Performance

Report

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| Name of service: | Performance report date: |
| Bupa Merrimac | 20 June 2022 |
| Commission ID: | Activity type: |
| 5368 | Site audit |
| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd | 17 May 2022 to 19 May 2022 |

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 Merrimac (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner).

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 Site Audit; the Site Audit 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 15 June 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# 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 3(3)(b) – the Approved Provider ensures high-impact and high-prevalence risks associated with the care of consumers are effectively managed, including through implementing and evaluating relevant strategies. This includes management of risks pertaining to falls.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers and their representatives said consumers are treated with dignity and respect and felt safe and valued as individuals. They described how the service supports consumers’ culture, including through recognising culturally significant days and accommodating dietary requirements. Care plans describe consumers’ life journey, cultural background, spiritual preferences and important relationships.

Consumers and their representatives said consumers are supported to maintain relationships, make choices about how they spend their time and their daily routine, and be independent. Staff described how they support consumers to maintain relationships and involve representatives in care decisions in line with consumers’ preferences.

Staff described how they support consumers to take risks of their choosing through conducting risk assessments in consultation with the consumer, representatives and health professionals. Staff were familiar with choices of individual consumers and the applicable risk mitigation strategies.

Consumers and their representatives said consumers are provided with information to support them to make choices, such as copies of activity calendars and meal options through the displayed menu. Staff described how they communicate with consumers with different language or communication needs.

Staff were observed respecting consumers’ privacy through knocking and greeting consumers before entering rooms, maintaining consumers’ dignity and closing doors when providing care. Staff maintained confidentiality through conducting handover in private, placing confidential information away and locking nurses’ stations.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

## Findings

The service forms care plans through a range of assessments conducted with consumers according to consumers’ individual needs. Care plans reflect consumers’ goals and preferences, including for advance care and end of life planning. Care planning documents generally contained information relative to risks to consumers’ health and well-being.

Consumers and their representatives said they were satisfied with their involvement in the assessment and planning process. Care planning documents, including progress notes, reflect involvement of other services and providers.

Consumers and their representatives said they can access copies of care plans if they wish, and that staff explain relevant information to them. Care and services are reviewed regularly, at least every 3 months, and a care conference is conducted.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

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

The Site Audit Report reflected staff were able to identify high impact and high prevalent risks. While the service demonstrated effective management of risks such as diabetes and continence management, deficits were identified in management of falls at the service.

The Approved Provider responded on 15 June 2022, did not agree with the Assessment Team’s recommendation that the service did not meet the requirement, and included clarifying information and clinical record extracts. The Approved Provider stated the service was transferring to an electronic documentation system from a paper-based system during the Site Audit, which resulted in difficulty for the Assessment Team in accessing some documents.

Regarding a named consumer who had two significant falls, a falls risk or a physiotherapy assessment was not observed by the Assessment Team following the second fall. As part of the risk mitigation strategy, the consumer required a visual check every 30 minutes, however, a supervision chart was not observed to be implemented. The Approved Provider submitted evidence of a falls risk assessment completed one week after the consumer returned from hospital following the fall. The Approved Provider submitted evidence that while the supervision chart was implemented, there were some gaps in its completion. The Approved Provider acknowledged the deficits in completion of the assessment and supervision chart and added this to the service’s plan for continuous improvement, including providing education to staff.

Regarding a named consumer who was hospitalised on two occasions due to falls, a falls risk assessment was not completed prior to the Site Audit following a fall that occurred weeks prior. As part of the risk mitigation strategy, the consumer required a visual check every 30 minutes, however, the supervision chart was not completed consistently and there were significant gaps. The Approved Provider submitted evidence of a falls risk assessment, however, it was completed days later, during the Site Audit. The Approved Provider acknowledged the delayed timeliness of the assessment completion and gaps in the supervision chart and added this to the service’s plan for continuous improvement, including providing education to staff.

Regarding a named consumer representative who expressed concerns regarding the consumer’s frequent falls, the Approved Provider has since met with the representative and have implemented further strategies.

The Site Audit Report identified there were high number of medication incidents at the service. I have not considered this information in determining my decision of compliance with this Requirement since no examples relating to impact on the named consumers were brought forward in the report.

I acknowledge the Approved Provider’s response and actions taken to address the deficiencies. However, the evidence brought forward in the Site Audit Report supports the service was not consistently monitoring consumers and completing post-fall assessments in line with the service’s documented policy. Since some of the fall mitigation strategies were not being consistently implemented at the time of the Site Audit, I consider the risks pertaining to falls were not effectively managed. The actions implemented following the Site Audit require time to demonstrate suitability and effectiveness.

Accordingly, I find requirement 3(3)(b) is non-compliant.

I am satisfied that the remaining 6 requirements of Quality Standard 3 are compliant.

Most consumers and their representatives said consumers receive personal and clinical care that is safe, effective and tailored to their needs. Overall consumers subject to restrictive practices have appropriate documentation, monitoring and review in place. While the service had not considered bed rails and low-low beds as mechanical restraint, appropriate consent and risk assessments were in place for the consumers subject to these practices. Consumers requiring skin integrity and pain management care received suitable care consistent with applicable policies and directives.

For consumers who were receiving palliative care or who recently passed away at the service, their needs, goals and preferences were documented in their care planning documents and care was provided to maximise their comfort and dignity. Staff described how they honoured the end of life care needs and preferences of consumers.

Care documentation of consumers who experienced deterioration showed that processes for the escalation and response to deterioration have been identified or recognised in a timely manner. Representatives were satisfied with how staff manage changes to consumers’ condition.

Information relating to consumers’ condition, needs and preferences is reflected in care plans, progress notes, and health directives, and is shared through handover meetings. Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations, including physiotherapists, geriatricians, and behaviour support services.

The service demonstrated minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff described precautions to prevent and control infection and the steps they take to minimise the use of antibiotics.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers and their representatives said consumers feel supported to pursue activities of interest to them, optimise their independence and receive appropriate supports. Staff described how they engage with consumers to develop individualised activity plans, and how the activity schedule is tailored to consumers’ interests and modified to suit consumers’ functional ability. Consumers were observed engaging in activities including cooking and serving pancakes.

Consumers and their representatives said consumers’ wellbeing needs are supported through engagement with spiritual services, staff providing emotional support and staff assisting consumers to keep in contact with friends and family. They said consumers are supported to receive visitors and attend outings. Staff described how they identify changes in consumers’ moods and offer support, and how consumers are supported to participate in the community.

Most care documentation showed adequate information to support safe and effective care, with some miscommunication occurring regarding consumers’ appointments and dietary information. The Site Audit Report noted no impact to consumers and that the service is transitioning to an electronic care planning system.

Consumers and their representatives said consumers receive suitable referrals to other services and providers. The service engages with external providers to supplement the lifestyle program, including religious services, hairdressing, pet therapy and entertainment.

Most consumers were satisfied with the variety and portion size of their meals. Concerns raised during the Site Audit regarding communication of dietary requirements and preferences were addressed by the service. Staff described how items are added to the menu based on consumer preference. The kitchen environment was observed to be clean and tidy, and consumers requiring meal assistance were observed to be assisted by staff in a manner respecting consumers’ independence.

Equipment used to support the lifestyle needs of consumers including mobility aids and lifestyle activity products were suitable, clean and well maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers and their representatives said the service environment is welcoming and consumers feel at home. Consumers’ rooms are personalised with decorations, furniture and photographs, and there are shared areas for consumers to interact indoors and outdoors. The service environment is designed with signage, handrails and lighting to support consumers to move freely, and staff were observed assisting consumers as needed. The service has outdoor seating and garden areas, and external pathways are free from hazards.

Consumers and their representatives said the service environment is safe, clean and maintained. Staff explained maintenance processes and procedures, and how potential hazards are addressed. Logs reflected that monthly cleaning and maintenance reviews are actioned and completed.

Consumers said equipment, furniture and fittings are suitable. Staff described how equipment is maintained and cleaned, including between use if shared equipment is utilised.

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**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 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

Consumers and representatives said they are supported to give feedback or to make complaints about the service, that a response is given, and action is taken regarding the issues raised. Staff stated they support and encourage consumers to provide feedback and suggestions. Feedback forms are accessible to consumers from different areas of the service.

Consumers are made aware of advocates, language services and other methods of raising complaints through newsletters and posters displayed at the service. Staff described the advocacy and language services available to consumers, and how consumers with communication difficulties or cognitive impairment are aided to provide feedback or make complaints.

The service’s complaints register showed all complaints are actioned with an appropriate response. Staff demonstrated an understanding of open disclosure process and how it is practiced when addressing complaints. The service’s continuous improvement plan shows feedback and complaints are trended, analysed and used to improve the quality of care and services.

**Standard 7**

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| Human resources | | Compliant |
| 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Overall consumers and their representatives considered there were sufficient staff deployed to support the delivery of safe and quality care and services. Staff interviewed stated they are able to complete their tasks in a timely manner and deliver quality care to consumers. Rostering, allocation sheets and call bell records demonstrated effective workforce planning and showed most call bells are responded to promptly.

Consumers and their representatives said staff provide kind, caring and respectful support and care. The service has recruitment, orientation and onboarding processes in place to recruit and train suitable staff. Staff qualifications, training and competencies are monitored regularly.

Most consumers and their representatives stated staff are adequately trained and equipped to perform their roles. The service delivers formal and periodic training to support staff in delivering appropriate care. Most staff had completed their mandatory role-specific training at the time of the Site Audit.

While most staff had not completed their formal annual performance reviews, senior staff regularly monitors staff performance and provides feedback when required. The service demonstrated an example of performance improvement processes implemented for staff involved in medication incidents.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | 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. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| 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. | Compliant |

## Findings

Consumers said the organisation is well run and that they can partner in improving care and service delivery. Consumers are engaged in discussions about improvement initiatives through consumer meetings, surveys, and discussions with management.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The governing body receives monthly governance reports and has subcommittees dedicated to clinical management and policy and legislation management.

The organisation has effective governance systems in place. Staff are generally able to easily access relevant information through the service’s information management systems. Opportunities for continuous improvement are identified and actioned. Financial and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular staff communication and meetings. Feedback and complaints are captured, and appropriate action is taken, which also contributes to improve initiatives and outcomes.

The service has documented risk management framework, which includes policies on high impact or high prevalence risks, identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life and managing and preventing incidents. Staff demonstrated an understanding of the policies and provided examples relevant to their work, including for reporting and managing incidents. Where deficits in relation to management of some falls related incidents were identified, they have been considered under Standard 3 Requirement (3)(b).

The organisation has a clinical governance framework that includes policies relating to antimicrobial stewardship, open disclosure and the minimisation of restrictive practices. Staff described how the clinical governance framework is applied at the service.