Bupa Tugun

Performance Report

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**Commission ID:** 5380

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

**Assessment Contact - Site date:** 20 April 2021 to 21 April 2021

**Date of Performance Report:** 1 June 2021

# Publication of report

This Performance Report **will 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)(e) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | 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 19 May 2021
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all requirements and therefore an overall rating or summary for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

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

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

Information about consumers’ condition, needs and preferences was documented and communicated within the organisation and with others where responsibility for care was shared.

Action had been taken by the service to improve communication with staff and others where responsibility for care is shared. A handover process had been implemented that includes face-to-face verbal communication supported by documented handover records for clinical and care staff.

Care documentation, including handover records, care plans and progress notes provided adequate information to support effective and safe sharing of the consumer’s condition, preferences, and care needs. Progress notes demonstrated who was involved in the assessment and care planning process, including consumers/representatives, registered staff, allied health professionals and Medical officer. Information relating to consumers’ condition, needs and preferences was documented in handover records and effectively communicated between persons involved in the care of consumers through a verbal handover held at each shift. Handover information included care directives relating to consumers experiencing a change in their condition.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff and consumers received the care they needed.

Staff described how changes in consumers’ care and services were communicated. Staff said issues were documented in progress notes and discussed at handover for each shift. Care plans and other information were available in hard copy in the nurses’ stations. Clinical staff stated the handover process has reduced the time they spent looking for care staff to update them regarding changes to consumer care and they felt confident care staff are well informed.

Care staff confirmed they attended a verbal handover from registered staff for each shift and had access to a shift handover form that documents consumers’ goals, needs and preferences. Clinical staff were responsible for updating the needs, goals and preferences handover document each shift with any changes to consumers' care. Clinical staff described the processes for sharing information about consumers when they moved between the service and hospital. Clinical staff also described the process to refer consumers’ to allied health professionals and specialists outside the service. Clinical care managers joined the clinical and care staff at both the morning and afternoon handovers. Care staff reported any changes or deterioration in a consumer’s condition to the Registered nurse on duty.

The service’s plan for continuous improvement demonstrated actions have been completed to address previous deficiencies identified in this Requirement. A verbal handover had been implemented for each shift and includes registered and care staff. The service dispensed with the taped handover. The handover process was displayed in the nurses’ stations and documented in registered nurse meeting minutes. Staff hours were increased to include a 15-minute handover from the night shift registered staff to the morning shift registered nurses. The consumer needs, goals and preferences summary to guide care staff was located in the nurses’ stations. This document informed care staff and was updated daily by registered nurses. A registered nurse handover record in each nurses’ station informed clinical staff of any changes that have occurred for consumers during the previous shift.

The handover process and responsibility for ensuring all staff receive a handover was included in the registered nurse and Clinical care manager duty lists and orientation checklist, including agency staff. Management sought feedback from staff in relation the newly implemented handover process and staff report handover processes were effective. Duty lists, staff timesheets and rosters had been updated to reflect the increase in hours to support an effective handover. Registered nurses monitored the handover process ensuring all staff have received a handover. Meetings were held with staff to remind them they were expected to attend and participate in handover. Staff were required to sign the handover tool to evidence they have received handover. Education had been provided to staff to improve handover techniques.

Based on the information above, it is my decision this Requirement is now Compliant.

# 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

The Assessment Team did not assess all requirements and therefore an overall rating or summary for the Quality Standard is not provided.

## 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 workforce was planned to enable, and the numbers and mix of members of the workforce deployed enabled the delivery and management of safe and quality care and services.

Action taken by the service was effective to improve the delivery and management of safe and quality care and services.

Consumers and representatives were satisfied with the response to consumers’ requests for assistance and the quality of care provided. Consumers and representatives interviewed, said there had been an improvement in the number of staff providing care and services with the use of agency staff and having experienced staff guiding new staff members.

Most care and registered staff explained they were aware of the management’s efforts to replace staff when unplanned or sick leave occurred. They advised the service had made an effort in using more agency staff to make sure adequate staffing was available. Staff confirmed registered staff were consistently replaced if needed.

The Assessment Team received some feedback from staff in certain areas of the service regarding their lack of ability to deliver care and services. The Assessment Team explored these instances of potential consumer impact through a review of care documentation and discussions with consumers and representatives and identified hospitality services were delivered appropriately and consumers received care and services in accordance with their preferences.

Care staff interviewed said that while some care shifts were not replaced, staff can complete their duties each day. Registered staff stated they can assist care staff with medications, meal assistance and manual handling in the event care staff are busy or if a shift cannot be filled.

Care staff confirmed they understood the care needs of consumers by receiving daily handover and they had access to consumer care files. Staff confirmed there had been an improvement in the verbal handover processes, ensuring that if they were short staffed, they were able to coordinate their workload more effectively.

Care staff described the service’s electronic text-based alert system to inform staff of vacant shifts. Permanent and casual care staff were offered open shifts prior to management contacting agency companies for replacements. Care staff confirmed they often had their shifts extended or worked across different communities in the service to cover unfilled shifts. Management confirm shifts were extended with approval by senior management.

Rostering/Administration staff stated the recent recruitment of permanent and casual staff resulted in a full base roster for registered and care staff and reduced the use of agency staff. Staff advised before this recruitment process the service filled the nursing roster with contracted agency staff. The service had a full nursing base roster to provide continuity of care.

The Environmental /Maintenance Team Leader were satisfied with staffing levels, including cleaning, laundry, maintenance, and grounds staff had sufficient time to get their work completed.

The General Manager and the Human Resources Manager reviewed the service’s master roster weekly and consider consumer feedback, the clinical risk register, incident reports, call bell response time reports and staff capabilities when reviewing the roster and recruitment. Management advised the roster was based on full occupancy of 162 consumers and advised hours had not been reduced although the service had 136 consumers in care at the time of the Assessment contact. While the rostering system was computerised, there was capacity for the General Manager to increase base hours to match changes in consumers’ needs.

The service had a planned leave process. Staff applied for annual leave electrically four weeks in advance of requested leave, which is approved by the General Manager where staff were available to cover leave. Unplanned leave was monitored by the General Manager which enabled monitoring of illness and reasons for unplanned leave which resulted in a reduction in unplanned leave taken, not related to illness. The General Manager and business administration staff reviewed the roster each morning for unallocated shifts and the service held a heads of department meeting at 9.00am weekdays where roster allocations and shift coverage were addressed.

Service improvements relating to staffing included the service had a more stable staff base with experienced registered nurses. Since January 2021, 36 staff had been recruited. The service engaged an external partner to assist in recruitment to catering and environmental roles and had successfully recruited a cook as part of this partnership.

The Service had recruited three permanent Clinical care managers who commenced November 2020, December 2020, and January 2021. The service increased the shift times of registered nurses on night and morning shifts by 15 minutes to facilitate effective handover processes. The Regional Manager was relieving as the General Manager at the service to implement and monitor continuous quality improvements. Daily clinical and heads of department meetings had been set up to monitor and ensure all cares were delivered as planned. Management advised an Aged Care Funding Instrument Coordinator role had been advertised to alleviate the workload of Clinical care managers to enable them to further support registered staff.

Weekend administration shifts had been created and commenced at the service. Recruitment was continuing for environmental and catering staff, recreational activities officers, casual registered and care staff. Daily call bell reports were generated to monitor and follow up any calls with a duration of more than 12 minutes. Information regarding call bell data was tabled and discussed at monthly regional and staff meetings. The service implemented staff surveys, a weekly newsletter and a weekly ‘how many shifts have we filled this week’ flyer to communicate to staff, recruitment, rostering, and shift coverage matters.

Documents reviewed, and observations made by the Assessment Team to further support improvements to staffing included the Plan for continuous improvement with documented actions and outcomes for Requirement 7(3)(a). Education records demonstrated 91% of staff had completed mandatory training requirements and the remaining nine percent of staff had been issued a formal letter and date to achieve compliance. Minutes from consumer and staff meetings demonstrated discussions were held regarding staffing and call bell responses. Suggestions from consumers and staff were documented. Roster documentation confirmed that a registered nurse was rostered on every shift to provide support and clinical oversight. When a registered nurse was not available, an enrolled nurse was rostered, who accessed an on-call registered nurse for advice and support if required.

Based on the information contained above, the service demonstrated the workforce was able to deliver and manage safe and quality care and services, and therefore this Requirement is now Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.