistent and timely handover process as these are not
* Clinical information is accessed by key staff which has had an impact on the care and services being received by consumers.
* There is ongoing education and competencies to improve documentation and the flow of information at the service.