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:** 6 April 2021 to 8 April 2021

**Date of Performance Report:** 4 June 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 26 April 2021.

# 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

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.

The Assessment Team found following the decision of non-compliance the service has implemented a plan for continuous improvement, undertaken audits of clinical care planning documents, delivered specific clinical care training to registered nurses and care staff, and continues to provide the registered nurses with supervision and monitoring through regional management, specialist clinical support staff and the contracted nurse advisor.

Overall sampled consumers and their representatives considered that they receive personal care and clinical care that is safe and right for them. For example:

* Representatives interviewed are satisfied with the care provided to their consumers and described in various ways of how the care has optimised the consumers’ health and well-being.
* Consumers and representatives are satisfied with management of risk and communication following an incident.
* Representatives interviewed are satisfied with staff’s response to changes in consumers’ health.
* Consumers and representatives are satisfied with the referrals and treatment from allied health providers and medical specialists.
* Representatives interviewed expressed satisfaction with infection control measures practiced by the staff.

Clinical staff members described procedures of wound management and demonstrated an awareness of the wound care regime for sampled consumers. Clinical staff members described when and how consumers are monitored for pain. However, care documentation sampled indicated review and evaluation of wound management and pain monitoring management is not always documented.

Care documentation sampled demonstrated effective management of high prevalence and high impact risks for each consumer. Staff are aware of the risks associated with individual consumer’s care and monitoring processes are in place. The service has a clinical risk register that did not always reflect information in consumer care documentation.

Care documentation demonstrates staff recognise and respond to the consumers’ changes in function, capacity or condition in a timely manner. Staff described recent examples of reporting changes to consumer’s condition and clinical staff and tools used to support them.

Documentation showed timely and appropriate referral to other providers of care. Clinical staff described the referral and consultation process with allied health and other providers of services. Policy and work instruction inform referrals to allied health professionals and other providers of services.

The service has a service-specific outbreak management plan and management and staff demonstrated effective practices and processes to minimise infection related risk.

The Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(f) and 3(3)(g) are assessed as 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’s evidence:

* Indicates consumer wounds are being managed, however highlights gaps in relation to the documentation of weekly reviews and photographing of wounds and delays implementing simple procedure charting. The evidence does describe the impact to the consumers in relation to these documentation gaps.
* Highlights gaps in documenting simple procedure charting for a consumer, however staff demonstrated knowledge of the application of the consumer’s skin care regime.
* Records gaps in pain monitoring documentation for two consumers sampled and the delays in the administration of a transdermal patch for a consumer. The evidence does not describe the impact to the consumer in relation to these documentation gaps.
* Noted some restrictive practice documentation contained generic information.

The provider’s response:

* Acknowledges the gaps in the care documentation. The provider has implemented a corrective action to address the documentation gaps, which includes;
	+ conducting a weekly clinical care manager wound review,
	+ training a wound champion working supernumerary one day a week to ensure documentation completed,
	+ one to one training for staff on documentation,
	+ planned review of all restraint documentation.
* Provided additional wound data demonstrating consumer wounds are decreasing in number and that wounds are being managed effectively.
* Provided context in relation to the restrictive practice documentation.
* Explains the delay in the administration of a transdermal patch for a consumer and, while accepting gaps in charting, points to evidence in progress notes as a record of pain monitoring until the transdermal patch was in place.

I note the Assessment Team’s evidence in relation to deficits in documentation as set out above. I have taken into consideration the provider’s plan of action to address staff documentation practice. The evidence presented by the Assessment Team does not indicate the gaps in documentation have resulted in an impact on the care received by consumers, specifically in relation to skin integrity, wound and pain. The Assessment Team’s evidence suggests the consumers care needs are being met and this is supported by the additional information from the provider. I have placed weight on this factors in coming to a view different from the Assessment Team, and find the service is Compliant with this requirement.

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

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

### 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)(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 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

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.

While consumers generally did not consider they get care and services when they need them, most consumers expressed satisfaction staff are knowledgeable about the consumers’ care and individual preferences.

The service has new management since February 2021. Staff are satisfied there are sufficient numbers and skilled staff to deliver quality care and services to consumers. Staff and management both expressed how the rostering and workforce planning has improved substantially and shifts are easily covered compared to the previous management system. Management said there are sufficient levels of staffing and has contracted an external consultant to provide support and assistance to the staff members to improve workforce efficiency and time management, and this has had positive results.

Staff interviewed expressed satisfaction in the provision of training relevant to their roles. Management demonstrated the planned education and training calendar for 2021. Education and training for clinical and care staff has occurred in relation to the clinical deficits and a suite of other mandatory education is required for staff to complete during the year. Not all staff have completed is education.

Staff provided examples of how management have supported them in various ways using the performance appraisal framework. Management displayed how performance and satisfaction of the workforce is increased by providing required support to staff where required through the performance appraisal framework.

The Requirements 7(3)(a), 7(3)(d) and 7(3)(e) are 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.*

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

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

The Assessment Team found that while the consumers expressed satisfaction staff are trained in their roles; staff are satisfied with access to education opportunities; and, training activities are planned to meet staff needs, not all staff had completed required education.

The provider’s response included additional information in relation to specific training attended by registered nursing and care staff during the first quarter of 2021, and differentiated that required to be completed over the course of the year.

Taking into consideration all the available evidence and placing weight on the additional information in the provider’s response, I have come to a different view to that recommended by the Assessment Team. I find the service is Compliant with this requirement.

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

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

# 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 found the organisation and service has systems and practices to effectively manage risk to consumers. The organisation provided a documented risk management framework, including relevant policies and revised work instructions. Management demonstrated the clinical support the nursing and care staff have received from both organisational management and contracted specialist senior nurses. Staff continue to embed the new systems and processes into practice with the support and monitoring of the clinical management team.

The Requirement 8(3)(d) is assessed as Compliant.

## Assessment of Standard 8 Requirements

### 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.*

# Areas for improvement

No 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.