Bupa Waratah

Performance Report

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**Commission ID:** 0728

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

**Assessment Contact - Desk date:** 21 October 2021

**Date of Performance Report:** 16 November 2021

# Performance report prepared by

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# 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

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| --- | --- |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |

# Detailed assessment

This performance report details the Commissioner’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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the Assessment Contact - Desk report received 11 November 2021.

# STANDARD 2 NON-COMPLIANT 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

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 – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumer representatives interviewed by the Assessment Team were satisfied with the assessment and planning of consumer care, and said consumers generally receive the care and services they require.

The Assessment Team reviewed care planning documentation for 13 consumers that identified not all risks relating to consumers are consistently identified and documented to inform and guide staff in providing safe and effective care and services. Plans of care and associated documents reviewed did not contain sufficient information in relation to risks for individual consumers.

Although the service has implemented education and training in relation to risk identification, documentation, and management of consumers when incidents have occurred, the Assessment Team found this is yet to be consistently demonstrated in documentation and staff practice.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

While for some consumers, risks to the consumer’s health and well-being were effectively assessed and documented in care planning documents to inform safe care and services, this was not consistent for all consumers reviewed by the Assessment Team. Several consumer care plans reviewed by the Assessment Team did not identify risks associated with consumer diagnoses or complex health conditions, or demonstrate effective assessment had occurred to manage these risks and inform safe and effective care.

For example, for one consumer risks associated with the consumer’s complex conditions including seizures were not identified, and some staff interviewed were not aware the consumer had these conditions. For one consumer at risk of delirium, the consumer’s care plan did not identify some of the consumer’s triggers to delirium. For another consumer, changes to their dietary needs following a recent speech pathology assessment were not updated in their care plan. For a consumer at risk of falls, documentation did not demonstrate the consumer was appropriately assessed to minimise risk of falls, and the consumer’s interim care plan did not identify any interventions to minimise risk of falls. The Assessment Team identified gaps in post-fall observations for this consumer following a fall.

The approved provider’s response acknowledges the gaps in care planning documentation identified by the Assessment Team. In their response, the approved provider demonstrated that consumer care plans have been updated to include appropriate information on consumer diagnoses or complex health conditions and associated risks. Some of these risks have also been added to the clinical handover document to ensure they are effectively communicated to inform safe care. The approved provider’s response demonstrates staff education has been planned on risk management including for the issues identified by the Assessment Team such as managing seizures, weight management and fluid retention, pain management and falls management. The approved provider’s response identifies that for the consumer with gaps in their post-fall management, an investigation identified the consumer had refused some of the post-fall observations. The management team identified they will continue to monitor adherence to the service’s falls management practices.

The service did not consistently demonstrate assessment and planning included consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

# STANDARD 7 NON-COMPLIANT 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.

Most consumer representatives considered that consumers get quality care and services when they need them and from people who are knowledgeable, capable, and caring.

However, feedback from staff indicates that current staffing levels and vacant shifts has directly impacted on their ability to provide timely and safe care with examples provided. Feedback from staff is supported by call bell documentation which indicates that approximately 25% of call bells cannot be responded to in a timely manner due to periods of high demand or staff availability. Staff rosters reviewed by the Assessment Team identified vacant shifts are not consistently filled.

The Quality Standard is assessed as Non-compliant as one 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.*

Overall, consumer representatives interviewed by the Assessment Team were satisfied with the standard of care provided to consumers and said there was an adequate number of staff rostered at the service. However, staff interviewed by the Assessment Team said staff shortages and staffing levels had directly impacted on their ability to provide timely and quality care. Staff provided examples where consumers were unable to be assisted with continence care and personal care due to insufficient staffing. Staff said that they are not rostered dedicated time to receive shift handover, and this has impacted on consumer care as they were not always provided with an update to the consumer’s condition or care requirements. Care staff interviewed said that following a consumer fall, they can be delegated to conduct neurological observations, however they have not had any training regarding this. A review of the master roster by the Assessment Team identified that a number of shifts are not allocated to permanent staff and are covered by staff who work additional hours. Staffing sheets for October 2021 identified 12 shifts were unable to be filled across a 14-day period. While there had been a decrease in the average call bell response time from August to September 2021, over the 2-week period reviewed by the Assessment Team, 25% of call bells were not responded to in under 8 minutes.

In their response, the approved provider identified that the number and mix of the workforce deployed is assessed based on consumer need and risk at each handover. This staffing level and mix is then reviewed by the management team. The approved provider’s response identifies that since the Assessment Contact handover processes have been reviewed to allow time for registered nurses to provide handover to care staff, including the use of new handover documents. The approved provider’s response identifies that since the Assessment Contact, three additional staff have been engaged at the service which has significantly reduced the number of non-allocated shifts. The approved provider also advised that occupancy levels at the time of the Assessment Contact were about 91% at the service, so not all vacant shifts were required to be filled due to the number of vacant beds.

The approved provider’s response states that only registered or enrolled nurses conduct neurological observations following falls, and this was miscommunicated by care staff during the Assessment Contact.

While I accept the service has increased the number of the workforce and improved workforce procedures, at the time of the Assessment Contact, the number and mix of the workforce planned and deployed did not consistently enable the delivery of safe and quality care and services.

I find this requirement is Non-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.

### Requirement 2(3)(a)

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

The approved provider must demonstrate that:

* Assessment and planning considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services.
* Risks to the consumer’s health and well-being are consistently and effectively assessed and documented in care planning documents to inform safe care and services.
* The service has implemented all continuous improvement actions identified in their response.

### Requirement 7(3)(a)

*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 planned and deployed enables the delivery and management of safe and quality care and services.
* The service has effective processes in place to manage unfilled shifts without compromising quality consumer care and services.
* Workforce processes, including effective handover, enables the delivery and management of safe and quality care and services.
* The service has implemented all continuous improvement actions identified in their response.