Bupa Waratah

Performance Report

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**Commission ID:** 0728

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

**Assessment Contact - Site date:** 25 February 2021

**Date of Performance Report:** 13 April 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

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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 |
| **Standard 8 Organisational governance** |  |
| 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.
* the provider’s response to the Assessment Contact - Site report received 19 March 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.

The Assessment Team reviewed a sample of care planning documents and found assessments and/or planning that were incomplete, absent, or not completed in a timely manner for consumers. Staff were unable to demonstrate an oversight of the care planning documents that were incomplete or missing.

Most consumers sampled could not directly comment about the ongoing assessment and planning of their care and services, although one consumer provided an example that demonstrated their care had been impacted by the incomplete assessment and planning by the service.

The Assessment team did not assess all requirements for this Quality Standard. However, 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 reviewed a sample of care planning documents and found assessments and/or planning that were incomplete, absent, or not completed in a timely manner for consumers. As examples, one consumer on a palliative care trajectory did not have a palliative care plan. A sample of diabetic consumers also had care plans that lacked specific information about the parameters for their blood sugar levels and interventions to manage the risk.

Staff interviewed were not able to describe the consumer assessments that were still outstanding and required completion. They also demonstrated some gaps regarding communication and handover with each other, which affects clinical oversight for their consumers. One staff acknowledged that care planning documentation was not always accurately updated and attributed this to time pressures from inadequate staff numbers. It was also identified that the service’s weight tracker was not functioning correctly, prohibiting accurate identification and assessment of consecutive weight losses in consumers.

The Assessment Team interviewed a sample of consumers and most did not directly comment about the ongoing assessment planning of their care and services. However, one consumer stated that they do not recall having assessments completed in consultation with staff and noted an occasion where they had difficulty receiving care from medical officer due to their care planning documentation being incomplete or inaccurate.

The service has since responded that their staff have been provided with work instructions and forms to guide and improve their assessment and care planning, and they are conducting internal audits to ensure their residents have appropriate care. Further education and training is also scheduled for staff in identified areas for improvement.

I find this requirement 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 sampled consumers and/or representatives said staff are kind and caring, although they have stated there is not enough staff and have previously raised this concern with the service.

The documentation reviewed by the Assessment Team identified the service is unable to ensure a full complement of staff on a daily basis (as per the allocated roster hours) to ensure the appropriate care and service is provided. This has subsequently impacted on outcomes for the consumers, such as prolonged waiting periods for call bells.

The Assessment team did not assess all requirements for this Quality Standard. However, 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 interviewed a sample of consumers who described staff in a positive manner. However, some consumers and/or representatives stated that there are not enough staff at the service which is negatively impacting the care received by the consumer. Staff interviewed also stated that there are staff shortages at the service which has impacted their ability to deliver care.

The Assessment Team reviewed the staffing roster and confirmed that there were many recent unfilled shifts. The team also reviewed the call bell reports and confirmed that consumers are waiting prolonged periods for calls to be answered. Furthermore, a review of the service’s feedback report shows recent complaints and feedback regarding shortages of staff at the service.

The provider has responded that there have been challenges with recruiting new staff, but recruitment is ongoing to address this gap. In the meantime, they have informed the current challenges with staffing to consumers and their representatives, and will revise strategies to ensure that consumer care need are not impacted during this time.

I find this requirement Non-Compliant.

# 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

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).

The service was able to demonstrate policies relating to a clinical governance framework, antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed were also able to describe principles of antimicrobial stewardship, minimising the use of restraint and open disclosure, although staff will require further training in open disclosure.

## Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### 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 Assessment Team identified the service had policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure. The team also identified that some of these policies were implemented in practice, with management being able to describe changes made to the way care was planned; for example, there is evidence of consumers having ceased psychotropic medication and restraints appropriately managed. Staff and care staff interviewed were able to describe a working knowledge of antimicrobial stewardship and minimising the use of restraints.

However, the Assessment Team identified that not all staff had received education about the open disclosure policy and noted that open disclosure may not be consistently applied.

I have considered the Assessment Team’s findings and the provider response. I have acknowledged that staff interviewed were able to state the principles of open disclosure, and there were identified examples of staff using open disclosure (although it may have been inconsistent). Improvements required in this area were noted on the service’s corrective action plan prior to the Site audit, and the provider has noted that open disclosure training is still ongoing, with an additional focus week organised for the topic occurring in April.

On balance, I find this requirement 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) 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.*

* Ensure all consumers have their assessment and planning accurately completed and documented
* Improve staff communication and handover regarding assessment and planning, to ensure all staff responsible for providing care are aware of outstanding or incomplete assessments and their next review

### 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.*

* Ensure staff shortages are addressed to adequately deliver care to consumers.