Bupa Clayton

Performance Report

12 Burton Avenue   
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**Commission ID:** 3859

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

**Assessment Contact - Site date:** 31 March 2022 to 1 April 2022

**Date of Performance Report:** 28 April 2022

# Performance report prepared by

L Glass, delegate of the Aged Care Quality and Safety Commissioner.

# 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** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 - 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 22 April 2022.

# 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

The Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service is compliant with Requirement 2(3)(e).

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

Care file documentation reflects updates where incidents have occurred and reflects regular monthly review of the sampled consumers’ care documentation to ensure the consumers’’ needs and preferences and goals of care are met.

Feedback from representatives was positive about the service communicating any incidents, changes to care interventions or recommendations made from health practitioner reviews for consumers.

The service provided a plan of continuous improvement which reflected staff have received education and training on the documentation of the monthly care reviews and communication with consumers and their representatives. The care file review reflects the implementation of the monthly care review and scheduled care consultations; however, the actions are still to be embedded and reviewed documents indicate staff require more support in evaluating and recording clinical notes.

Of the 11 sampled consumers’ care files, all had evidence of a summarised monthly global review of progress notes. Care plans were evidenced with appropriate reviews of assessment tools, care interventions and strategies where incidents or changes to the consumers’ health condition or well-being has occurred.

The response from the approved provider acknowledged the recommendation of met and the findings in the Assessment Team report. The response said although the service has fully implemented the Resident of the Day process, more time is required to ensure that the current high quality is maintained and that the improvement actions undertaken have led to sustainable ‘business as usual’ practice. The response said evaluation will include assessing the triangulation of information across clinical documentation and Resident of the Day, assessing the reviews completed by the Clinical Care Managers and Regional Managers, consumer and representative feedback and staff feedback. The service is now focused on embedding the processes to ensure ongoing compliance with Requirement 2(3)(e) and completing education for all staff to ensure competency with the electronic information systems used for record keeping and updating information.

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided I consider the approved provider has demonstrated compliance 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

The Assessment Team assessed three Requirements of this Quality Standard and provided evidence the service is compliant with Requirements 3(3)(a), 3(3)b and 3(3)(d).

The Assessment Team did not assess all requirements and therefore an overall rating for this 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.*

Overall sampled consumers considered that they receive personal care and clinical care that is safe and right for them. Consumers and their representatives gave feedback indicating the care and services provided is satisfactory. The service was able to demonstrate improvements in consumers’ skin care, wound management and pain management. Representatives stated having a permanent nurse to communicate with about their consumers was important to build confidence and trust in the service.

The Assessment Team tested the effectiveness of the changes through consumer and representative interviews, staff interviews, observations and care file review, which demonstrate that the actions planned and implemented have been effective. The service has implemented routine schedules for re-assessment and care plan review, improved staff access to training related to clinical care for consumers and is conducting ongoing auditing and spot checks to confirm staff knowledge and ensure these practices have been embedded.

Most consumers and representatives indicated care is safe and care strategies meet consumers’ individual needs and preferences.

Consumers and representatives said consumers have access to medical practitioners and other health professionals when needed and they are satisfied with the contributions they provide about consumer care.

Consumers and representatives said they are notified about any changes in the consumers’ condition and changes in consumers’ needs and preferences either daily, weekly or as requested and at other times if deemed required by the service.

Representatives indicated an understanding of the consumer’s psychotropic medication use and are satisfied the service has individualised interventions in place to support behaviour management for consumers subject to chemical restrictive practices.

Staff interviews, and documentation, reflect best practice principles are implemented in planning, monitoring, management and evaluation of pain, skin integrity, challenging behaviours and restrictive practices to optimise health and wellbeing, and tailored to the specific needs and preferences of consumers.

Management and staff described ways they provide tailored personal and clinical care to consumers to optimise health and wellbeing.

The approved provider’s response acknowledged the Assessment Team’s recommendation of met and the feedback from representatives satisfied with the care and services provided and that processes are embedded within the home ensuring that consumers receive safe and effective personal and clinical care that is best practice, individualised and aligned to their goals of care. The response acknowledges representatives’ feedback regarding a need for more permanent staff in the home and that this is being addressed. The response also states the service strives to achieve excellence in safe and effective personal and clinical care for every consumer

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement.

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

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

The previous non-compliance identified a lack of effective systems to manage high impact and high prevalent risks relating to behaviours, falls, pain, weight loss and skin integrity.

The service has actioned and implemented routine schedules for re-assessment and care plan review, improved staff access to training related to high risk areas for consumers and is conducting ongoing audits and spot checks to confirm staff knowledge and ensure these practices have been embedded into staff practice. The Assessment Team tested the effectiveness of the changes through consumer and representative interviews, staff interviews, observations and care file reviews which demonstrate the changes have been effective.

The Assessment Team reviewed 11 consumers’ care files for high impact and high prevalence risks which generally demonstrated effective management of high impact or high prevalence risks associated with each consumer’s care. Care planning documents identified key high impact and high prevalence risks including diabetes management, falls, challenging behaviours, pressure injuries, weight loss and indwelling catheter management.

Risk assessment tools are used to identify risks in consultation with the consumer and/or their representative to reduce and manage the risk. Care plans reference input from general practitioners and allied health professionals. The service maintains an electronic risk register consisting of 50 items contained under 12 clinical domains including weight management, infection management, chronic disease management and cognitive and mental health. All consumers are assessed under each item in relation to their assessed risks.

In making my decision I have considered the Assessment Team report and the response from the approved provider. The Assessment Team reviewed the service’s updated ‘plan for continuous improvement’ (PCI) which reflects the corrective actions undertaken in relation to the previous non-compliance related to this requirement. This includes a review of processes and additional ongoing education about effective management of high impact or high prevalence risks.

Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement.

### 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.*

The Assessment Team found the service had implemented improvements to address the deficits identified at the last visit.

The Assessment Team reviewed a sample of consumer care files and found a change in cognitive or physical function, capacity or condition is recognised and responded to in timely manner. Representatives said they are satisfied the service is communicating any changes or deterioration in a timely manner. Staff said that the recent schedule of training has improved their understanding of the procedures and practices to support and advocate on behalf of consumers who have deteriorated.

The Assessment Team reviewed the files of two consumers who experienced unstable diabetes. The files reflect staff providing care as per directives and planned interventions.

The organisation has recently updated the ‘guide to clinical deterioration’ flow chart to ensure all procedures described meet with best practice protocols.

The Assessment Team observed documentation of ongoing audits of care files by the service to satisfy and ensure clinical staff are completing all areas of documentation and following correct reporting protocols for clinical care.

The response from the approved provider states the service strives to achieve excellence in recognising and responding to changes in residents’ conditions. It acknowledges the findings of the Assessment Team that the service is embedding processes ensuring that changes and deterioration in residents are identified and responded to in a timely manner. The response details investigation, review and education undertaken resulting in improved care for consumers with diabetes.

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement.

# 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 assessed two Requirements of this Quality Standard and provided evidence the service is compliant with Requirement 7(3)(a) and Requirement 7(3)(c).

The Assessment Team did not assess all requirements and therefore an overall rating for this 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 previous finding of non-compliance identified that the workforce was not always planned to enable, the delivery and management of safe and quality care and services.

#### Consumers and representatives provided mixed feedback about the sufficiency of staffing within the service. Feedback from staff indicated unplanned leave is generally replaced when required. Management described how existing staff are utilised to fill shifts where possible and agency staff have been used more frequently following the COVID-19 lockdown period.

The response from the approved provider acknowledges the service has faced significant workforce planning challenges. The service states it has been supported by a robust Plan for Continuous Improvement (PCI) to achieve significant improvements in workforce planning acknowledging that this compliance is in its infancy and the focus on continuous improvement is key to the sustainability of the achievements to date and ongoing compliance. Current continuous improvement initiatives are focused on the retention of existing permanent staff and the recruitment of new permanent staff,

In making my decision I have considered the Assessment Team report and the response from the approved provider. While I acknowledge the mixed feedback from consumers and representatives about the sufficiency of staff and the challenges in recruiting permanent staff, I have also taken in to account the continuous improvement plans and acknowledgement of the challenges and improvement actions taken by the approved provider across the workforce.

Based on the evidence provided I consider the service is undertaking and monitoring improvements in staffing and the workforce enables the delivery and management of safe and quality care and services.

On balance I consider the approved provider has demonstrated compliance 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 previous finding of non-compliance identified that the workforce was not always competent and had the knowledge to effectively perform their roles.

The Assessment Team found the majority of consumers and representatives expressed satisfaction staff are competent and knowledgeable and effectively perform their roles. Staff are supported by management and senior clinical staff to effectively perform their roles. The workforce is recruited to specific roles, requiring qualification, credentialing or competency with effective monitoring.

Education documentation reviewed by the Assessment Team identified staff have the knowledge and skills to meet consumer needs, preferences and organisational processes for different roles.

The organisation has a comprehensive recruitment and selection process, informative, documented position descriptions detailing core competencies and capabilities for different roles. It undertakes annual staff performance reviews to determine if staff are competent and capable in their role.

The Assessment Team reviewed education documentation which identified staff have the knowledge and skills to meet consumer needs, preferences and organisational processes for different roles.

The response from the approved provider supplied further information about the service’s Training and education plan developed in response to audit findings, evaluation of improvement actions, consumer feedback and staff feedback. The response acknowledges that caring for consumers living with dementia can be challenging and confirms that education on behaviour management and person centred care is a regular component of the education plan.

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement.

# 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

The Assessment Team assessed one Requirement of this Quality Standard and provided evidence the service is compliant with Requirement 8(3)(d).

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

## Assessment of Standard 8 Requirements*.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team found the service demonstrated that actions undertaken have addressed the deficits previously identified about ineffective risk management and incident management systems which had contributed to poor outcomes for care recipients. Actions implemented have ensured staff have received specific incident training and support to report, investigate and provide clear documentation on all clinical incidents including Serious Incident Response Scheme (SIRS) reporting.

Responsibility for overview of incident reporting has been allocated to senior staff members and the service demonstrated ongoing auditing of timely investigation and evaluation of incidents.

The service has a risk framework identifying high impact and high prevalence risks and abuse or neglect of consumers. The service has an incident reporting system requiring the escalation of high impact risks. The service demonstrated components of the risk management system to the Assessment Team including incident reports, hazard forms, audits, meetings with consumers, representatives and staff. There are processes in place to ensure action is taken and consumers are supported to live the best life they can.

The response from the approved provider confirmed the improvements implemented around incident reporting and management and ongoing education starting with open disclosure and clinical governance and SIRS specific training.

The organisation provided a documented risk management framework, including relevant policies.

In making my decision I have considered the Assessment Team report and the response from the approved provider. Based on the evidence provided I consider the approved provider has demonstrated compliance with this requirement.

# 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.