Bupa Traralgon

Performance Report

96 Park Lane
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**Commission ID:** 3977

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

**Assessment Contact - Site date:** 12 January 2021 to 13 January 2021

**Date of Performance Report:** 15 February 2021

# 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 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(d) | Non-compliant |
| Requirement 3(3)(f) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-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 on 4 February 2021.

# STANDARD 3 NON-COMPLIANTPersonal 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 service does not demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care. The service does not demonstrate they monitor and effectively manage high impact and high prevalence risks for each consumer to ensure care is safe. The service does not always appropriately recognise and respond to a change in a consumer’s condition in a timely manner. The service does not demonstrate timely referrals to individuals, other organisations and providers of other care and services.

The Quality Standard is assessed as Non-compliant as four 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 recommended this requirement as non-compliant based on the following evidence:

* Feedback from some consumers and representatives sampled who did not consider that consumers receive personal care and clinical care that is safe and right for them.
* Care planning documentation that demonstrated consumers do not always receive appropriate care, including the management of skin integrity and pain, and resulted in significant negative outcomes for one consumer.
* Staff interviews in relation to provision of personal and clinical care.
* Clinical monitoring has not been effective in ensuring safe and effective personal care.

The provider’s response and plan for continuous improvement outlines extensive investigative and remedial action taken, and that planned for completion by end February 2021. Action taken has included:

* Reassessment, review, evaluation and referral, where required, of every consumer with a known wound, pressure injury and/or with pain relieving medication, and included consultation with the consumer and/or representative and the update of communication tools.
* Head to toe skin reassessment of every consumer carried out by a registered nurse.
* Strengthening of processes for the supervision of care staff by registered nurses.
* Review and update of handover sheets.
* Additional onsite monitoring by the organisation’s regional staff.
* Daily reporting on the clinical care of all consumers in the service to the organisation’s head of clinical governance.

The provider’s response included an update on the care status of consumers named in the Assessment Contact report.

The provider’s response included an acknowledgement of delay in staff actioning a developing pressure injury for one named consumer. The response contended the consumer’s clinical care and wellbeing needs were being met according to their care plan, however acknowledged documentation does not evidence pressure care was consistently occurring.

The response also outlined the implementation of the following processes:

* head to toe assessment and pain management review as part of the resident of the day process
* detailed registered nurse hand over notes at change of shift so handover is written and verbal
* documentation spot checks by clinical care managers
* general manager attending handover in person or by phone
* one to one education to registered nurses on clinical documentation
* pressure area education in January and February 2021.

In making my decision I note the extensive action taken subsequently by the organisation. I also note some of the actions are newly implemented and with oversight from organisational staff and require practices by staff at the service that are yet to mature. Based on this and the nature of the deficits at the time of the Assessment Contact, in particular in relation to the care of one consumer, I find the service is Non-compliant with this requirement.

### 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 recommended this requirement as non-compliant based on the following evidence:

* While care planning documentation included information about high impact high prevalence risks for consumers, staff practices and interventions were not adequate to minimise risk. For one consumer this resulted in negative outcomes in relation to preventing, identifying and managing pressure injuries.
* Inconsistent instructions for prevention and management of pressure injuries for another consumer.
* Instructions on pressure area records were incomplete.
* Staff said they do not consistently provide consumers with pressure care, hygiene, continence care and additional hydration in hot weather.
* Observations of two consumers sitting on a sling that had been underneath them.

The provider’s response stated the reassessment of consumers following the Assessment Contact identified no unidentified wounds and thus there were effective processes in place to identify high impact high prevalent risks at the service. However, the response also notes the reassessments provided updated information on consumers, which was then reflected in individual care documentation, handover sheets and the risk register. The director of clinical services has oversight through weekly receipt of the risk register. The provider’s response stated they were not aware of staff not having time to meet consumers health and personal care needs.

In making my decision I note the extensive action taken by the organisation since the Assessment Contact, as reflected above and under Requirement 3(3)(a). I also note some of the actions are newly implemented. I have taken into consideration the staff feedback, documentary inconsistencies and placed weight on the impact on the negative outcome in relation to one consumer. Based on this, and noting the wording of the requirement specifying *‘risks associated with the care of* ***each*** *consumer’,* I find the service is Non-compliant with this requirement.

### Requirement 3(3)(d) Non-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.*

The Assessment Team recommended this requirement as non-compliant based on:

* The service not responding in a timely manner following identification of a sacral pressure injury for one consumer which was recorded by the registered nurse as unstageable and odorous at time identified. This included a six day delay before an in-reach service reviewed the wound, following telephonic contact only with a general practitioner in the day following identification and two days thereafter.

The provider’s response disagrees with the Assessment Team noting the service can access in-reach services, general practitioners and ambulances, although at times non attendance by general practitioners is managed via alternative communication processes. The provider’s response argues pressure area care was occurring as required until the time of identification of the pressure injury, that antibiotics were prescribed telephonically three days later and referral to an in-reach service occurred when the wound did not respond to treatment.

The provider’s response also acknowledged the pressure injury had been identified by a care staff and communicated to a registered nurse five days prior to that recorded in the Assessment Contact report but no follow through had occurred including no incident report raised or action taken.

It concerns me that the deteriorating pressure injury was not reviewed by an external professional until six days after the it was recorded as identified, particularly as the registered nurse recorded it at the time as unstageable and odorous. In addition, I have placed weight on evidence provided in the response stating that pressure injury was first identified five days prior with no action recorded. Thus, I have decided the service does not respond to changes or deterioration in a consumer’s health in a timely manner and find this requirement Non-compliant.

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

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

The Assessment Team recommended this requirement as non-compliant based on:

* Care documentation for an individual indicating timely referral did not occur following the identification of a deteriorating sacral pressure injury.
* Dissatisfaction from the representatives of the consumer in relation to delays in referral.
* Not all consumers/representatives being satisfied with the referral process.

The provider’s response refutes the Assessment Team’s recommendation setting out the range of individuals and other organisations available to, and used by, the service. The response records that if one of the three local general practitioners is unable to attend in the timeframe suited to the medical need, the registered nurse will refer the consumer to the in-reach team. The response explains the Assessment Team’s evidence in relation to ‘not all consumers/representatives are satisfied with the referral process’ as frustration in waiting for appointments with specialists, exacerbated during the second wave of the COVID-19 outbreak. The response does not address specific feedback from representatives of a consumer about delays in referring a deteriorating pressure injury.

Taking into consideration the evidence and sequence of events documented in the consumer’s care documentation and drawing on analysis that informed my view of Non-compliance under Requirement 3(3)(d), I find the service did refer the consumer in a timely manner to in-reach services, and thus find this requirement Non-compliant.

# STANDARD 7 NON-COMPLIANTHuman 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

The service’s workforce is not effectively planned to enable the delivery and management of safe and quality care and services. The service does not demonstrate staff are sufficiently supported to deliver all the outcomes required by these standards. Assessment, monitoring and review of the performance of members of the workforce is not effective.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-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 recommended this requirement as non-compliant based on the following evidence:

* Dissatisfaction from most consumers and their representatives in relation to availability of staff.
* Feedback from most staff interviewed in relation to their inability to complete required tasks for the care of consumers and the planning of their workload.
* Acknowledgement by management of, and rostering documentation illustrating, ineffective staff planning and rostering processes, exacerbated by high unplanned leave.
* Observations on the second day of unplanned leave that was unable to be filled.
* Multiple call bell records showing delays in responses to requests for assistance.
* Recent staff meeting minutes documenting inefficient staff practices.

The provider’s response disagrees with the Assessment Team view stating regular review of staffing levels occur based on acuity and changes in care needs. The provider set out the clinical and care staffing model at the service and provided a tabulated summary analysis of staffing over a period of three months to 3 January 2021 to demonstrate the service has been appropriately staffed, and in relation to care staff, has operated in excess of the planned roster. The provider’s response also states since the Assessment Contact a meeting has been held to gain further feedback from staff, a staff survey initiated, and, a time-in-motion study completed to understand staff workload and communication. The response states interactive workshops are to be held during February 2021 to support staff manage workload and communication.

In making my decision I have considered information submitted by the provider in relation to the organisation’s roster planning. The wording of this requirement specifies ‘*the workforce is planned to enable, and the number and mix…enables, the delivery and management of safe and quality care and services’*. Thus, I note the organisation’s current actions to review staff workload and communication at the service. However, on the weight of evidence presented by the Assessment Team, most specifically the consumer/representative dissatisfaction, but also the feedback of staff about their inability to complete their workload, records of call bells delays and inefficient rostering, leads me to the view that the workforce is not sufficiently planned to enable delivery of safe and quality care an services. I find the service Non-compliant with this requirement.

### Requirement 7(3)(d) Non-compliant

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

The Assessment Team recommended this requirement as non-compliant based on the following evidence:

* Dissatisfaction from most consumers and their representatives in relation to availability of staff.
* Feedback from care staff who feel unable to complete their workload.
* Results of a recent staff survey where a quarter of comments indicated dissatisfaction with level of management support and a failure to follow up when a matter about consumer brought were brought to their attention.
* Evidence under Requirements 3(3)(a) and (b) indicating staff training does not enable them always to deliver outcomes required by the standards.

The provider’s response included that registered nurses at the service have been formally advised they will be supervised in undertaking their responsibilities as a registered nurse. The response outlines education in skin care and pressure injury prevention during the last quarter of 2020 and further education planned for February 2021.

In making my decision, I note the action taken by the provider and that recent education has occurred in the areas identified as deficit. However, I have placed weight on dissatisfaction from consumers/representatives and feedback from staff to the Assessment Team and to management through the staff survey indicating staff are not sufficiently supported to deliver all the outcomes required by these standards. Thus, I find the service is Not compliant is this requirement.

### Requirement 7(3)(e) Non-compliant

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

The Assessment Team recommended this requirement as non-compliant based on the following:

* Staff not having completed performance appraisals for 2020.
* Current monitoring and review of staff performance have not identified deficits in staff practices outlined in Requirements 3(3)(a) and (b).
* Feedback from most staff in relation to not completing their required tasks.

The provider’s response outlines the service’s staff appraisal process and explains that the process was mostly completed in 2020.

The provider’s plan for continuous improvement outlines actions subsequently taken in relation to workforce performance:

* A meeting with all registered nurses to review job description detailing roles and responsibilities and support required to carry out role.
* Developing a plan to ensure all staff participate in regular assessment monitoring and review of their performance.

In making my decision, I have considered the actions taken through the plan for continuous improvement to address processes to monitor and review staff performance. I have placed weight on feedback from consumers and representatives about how staff perform their roles, the feedback from staff, and, the deficits detailed in the report. Based on the above I have formed the view effective monitoring of staff performance was not occurring at the time of the visit. Thus, I find the service is Non-compliant in this requirement.

# 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 3(3)(a)

* Ensure consumers consistently receive personal and clinical care that is right for them, including skin and pressure injury management.
* Ensure staff practice supports consistent delivery of personal and clinical care.
* Ensure processes for monitoring clinical and personal care is effective.

### Requirement 3(3)(b)

* Ensure staff practices and interventions minimise high impact high prevalent risk, including pressure injuries.
* Ensure consistent documentation to support delivery of care.

### Requirement 3(3)(d)

* Ensure staff identify and respond to changes and deterioration in a consumers condition in a timely manner.

### Requirement 3(3)(f)

* Ensure timely referrals to individuals, other organisations and providers of other care and services occur.

### Requirement 7(3)(a)

* Ensure the workforce is planned and supported to enable the delivery of safe and quality care services.

### Requirement 7(3)(d)

* Ensure the workforce is supported to deliver the outcomes required by these standards.

### Requirement 7(3)(e)

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