Bupa Tamworth

Performance Report

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**Commission ID:** 0513

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

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

**Date of Performance Report:** 9 September 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** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(e) | Non-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 18 August 2020

# 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

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

A review of the consumers care planning and assessment documentation identified the Registered staff review the care plans three monthly or when needed. The consumers’ care plans sampled demonstrated the assessments and care plans are generally reflective of the current care needs of the consumers.

The Assessment Team did not assess all requirements as such an overall rating for the Standard is not provided.

## Assessment of Standard 2 Requirements

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

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team identified that the service was able to demonstrate consumers care and services are monitored and reviewed for effectiveness, when incidents or changes occur. Consumers files reviewed show when incidents occur there is a review of the consumer and an incident form is completed. Care notes show clinical monitoring such as neurological observations occur, and consideration is given to consumers who are on anti-coagulant therapy.

Consumers and their representatives interviewed said they have been involved with the service in reviewing their care needs when circumstances have changed, or incidents have occurred. They said they can talk with or email the registered nurses or the care managers on any of their concerns they have with their health. Consumers and representative have provided positive feedback of the care plan review process.

I have considered the Assessment Teams information I find this requirement is compliant.

# 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

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. However, some consumers raised concerns about their care and the staff’s lack of understanding about how to meet their needs.

The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to their needs and preferences. There is a system to identify and manage high impact or high prevalence risks associated with each consumer care. However, staff did not demonstrate they have access to relevant clinical information and they are able to share this information with each other from shift to shift, and with allied and medical health specialists.

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

### 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 identified that for the consumers sampled the service was able to demonstrate consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences. Care documents show the service consults with consumers and their nominated representatives. Staff use systems and tools to monitor and review the care delivered. This allows them to develop individualised care tailored to consumers’ needs and wellbeing. Registered nurses advised they refer consumers to medical officers for follow-up and referral to other specialist medical services when required.

The organisation has policies on the topics of restraint minimisation, pain management and skin care management.

I have considered the Assessment Teams information I find this requirement is compliant.

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

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

The Assessment Team identified that the organisation was able to demonstrate effective management of high-impact, high prevalence risks through the identification of risk of harm to consumers and through their documentation processes. For the consumers sampled high impact or high prevalence risks are identified in care planning documentation. The registered nurse was able to explain the process wherestaff and team members are aware of the clinical high impact or high prevalence risk. A list is maintained and updated by the registered nurses and the care managers through the process of the daily clinical walkaround, and the weekly clinical risk meeting. This information is transferred to and updated on the handover sheet weekly for the carers to see and utilise.

I have considered the Assessment Teams information I find this requirement is compliant

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

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

The Assessment Team identified that information about consumers condition, needs and preferences is not always accurate or communicated within the service and with others involved in their care. The service has a handover system and communication is to be shared with staff verbally and in written formats. Review of the written handover system shows there are issues with integrity of the information recorded on it; follow up of requests/directives made within the system; and communicating key information needed for the care of a consumer. For named consumers this included care directives for food intolerances not being followed, maintenance requests not actioned in a timely manner for a broken call bell, completion of wound photography and monitoring of a consumer’s condition.

The Approved Provider provided a response that included an acknowledgement of the Assessment Teams findings. The Leadership team and senior staff at the home have met to develop a plan for the implementation of strategies to address these findings. A full review and assessment of all handover documentation has occurred, ensuring accurate recording by staff of all relevant clinical information, including allergies. An apology was provided to a named consumer for the delay in maintenance of the call bell.

The service’s plan for continuous improvement (PCI) has been updated to include strategies to undertake further education, training and mentoring for registered staff regarding accurate, competent and effective clinical handover. Further, the PCI includes education and training for all care staff regarding the agreed process and documentation for effective handover processes. Evaluation of the effectiveness of the handover processes will occur via review and analysis by the Clinical Care Manager, ensuring that all actions are undertaken and follow up occurs in line with the agreed processes and standards.

I have considered the Assessment Teams information and the Approved Provider response, and I note the actions already taken by the Approved Provider as well as the actions to be undertaken in relation to this requirement. However, I find that at the time of the assessment contact these processes had not been effective and will require ongoing monitoring to ensure they remain effective.

I find this requirement is non-compliant.

# STANDARD 8 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

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

The Assessment Team did not assess all requirements as such an overall rating for the Standard 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.*

The Assessment Team identified that although there are governance systems in place, the service did not demonstrate that its information management system consistently, comprehensively and accurately equips staff to ensure the effective care, safety and wellbeing of consumers.

#### Most of the staff interviewed said they could access information they needed from a range of sources. However, there appeared to be an inconsistent approach to the amount of information provided at handover meetings and the use of the handover sheet recently implemented. Further, there was some confusion observed regarding where certain consumer information, such as allied health records and appointments are kept.

The Approved Provider provided a response that included the service acknowledges the feedback of the audit team and has developed strategies to improve the communication between staff but disputes that the inefficiencies in communication are due to an ineffective organisational wide governance system relating to information management. The service acknowledges there is a need for improvement, however the gap is with communication between staff not the lack of information systems, policies or processes. The service is undertaking further consultation, training, education and mentoring for staff regarding the agreed communication and handover processes within the service. The service has updated our PCI reflecting these strategies, ensuing consistent and appropriate management of clinical information and linkages to effective and timely care. The Approved Provider highlighted feedback from other requirements that indicated effective information management.

I have considered the Assessment Teams information and the Approved Provider response and I find whilst there are local communication issues at the service as reflected in the Non-compliance finding for Requirement 3(3)(e), this did not demonstrate a deficit in organisational governance of information management.

I find this requirement is 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.

* Ensure Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
* Ensure improvement activities outlined on the PCI are implement, and monitoring for ongoing sustainability and effectiveness.