Performance

Report

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| Name of service: | Bupa Dural |
| Service address: | 1 Stonelea Court DURAL NSW 2158 |
| Commission ID: | 0570 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 4 July 2023 |
| Performance report date: | 28 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Dural (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the 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 team’s report received 13 July 2023
* the Performance Report dated 3 August 2022 for the Site Audit conducted 28 June 2022 to 30 June 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

The Performance Report dated 3 August 2022 for the Site Audit conducted 28 June 2022 to 30 June 2022 found consumers and representatives did not feel care and services were consistently provided in a respectful and dignified manner, and that consumers were not supported to take risks to enable them to live their best life. Following the Site Audit, the service took action to address the identified deficiencies; actions included:

* All staff, prior to commencement at the service were required to have sound communication skills and to have qualifications in aged care or nursing. Consumers and representatives were satisfied with staff communication skills and said they provided care that respected the consumers’ culture and diversity. Staff were observed communicating clearly and appropriately with consumers.
* Topics including dignity and respect were discussed at staff meetings and this was confirmed by staff. Staff described how they treated consumers with respect and valued their culture and diversity.
* Staff said they had received education in communication skills, dignity and respect, code of conduct, cultural diversity, and customer service; a review of training records confirmed this education had been provided. Care staff said they knocked on consumers’ doors, introduced themselves, explained what they are going to do and sought consent, prior to commencing care delivery.
* Dignity of risk forms were implemented for those consumers who chose to participate in activities that enabled them to live their best life and involved an element of risk. Documentation demonstrated that risks had been identified and that discussions regarding risk mitigation strategies had occurred with the consumer and/or their representative.

Consumers and representatives said staff treated consumers with dignity and respect and this was observed. Consumers said staff were kind to them and came quickly when requested. Representatives and staff described how staff respected preferences and choices associated with consumers’ cultural background and spiritual beliefs. Staff consistently spoke about consumers in a way that respected the consumers’ personal circumstances and care documentation reflected consumers’ individual needs.

Consumers and representatives were satisfied consumers were supported to take risks and live their best life. Staff could describe how they supported consumers to understand the benefits and possible harm associated with risks they chose to take and how they involved consumers in problem-solving to reduce risk.

For the reasons detailed, I find Requirements 1(3)(a) and 1(3)(d) are Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |
| Requirement 3(3)(e) | 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. | Compliant |

Findings

The Performance Report dated 3 August 2022 for the Site Audit conducted 28 June 2022 to 30 June 2022 found that aspects of personal and clinical care were not tailored to the consumers’ individual needs and did not optimise consumers’ health and well-being particularly in relation to the management of chemical restraint and some aspects of clinical care delivery. Additionally, information systems were not effective in ensuring consumers’ condition, needs, medical appointments and reviews were effectively communicated. Following the Site Audit, the service took action to address the identified deficiencies; actions included:

* Case conference processes have increased and were being facilitated to discuss concerns or changes in a consumers’ care.
* Conversations were being with consumers and representatives and staff were working to ensure positive outcomes were achieved. A review of case conference progress notes showed the service was documenting conversations with consumers and representatives.
* Changes in consumers’ care was discussed at the weekly clinical risk meetings and communication with family was either conducted by registered staff or management. Registered staff confirmed this occurs.
* Progress notes were monitored regularly for open disclosure, and staff were regularly reminded to ensure families received communication in relation to a change in a consumer’s health or care needs.
* Monthly audits commenced in February 2023 to ensure diabetic consumers were receiving effective management of their diabetes. A review of the audits for May and June 2023 confirmed all consumers with diabetes were monitored. Senior clinical staff said there had been improvement in the monitoring of consumers’ blood glucose levels over the previous six months.
* Senior clinical staff said they identified opportunities to improve the communication of medical officer instructions relating to medication management. In response to this, improvements to the electronic care management systems were initiated in February 2023 and this was supporting registered staff in the management of consumers with diabetes.
* The service recruited a Quality Education Manager in February 2023 to provide additional training to staff and to provide increased clinical oversight.
* The Quality Education Manager monitored psychotropic medications which have been included as a standing agenda item at the weekly clinical risk meeting. The psychotropic register showed appropriate diagnoses and consents from the medical officer, consumers, and representatives.

Consumers and representatives were satisfied the service was providing safe and effective personal and clinical care. Consumers including those with diabetes and wound care reported satisfaction with the way their health was managed

Staff demonstrated a sound understanding of consumers’ care needs. Staff were familiar with diabetes management for individual consumers including the monitoring of blood glucose levels; documentation demonstrated blood glucose levels were monitored and insulin was given on time. Where required, contact was made with medical officers and reassessment occurred.

Wound care specialists were involved in the management of complex wounds, wound care was delivered in accordance with care directives and monitoring of wounds occurred. Registered staff said they monitored wounds and took photographs on a weekly basis. They said if wounds were not healing in a timely manner, they escalated the situation to the medical officer or to the wound care specialist.

Chemical restraint was monitored by the medical officer on a regular basis and for those consumers who had been prescribed a chemical restraint there was evidence of consultation with representatives and authorisation. Management said the service’s electronic care management system automatically alerted registered staff to update the psychotropic register when there has been a change in the use of psychotropic medications. Restrictive practices and psychotropic medications were an agenda item at the service’s clinical risk meeting and review of the April and May 2023 clinical risk meeting minutes showed chemical restraint was discussed.

For consumers who experienced falls, a falls risk assessment was completed, registered staff assessed the consumer following a fall, referrals were made to the physiotherapist, mobility aids and sensor equipment was sourced, and falls prevention strategies were detailed in care planning documentation. While the completion of observations post fall was not consistently in accordance with organisational policy, management addressed this at the time of the Assessment Contact and adjusted the plan for continuous improvement accordingly.

Consumers and representatives were satisfied with the way information about consumers’ needs and preferences was communicated and provided positive feedback in relation to this. One representative said the service’s information systems had improved and that this had enhanced the way their family member’s dignity and choices were supported; documented representative feedback was reviewed and demonstrated high levels of satisfaction with the way communication was managed. Care staff said they refer to the care plans for information about consumers’ needs and preferences.

For the reasons detailed I find Requirement 3(3)(a) and 3(3)(e) are Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Performance Report dated 3 August 2022 for the Site Audit conducted 28 June 2022 to 30 June 2022 found deficiencies relating to feedback and complaints processes. Consumers and representatives were dissatisfied with the actions that had been taken in response to their feedback and complaints and the service did not consistently use feedback to improve the quality of care and services. Following the Site Audit, the service took action to address the identified deficiencies; actions included:

* The display of feedback and complaints material throughout the service has been increased and this included feedback forms at each nurses’ station, at front reception and at the managers’ offices. A copy of the complaints process and forms were included in the monthly consumer newsletter and consumer admission packs. Feedback forms and suggestion boxes were available within the service.
* The newly appointed Quality and Education Manager has provided staff with education on feedback and complaints, including open disclosure. Staff confirmed they had taken part in feedback and complaints training.
* Feedback and complaints were a standing agenda item in all staff meetings and discussions occurred about complaint trends and resolutions.
* Feedback and complaints were a standing agenda item in consumer meetings to provide further opportunity for consumers to provide feedback. Consumer meeting minutes evidenced issues raised had been acknowledged and included in the service’s feedback and complaints register.
* All feedback was captured in the service’s feedback and complaints register and was reviewed by senior management.

Consumers provided a number of examples of recent complaints they had made or feedback they had provided and said their complaints had been promptly addressed and that appropriate action had been taken by staff and management. Consumers were confident the service would address their concerns and provided examples of improvements to the care and services they received; they said they felt comfortable bringing their complaints forward.

Management and staff had a sound understanding of complaints processes. Staff reported they initially tried to resolve complaints, referring to management those complaints that were outside their role. Staff demonstrated an understanding of open disclosure with one staff member referencing open disclosure as the first action of the complaints process. Staff said open disclosure plays an important role in ensuring consumers feel safe and comfortable when providing complaints and feedback and gives staff the opportunity to reassure consumers that appropriate action will be taken.

The service’s feedback and complaints register evidenced an identified trend in laundry complaints. This was reflected in the service’s plan for continuous improvement which included actions to address missing laundry by contacting consumers and family to ensure all new clothing items that were bought were labelled. A free labelling service for consumers was implemented using labels that could withstand the service’s industrial washing machines. Since the introduction of the labelling service the service has not received any complaints relating to missing laundry.

Management advised they received feedback and complaints via feedback forms, suggestion boxes, verbally to staff or management and via emails. Complaints were investigated within 24 hours with acknowledgement provided to the complainant and a resolution provided as soon as possible depending on the complexity of the complaint.

For the reasons detailed I am satisfied Requirements 6(3)(c) and 6(3)(d) are Compliant.

# Standard 7

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| Human resources | |  |
| 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. | Compliant |

Findings

Staffing allocations adequately met consumer needs and ensured the delivery of safe and quality care and services. Most consumers felt they were very well cared for by the staff with one consumer saying they could ‘not speak highly enough’ of staff and another saying staff were ‘very good’. Some consumers acknowledged the service could be short of staff at times but indicated despite this, they felt they were very well cared for.

Management had contingency plans in place to replace staff when required and rosters were reviewed on an as required basis to ensure staff allocations were adequately meeting changing consumer needs and preferences.

Staff said there were adequate staff to provide care and services in accordance with consumers’ needs and preferences and that they generally had enough time to undertake their allocated tasks and responsibilities.

Call bell response times were monitored daily with extended response times investigated by senior management. Staff were observed responding to call bells and attending to consumers in a timely manner.

The service employed a mix of registered and care staff. Care staff were responsible for the provision of meals and could also administer medication where qualified to do so. Recruitment processes were ongoing and there were strategies to replace staff on planned and unplanned leave including by contacting a pool of casual and agency staff or extending other planned shifts.

For the reasons detailed I find Requirement 7(3)(a) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)