Bupa Tumut

Performance Report

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**Commission ID:** 2690

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

**Assessment Contact - Site date:** 4 August 2020 to 5 August 2020

**Date of Performance Report:** 11 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)(d) | Compliant |
| **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)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(c) | 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 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

# 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 Requirements

### 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.*

The service has demonstrated systemic improvements to their care planning procedures through implementation of the resident of the day process. Interviews with consumers identified some consumers are aware of their care plan, however, most were unsure how to access their plan. All representatives interviewed said they have reviewed and been involved in the care planning process in some way. All care plans reviewed demonstrated documentation of the care and services required for each consumer and regular assessment and planning with the consumer/ representatives through the resident of the day process.

# 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 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.*

Progress notes and other care planning documents for the consumers sampled reflect individualised care that is safe, effective and tailed to the specific needs and preferences of the consumer. Care and clinical staff were interviewed and were able to identify the sampled consumer’s care needs and how they respond to these. The service demonstrated use of processes that guide regular communication, monitoring and review to ensure care is tailored to the consumers' needs and is safe and effective.

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

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

For the consumers sampled, care planning documents and staff interviews generally demonstrated that the service identifies and manages high impact and high prevalent risks associated with their care. Care records demonstrate the service regularly identifies high impact or high prevalent risks associated with the care of consumers and refers consumers to specialists for clinical review and recommendation to assist in managing these risks.

### 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.*

Care planning documents, representative feedback and staff interviews demonstrates the service has processes in place to recognise and respond to deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition. The Assessment Team observed clinical and care staff responding to change in a consumer’s condition. Communication and regular consultation with appropriate health professionals is maintained for safe and effective management of the consumer’s changing needs.

### 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.*

#### The service has commenced using handover communication sheets that both care and clinical staff use to confirm and share information about a consumer’s condition, needs and preferences and any changes. Care planning documents demonstrate the process of using stop and watch forms to share responsibility and monitoring in any changes or needs for a consumer. The service uses a range of communication processes with external contractors and health professionals such as telehealth, communication books and forms.

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

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

For the consumers sampled, care planning documents and staff interviews generally demonstrates that the service makes timely and appropriate referrals to individuals, other organisations and providers of care and services. While the Assessment Team identified a gap in the referral process for one consumer, the service has processes that generally guide timely and appropriate referrals through their communication systems, clinical monitoring and resident of the day procedures. Consumer’s records demonstrated regular involvement and reviews from allied health professionals, dementia specialists and other health professionals to meet changes in a consumer’s need.

### 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.*

The service has systems in place for the minimisation of infection related risks, demonstrated through their response to their recent Rhinovirus outbreak, actions to respond to a potential COVID-19 and other general infection related risks. While the service has had a recent Rhinovirus outbreak, the service demonstrated safe and effective measures to minimise risks of transmission, appropriate reporting to the Public Health Unit, and timely and appropriate management of consumer’s condition and needs. Interviews with management, care and clinical staff demonstrated their knowledge and actions to minimise infection related risks and practices to promote appropriate antibiotic prescribing.

# STANDARD 4 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 Requirements

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

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

Consumer and representative feedback about the meals at the service was mixed. Some consumers provided feedback that the quality of the meals could be improved, however most consumers spoke positively about the variety and quantity of food provided. Care plans reviewed identified consumer dietary requirements, as well as likes and dislikes and staff interviewed were aware of these dietary requirements and preferences. Staff interviews and documents reviewed demonstrated that consumer feedback influences the menu and the service has started to make improvements to meal service as a result of consumer feedback.

# 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 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.*

While most consumers and representatives interviewed said there is not enough staff at the service, most said they don’t have to wait long for assistance and confirmed they get the care they need. Most staff interviewed confirmed the number and mix of staff enables safe and quality care for consumers and confirmed they generally are not required to work overtime or double shifts. Daily staffing sheets for the past two weeks demonstrated that the service has had consistent unfilled shifts due to unplanned leave. However, management and nursing staff are generally able to cover shifts if required, and staffing sheets demonstrated that in some cases shifts had additional care staff rostered above the general shift allocation.

### 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.*

Consumers and representatives interviewed spoke highly of care staff and generally confirmed that they are competent to meet their care needs. Consumers identified recent improvements in medication management by staff. The service’s medication incidents for the last six months showed consistent issues with consumers missing their medications as a result of staff not giving the medication or as a result of there being no stock. However, the service was implementing an electronic medication management system the day after the Assessment to minimise incidents and improve medication management for consumers.

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

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

#### While staff interviews demonstrated a mixed understanding of the Quality Standards, interviews with consumers, representatives and staff demonstrate that generally the workforce is trained to deliver the outcomes of the Quality Standards. Staff were able to describe how they would raise suggestions of additional training, and management were able to demonstrate processes for identifying staff training needs and feeding these into the training schedule.

# 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 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.*

While most consumers interviewed were generally unaware of how they would have input into the development, delivery or evaluation of care and services, consumers and representatives felt confident raising any feedback directly to staff including management, or at meetings. One consumer interviewed was able to provide examples where he had been engaged in the in the development, delivery and evaluation of care and services and felt he had an active role in this. Interviews with management identified that the service has commenced work to engage consumers and representatives in the development and delivery of care and services.

### 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 service demonstrated that it follows the provider’s effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

### 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.*

The organisation provided a documented clinical governance framework including antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed had a sound understanding of the organisation’s policies on antimicrobial stewardship and minimising the use of restraint, however, were not familiar with the policy regarding open disclosure. Management were able to provide examples of changes that had been made as a result of the implementation of these policies.