Bupa Waratah

Performance Report

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**Commission ID:** 0728

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

**Assessment Contact - Site date:** 1 October 2020 to 2 October 2020

**Date of Performance Report:** 1 December 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 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(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 and other information received.
* The provider’s response to the Assessment Contact - Site report received 28 October 2020.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team interviewed a sample of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The Assessment Team found sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. Their privacy is respected. A number of examples were provided to support this.

The Assessment Team interviewed staff who confirmed how they value and respect individual consumers and their needs, preferences and choices. They spoke about consumers sampled with respect and how they contribute to ensure consumers live the life they choose. They provided examples of how they encouraged consumers to maintain relationships of their choice. Documentation detailing evidence of the care provided to consumers was congruent with the information consumers shared with the Assessment Team during the assessment contact.

Three of the six specific requirements of this Standard were assessed and I have found all three to be compliant. As not all requirements were assessed an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

The Assessment Team reported consumers told them staff are respectful whilst providing care and when speaking with them. That overall, staff were kind, caring and helpful in meeting their needs throughout the day and night. Consumers said this makes them feel valued as a unique individual. Consumers said staff are familiar with their culture, background and issues important to them. One consumer spoke to how staff protect their dignity. The Assessment Team observed staff interacting courteously and respectfully with consumers throughout the assessment contact.

Based on this information I find that the approved provider is compliant with this requirement.

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

The Assessment Team reported consumers commented that staff were keen to support them to spend time with and to communicate with the people who are important to them.

Consumers overall felt they could express their individual preferences for daily routines such as getting up, going to bed, eating and showering, and consult with staff about implementing schedules that are to their liking and work for them. Consumers provided numerous examples of how they make and are supported to make decisions around care and services and maintaining relationships important to them.

Staff were able to describe how each consumer is supported to make informed choices about their care and services, including maintaining relationships with the people who are important to them, such as family and representatives from the Public Guardian. Documentation was found to support this requirement.

Based on this information I find that the approved provider is compliant with this requirement.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

Consumers told the Assessment Team they are satisfied staff respect their privacy and maintain confidentiality of private information. Information was seen to be kept secured and office doors locked.

Signs alerting staff to the message ‘Stop, knock and wait’ have been placed on some of the consumer’s doors. Staff were observed knocking on doors and identifying themselves and waiting to be invited in before entering rooms.

Based on this information I find that the approved provider is compliant with this requirement.

# 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.

Overall sampled consumers considered that they feel like partners in the ongoing assessment and planning of their care and services.

The Assessment Team reported the service had made significant progress in ensuring assessment and planning of consumers’ health and well-being needs occurs. A schedule is available to guide staff in completing assessments and developing plans whenever a consumer enters the service. However, the assessment Team found that consumer’s files showed clinical observations were not resulting in completed assessments as and where required. Consumers care plans were not always updated. Risk assessments are generally completed but the information was seen to be not always reliable.

One (1) of the five specific requirements of this Standard was assessed and I have found it to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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.*

The Assessment Team reported there has been significant progress in ensuring assessment and planning of consumers health and well-being needs occurs. A schedule has been developed to guide staff in completing assessments and developing plans whenever a consumer enters the service. However, the Assessment Team identified that consumer files reviewed showed that although clinical observations identified specific care needs, assessment is not always completed.

For example, in a review of care files they found a consumer had presented with respiratory symptoms. These were initially recorded, a COVID-19 test recommended but not followed up further when the consumer told registered staff the symptoms were no longer present. It was not evident a clinical assessment had taken place to ensure this was so. This incident did not trigger an alert to follow up through the services COVID-19 procedures. For two consumers the Assessment Team found issues with the planning around falls management.

The approved provider acknowledged the issues raised by the Assessment Team but refuted that there was any current risk to consumers due to the issues identified. It identified actions it had taken, including completing updated falls risk assessments and developing strategies to further improve the assessment and planning process.

While I acknowledge these improvements, at the time of the assessment contact the approved provider could not demonstrate compliance with this requirement. In addition, I consider that the improvements implemented will take time to become embedded.

I find that the approved provider is Non-compliant with this requirement.

# 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.

Most sampled consumers considered that they receive personal care and clinical care that is safe and right for them. The service has policies and procedures to guide staff practice in providing clinical and personal care that is tailored to their needs and preferences. The service demonstrated it has been actively involved in minimising the use of physical restraint and the use of psychotropic medications. The service demonstrated it has provided staff with a range of education relevant to this Standard.

One (1) of the seven specific requirements of this Standard was assessed and I have found it to be compliant. Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### 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.*

Consumers and representatives told the Assessment Team that overall, they were receiving appropriate care. The Assessment Team reported the service was able to demonstrate consumers receive individualised care that is safe, effective and tailored to their specific needs and preferences. This included skin integrity management, pain management, medication management and the use of restraint.

The Assessment Team identified a gap in the monitoring and management of a consumer’s weight gain and diabetes, however action was taken to address these issues and overall, I am satisfied that the service demonstrated consumers are receiving personal and clinical care that is tailored to their needs and optimises their health and wellbeing.

Based on the information provided I find that the approved provider is compliant with this requirement.

# 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.

Consumers said staff are mostly kind and caring and treat them with respect. The Assessment Team observed this to be the case. However, some consumers did not consider that they get quality care and services when they need them or that these were consistently delivered in a timely way.

Consumer and staff feedback to the Assessment Team indicated there are not always sufficient staff to provide safe, quality care and services. There have recent permanent reductions to care staff shifts and many responses to call bells are too long. Registered nurse shifts are not always filled. Staff have to work through their shift breaks and lunch breaks to complete their tasks with consumers.

Staff training, and education does not cover all requirements of the Aged Care Quality Standards (Quality Standards) to ensure staff fully understand and apply practices relevant to their roles in line with the Quality Standards.

Documents reviewed and observations by the Assessment Team however, demonstrated staff have the qualifications to effectively perform their roles.

All five of the five specific requirements of this Standard were assessed and I have found one (1) of those requirements to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## 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 reported that consumer/representative feedback was that staff know what they are doing, are kind and caring, explain things to them and support them as much as possible to live the best life they can. However, they also reported consumers and representatives informed them that there is not enough staff; call bell responses are too long; care staff do not have the time to provide safe quality personal care and do not always have the time to engage and interact with consumers.

Care staff also informed the Assessment Team they have insufficient staff and one said they were working through their breaks. Management said staffing was adjusted as part of a restructure in August 2020 and they believe there is sufficiency of staff to meet consumer needs. Data reviewed by the Assessment Team showed a significant number of call bell response waiting times which were high.

In their response the approved provider disagreed with these findings and indicated thee service had one of the highest staff ratios to consumers in its region. It further stated that following the re-structure, they identified there was a surge in unplanned leave (due to COVID-19 requirements). The approved provider identified that there had been a readjustment of staffing levels to meet consumer needs, including the addition of significant numbers of care staff. The approved provider indicated that it believed that call bell response times have improved and their system for ongoing monitoring of this addresses any issues which arise. Further, it stated that a survey of consumers found that consumers stated they received timely and appropriate care.

I acknowledge the response from the approved provider, but I am not persuaded this addresses the issues as identified by the Assessment Team during the assessment contact. I have given weight to the feedback of consumers, representatives and staff regarding the sufficiency of staff, and that review of call bell data supports the Assessment Team’s findings.

I acknowledge the adjustments and improvements made by the service, however these improvements require additional time to become embedded.

I find that the approved provider is Non-compliant with this requirement.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

The Assessment Team reported most consumers said care staff are always kind, caring and respectful and, when they have time, deliver safe quality care and services that support them to live the best life they can. Care staff said mandatory and ongoing training is provided that supports increasing their knowledge to interact with consumers in a kind and caring way. The Assessment Team observed staff interactions to be kind, caring and respectful throughout the assessment contact.

Based on the information provided I find that the approved provider is compliant with this requirement.

### 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.*

The Assessment Team reported consumer, representative and staff feedback confirmed staff are competent. Clinical and care staff interviewed confirmed they have the qualifications and knowledge to perform their roles. Care staff said they are satisfied with the supervision and support they receive from the service when they are learning new skills.

Documents reviewed showed staff have the qualifications and knowledge to effectively perform their roles. The service has position descriptions for all roles, which outline the qualifications and skills required to fulfil each role. A review of staffing records evidenced how the service assesses and checks that members of the workforce have the skills, qualifications and knowledge to complete their roles.

The service and organisation has a system in place to manage inadequate performance and this was seen to be being applied effectively.

Based on the information provided I find that the approved provider is compliant with this requirement.

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

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

The Assessment Team reported that staff training and education does not cover every requirement of the Aged Care Quality Standards (Standards) which directly impacts on the ability of the staff to deliver on some of the outcomes required. A consumer provided an example of where a general deficit in clinical knowledge from some staff had impacted on the quality of their life.

The Assessment Team said feedback from care and clinical staff demonstrated low level awareness of some aspects of the Standards including antimicrobial stewardship and open disclosure. The Assessment Team found staff appeared not to understand concepts and processes which applied to antimicrobial stewardship and open disclosure, and how these were relevant to their work role and practices.

In its response the approved provider was able to demonstrate that staff training is monitored and reviewed on an ongoing basis and that a suite of staff training is in place, and that overall staff did demonstrate understanding across the Standards in line with their work roles.

I find that the approved provider 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.*

The Assessment Team reported the service has conducted annual appraisals for each staff member and there are informal and formal mechanisms to ensure monitoring, review and performance management of staff occurs. Performance management of individual staff members usually include immediate one to one education and/or prioritising relevant formal education. If the matters are ongoing or serious, the general manager directly oversees the performance management and implements formal investigations when necessary.

Based on the information I find that the approved provider is compliant with this requirement.

# STANDARD 8 NON-COMPLIANT 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Consumers provided feedback to the Assessment Team that management was responsive to their complaints and issues as well as their suggestions for improvement. Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Overall the governance system was demonstrated to be effective in meeting legislative requirements and clinical governance. The organisation demonstrated it has a clinical governance framework supporting staff practices in antimicrobial stewardship and in the management of the use of restraint.

However, the organisation does not appear to apply or record the use of open disclosure principles in the management of incidents.

Two of the five specific requirements of this Standard were assessed and I have one (1) of those requirements to be Non-compliant. A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### 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 was able to demonstrate it has governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

#### Information management

* The Assessment Team found overall information systems were in place and working effectively. The service has a clinical governance frame work which outlines the commitment for the clinical quality and safety, and, the safety, health and wellbeing of the consumers. Overall, clinical information was seen to be updated and current and generally reflecting individual consumers’ needs. However, gaps were identified under Standard 2 Requirement 3(a). This is addressed under that requirement.

#### Continuous improvement

* The organisation demonstrated how continuous improvement is part of its board reporting process and can be monitored to ensure improvements at service level are monitored and reviewed.
* The Assessment Team found actions listed in the continuous improvement plan have been implemented effectively. There is a methodical approach to ongoing monitoring, review and service improvement. Improvements are implemented, and results are available to show improvement has occurred. This includes managing consumer privacy and dignity; and improvements in the management of wound care.

#### Financial governance

* The organisation demonstrated its process for financial governance and provided examples as to how this applies to the service.

#### Workforce governance, including the assignment of clear responsibilities and accountabilities

* Although the organisation could demonstrate assignment of clear responsibilities and accountabilities in its workforce governance, issues were raised regarding sufficiency of staff and organisational monitoring of this. See Standard 7 Requirement 7(3)(a) for further information regarding this.

#### Regulatory compliance

* The organisation's system for managing reportable assaults includes incident reporting policies and procedures to guide management and staff. Incidents (including those which may involve reportable assaults) are recorded and a risk rating is applied to escalate information to the regional and operational managers.

#### Feedback and complaints

* The service demonstrates it regularly seeks feedback from consumers and others to inform continuous improvements. The organisation demonstrated this is monitored and reviewed.

Based on the information I find that the approved provider is compliant with this requirement.

### Requirement 8(3)(e) Non-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 Assessment Team reported that while a new clinical governance framework has been developed and is being implemented, issues were identified regarding staff understanding of antimicrobial stewardship and open disclosure. Staff had been educated about the policies in these areas but were only able to provide examples of their relevance to their work with significant prompting, however generally the service was able to demonstrate a clinical governance framework in relation to antimicrobial stewardship.

The Assessment Team discussed this with management who said education had been delivered to staff previously covering these topics, however management also indicated they would provide staff with further information and education in these areas. The Assessment Team reviewed care files which showed pathology is generally completed prior to the commencement of antibiotics and the clinical manager receives an antibiotic usage report from pharmacy.

In relation to minimising the use of restraint the Assessment Team said management were able to demonstrate significant improvements at the service in relation to minimising the usage of psychotropic medication.

However, the Assessment Team reported on a significant incident which occurred at the service in April 2020. The Assessment Team reported processes for open disclosure were not effectively applied in the management of this incident.

In its response the approved provider submitted a framework of how open disclosure is applied. It did not address this specific incident further or identify learnings from the above incident or whether the open disclosure processes used in this instance were satisfactory for the consumer or representatives involved.

I have considered all of the information provided. I am not satisfied the approved provider or service has sufficiently demonstrated their understanding in applying open disclosure principles in this matter. They have not sufficiently shown how this issue was addressed or the steps taken to clarify what occurred. Nor have they demonstrated that key staff effectively understand open disclosure when providing further information or insight into what occurred.

I find that the approved provider is Non-compliant with 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 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.*

* Ensure that assessment and planning, particularly in relation to clinical matters, includes consideration of risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services
* Ensure that assessments are appropriately recorded and documented.

### 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.*

* Demonstrate that the number and mix of members of the workforce consistently supports the delivery and management of safe and quality care and services in line with consumer needs and preferences, and that this is monitored and maintained

### Requirement 8(3)(e)

*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.*

* Demonstrate the application of open disclosure principles in the management of incidents and monitor and review the ongoing application of these principles.