Bupa Campbelltown

Performance Report

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**Commission ID:** 6089

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

**Assessment Contact - Site date:** 14 January 2021

**Date of Performance Report:** 16 March 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 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(b) | 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 Approved Provider’s response to the Assessment Contact - Site report received 9 February 2021.

# STANDARD 1 NON-COMPLIANT 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

The Assessment Team assessed Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact. However, the Quality Standard has been assessed Non-compliant as one of the six specific Requirements has been assessed as Non-compliant.

The purpose of the Assessment Contact was to assess performance of the service in relation to Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in this Standard. These Requirements were found Non-compliant following a Site Audit conducted on 9 to 11 December 2019 because not all consumers’ cultural preferences had been recognised and respected, consumers were not always support to exercise choice and independence, risk associated with consumers’ choices had not been sufficiently assessed and strategies to mitigate risks developed and communicated, and information was not clear and easy to understand to enable non-English speaking consumers to exercise choice and make decisions in relation to their care and services.

The Assessment Team have recommended Standard 1 Requirements (3)(b), (3)(c) and (3)(e) as met and Standard 1 Requirement (3)(d) as not met. In relation to the not met recommendation the Assessment Team found the service was unable to demonstrate a consumer has had all activities they participate in to live the best life they can, adequately risk assessed, and that these risks are discussed with the consumer.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirements (3)(b), (3)(c) and (3)(e) in Standard to be Compliant and Requirement (3)(d) in this Standard to be Non-compliant. I have provided reasons for my findings in the respective Requirements below.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

Following the Site Audit conducted on 9 to 11 December 2019, it was found not all consumers’ cultural needs or preferences had been recognised or respected, or their identity, culture or diversity valued. The Assessment Team found the service implemented a quality improvement plan to address the deficiencies identified, with improvements including (but not limited to):

* Cultural safety education was conducted at the registered nurse meeting and general staff meeting, including additional toolbox training sessions.
* An audit of all diet forms was conducted to ensure consumers’ preferences were reflective of their needs and preferences.
* A map of life review was completed with activity plans and cultural preferences updated accordingly.
* Communication boards were provided for Non-English speaking consumers and a translator app is now available on staff tablets.

The Assessment Team have recommended this Requirement as met and provided the following information and evidence relevant to my finding:

* Three consumers/representatives indicated there are culturally specific activities regularly provided.
* Staff confirmed they had participated in cultural safety training and were able to confirm processes used to gather information about consumers’ life history, and cultural needs and preferences.
* Training records confirm cultural diversity and cultural safety training has been conducted with the service now having implemented diversity and culturally appropriate care work instructions and a diversity plan.

Based on the Assessment Team’s report and the Approved Provider’s response I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Standard 1 Requirement (3)(b).

### 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.*

Following the Site Audit conducted on 9 to 11 December 2019, it was found consumers were not always supported to exercise choice and independence in relation to their care and services. The Assessment Team found the service implemented a quality improvement plan to address the deficiencies identified, with improvements including (but not limited to):

* A care plan consultation matrix was developed which identifies the appropriate person to consult with in relation to care and reviews.
* A consumer and representative identified in the Site Audit report have participated in a meeting to discuss the consumer’s care plan and this document was updated following the meeting.

The Assessment Team have recommended this Requirement as met and provided the following information and evidence relevant to my finding:

* Consumers and representatives interviewed described how staff support them to make decisions about consumers’ care.
* Staff were able to describe how each consumer is supported to make informed choices and indicated consumers decide how and when they would like relatives or representatives involved in decisions about their care.
* Meeting minutes indicated consumers can provide their views and communicate their choices and preferences.
* Consumers’ care plans viewed included consumer goals, including how consumers would like to maintain their independence.

Based on the Assessment Team’s report and the Approved Provider’s response I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Standard 1 Requirement (3)(c).

### Requirement 1(3)(d) Non-compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

Following the Site Audit conducted on 9 to 11 December 2019, it was found two consumers who engage in activities which have associated risk, had not had this engagement with the activities adequately assessed or strategies to minimise or mitigate risk developed or communicated. The Assessment Team found the service implemented a quality improvement plan to address the deficiencies identified, with improvements including (but not limited to):

* A case conference for independent outings forms has been developed and discussed with the relevant consumer/representative.
* A relevant assessment for a consumer was conducted which resulted in a care plan update and the implementation of safety equipment.
* Staff were provided with education in relation to identifying and managing risk.

The Assessment Team have recommended this Requirement as not met. The Assessment Team found while the service was able to demonstrate risk assessments have been completed in relation to consumers who engage in activities which have associated risk to live the best life they can, the service was unable to demonstrate for one consumer that all activities which have associated risk which this consumer engages in have been risk assessed and the consumer supported to remain safe while undertaking this activity. The Assessment Team provided the following information and evidence relevant to my finding:

* One consumer’s clinical documentation indicates the consumer has had several incidents which may be associated with an activity of their choosing.
* Management indicated they have attempted to monitor the consumer in relation to this activity of the consumer’s choosing but attempts have been refused by the consumer. However, the consumer’s care plan did not include information or a risk assessment in relation to this activity.
* The consumer’s representative is concerned for the consumer’s safety and is not satisfied staff adequately support the consumer to engage in an activity of the consumer’s choosing which has associated risks. The representative is also not satisfied the consumer is supported to mobilise independently within the service.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings in relation to this Requirement. The Approved Provider provided the following information and evidence to refute the Assessment Team’s finding and demonstrate the service were Compliant at the time of the Assessment Contact:

* The consumer has been supported with decision making in relation to engaging in the activity of their choosing which the Assessment Team have found to not be risk assessed. The Approved Provider submitted several medical officer notes in relation to this activity of the consumer’s choosing, specifically discussing the risk associated with prescribed medications.
* Care plans which have been developed from assessments, medical officer notes, a hospital discharge and discussion with the consumer and their representative include strategies and supports to ensure the consumer can engage in this activity of their choosing and to remain safe while undertaking this activity.
* Regular review of care records indicates the consumer is involved in care planning and are aware of their decisions.
* The service has provided the consumer with options to mobilise independently within the service, however, the consumer has refused these options.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

In coming to my finding, I consider the service has identified and assessed risks associated with several activities of this consumer’s choosing. However, in relation to the activity identified by the Assessment Team as not being risk assessed or included in the consumer’s plan of care, I find the service has not demonstrated they sufficiently conducted a risk assessment to identify all risks and to ensure the consumer understands the risks and potential negative outcomes when engaging in this chosen activity. I acknowledge the consumer’s medical officer has discussed with the consumer the risks associated with this activity specifically in relation to the medication regime, however, care plans and other documentation does not support that other risks associated this activity have been specifically risk assessed or discussed with the consumer, which has potentially resulted in several incidents, with some causing the consumer injury. Following the Assessment Contact, the service completed a care plan specific to this activity which included the risks associated with this activity and that the risks have been discussed with the consumer who understood potential consequences.

In relation to the consumer mobilising independently within the service, I find the service has provided the consumer with alternative options to ensure the safety of the consumer and other consumers. However, at the time of the Assessment Contact, while the service has respected the consumer’s wishes and preferences in relation to one specific activity, the service did not have a completed plan of care specific to this activity to ensure specific strategies have been implemented to minimise risk associated with this activity and to demonstrate the consumer has been assisted to understand the risks at the time of the Assessment Contact.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Non-compliant with Standard 1 Requirement (3)(d).

### Requirement 1(3)(e) Compliant

*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.*

Following the Site Audit conducted on 9 to 11 December 2019, it was found information was not always clear or easy to understand to enable consumers from Non-English backgrounds to exercise choice. The Assessment Team found the service implemented a quality improvement plan to address the deficiencies identified, with improvements including (but not limited to):

* The consumer feedback form and weekly activity schedule has been translated into a language other than English.
* A local interpreter service has been identified and information about this service has been included in admission documentation.
* A translator application is used by staff to support communication with consumers from Non-English speaking backgrounds.
* Staff specifically invite all consumers to relevant meetings and for those consumers who decline, their feedback is sought by staff.

The Assessment Team have recommended this Requirement as met and provided the following information and evidence relevant to my finding:

* Consumers from Non-English speaking backgrounds indicated staff provided information from the resident/relative meeting in their specific language.
* Staff provided examples in relation to how they communicate with consumers who do not speak English or have a cognitive impairment.
* Various documentation such as the newsletter and activity calendars are translated into a language other than English.
* Communication cards have been implemented which translates English into a specific language.

Based on the Assessment Team’s report and the Approved Provider’s response I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Standard 1 Requirement (3)(e).

# STANDARD 3 NON-COMPLIANT 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 Quality Standard is assessed as Non-compliant as one of the seven specific Requirements has been assessed as Non-compliant. An overall assessment of this Standard was not completed at this Assessment Contact.

The Assessment Team assessed Requirements (3)(b) and (3)(g) in this Standard, all other Requirements were not assessed. The Assessment Team have recommended Requirement (3)(b) as not met and Requirement (3)(g) as met. In relation to the not met recommendation the Assessment Team found the service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer, specifically in relation to wound management and incident reporting.

Based on the Assessment Team’s report and the Approved Provider’s response I find Requirement (3)(g) in Standard to be Compliant and Requirement (3)(b) in this Standard to be Non-compliant. In relation to Requirement (3)(b), I have provided reasons for my findings in the respective Requirement below.

In relation to Requirement (3)(g) in this Standard, the Assessment Team found the service had adequately responded to gaps identified in the service’s outbreak management plan following an Assessment Contact on 25 November 2020 which targeted infection control, specifically in relation to COVID-19. The Assessment Team found consumers confirmed they received information about COVID-19 and infection control and felt safe living at the service. Clinical staff were able to demonstrate understanding and application of infection control precautions and practices to reduce the risk of infections and increasing resistance to antibiotics. The Assessment Team also found the service has written procedures, tools, programs, equipment and education for staff relating to infection control and practices to reduce the risk of infection and resistance to antibiotics.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumers in relation to nutrition and hydration, behavioural and pain management. However, the Assessment Team found in relation to wound management and incident reporting the service was unable to demonstrate effective management for one consumer. The Assessment Team provided the following information and evidence relevant to my finding:

* The consumer’s wound documentation indicated one of the consumer’s wounds was found to have maggots in the wound, however, there was no further documentation to follow-up this finding.
* The consumer has had several falls and the consumer’s representative is concerned that another fall could result in a fatal injury and the service were not doing enough to prevent the falls.
  + Progress notes and incident forms indicate the consumer has had nine falls in a five-month period, with one fall resulting in significant injury. The Assessment Team found no interventions or further strategies were implemented following this fall.
  + All falls have not been reported through the service’s incident reporting system.
  + The consumer stated the pathway outside their room was uneven and required fixing. While the consumer indicated they had informed management about the pathway, no action has been taken to address the issue.

The Approved Provider submitted a response to the Assessment Team’s report and does not agree with the Assessment Team’s findings in relation to this Requirement. The Approved Provider provided the following information and evidence to refute the Assessment Team’s finding and demonstrate the service were Compliant at the time of the Assessment Contact:

* In relation to wound management, the Approved Provider asserts the service did follow-up the wound entry indicating there were maggots in the consumer’s wound. The service identified the registered nurse had not reported this observation on the day they documented their observations of maggots in the wound but clinical management identified this entry during routine document review the next day. Clinical management had the medical officer review the wound within 24 hours of the entry about the maggots in the wound which found no infestation.
* In relation to falls management for this consumer, the Approved Provider indicated that all falls have been recorded in the incident reporting system, but two incidents were recorded on one incident form due to them being three-and-a-half hours apart on the same day.
  + Management have since completed a toolbox session with registered nursing staff about completing separate incident forms for each incident and this was also discussed at the registered nurse meeting.
  + The pathway discussed by the consumer as being uneven has been reviewed by the senior management, including a risk assessment which found the area to be a low falls risk and the path has previously been reviewed with the lip in the concrete being shaved down to reduce the height between the pathway and veranda.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement.

In coming to my finding, I consider that while the service has captured each fall on incident forms for this consumer, the service has not effectively reviewed falls prevention strategies to minimise the risk of re-occurring falls or injury associated with falls. I find that while incident forms indicate staff are undertaking an investigation and review after each fall, these reviews are not resulting in tangible strategies to minimise the consumer’s risk of falls. While the service has acknowledged the consumer’s independence and self-determination to make their own choices, based on evidence in the Assessment Team’s report and the response, the evidence does not indicate how staff are effectively responding to the consumer’ risk of falls to support them to move about safely or to ensure the risk of falling is a low as possible. I have considered that for the three most recent falls, there have been no changes or action taken in response to the falls.

In relation to the consumer’s wound, I find the service’s wound and review processes have been effective in identifying a potential infestation of maggots in the consumer’s wound and that appropropriate review and follow-up was undertaken following the first observation of maggots in the wound which found there to be no infestation.

However, based on the Assessment Team’s report and the Approved Provider’s response I find the service was unable to demonstrate effective management of the consumer’s risk of falls. I find the consumer has had several falls which have not resulted in effective review of falls prevention strategies, including after the fall which resulted in significant injury. In context of the consumer’s history of injury associated with falls, I find the service has not adequately responded to the consumer’s high impact or high prevalence risks associated with their care.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Non-compliant with Standard 3 Requirement (3)(b).

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team assessed Requirement (3)(b) in this Standard, all other Requirements in this Standard were not assessed. An overall assessment of this Standard was not completed at this Assessment Contact.

The purpose of the Assessment Contact was to assess performance of the service in relation to Requirement (3)(b) in this Standard. This Requirement was found Non-compliant following a Site Audit conducted on 9 to 11 December 2019 because the service was unable to demonstrate that all consumers and/or representatives were aware of feedback and complaint processes, including access to advocates, language interpretation services and other methods for raising and resolving complaints.

The Assessment Team have recommended Standard 6 Requirement (3)(b) as met. Based on the Assessment Team’s report and the Approved Provider’s response I find this Requirement Compliant and have provided evidence and reasons for my finding in this respective Requirement below.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

Following the Site Audit conducted on 9 to 11 December 2019, it was found the service was unable to demonstrate that all consumers and/or representatives were aware of feedback and complaint processes, including access to advocates, language interpretation services and other methods for raising and resolving complaints. The Assessment Team found the service implemented a quality improvement plan to address the deficiencies identified, with improvements including (but not limited to):

* Brochures regarding complaints, advocacy and interpreter services are available in several languages and copies of this information have been provided to consumers in their preferred language. These brochures are on display in the service and are also included in the ‘welcome pack’ for new consumers.
* The feedback form and weekly newsletter have been translated into a language other than English.

The Assessment Team have recommended this Requirement as met and provided the following information and evidence relevant to my finding:

* Consumers and representatives indicated they feel comfortable to provide feedback and would speak directly with management or staff if they had a concern.
* All staff interviewed indicated there are staff who speak a language other than English who are rostered across the seven-day week and can assist if there are any concerns with care and services. Staff can also use the translation application on their tablets.
* Staff provided examples of several strategies used to communicate consumers’ right to access advocacy and language services, and other means of raising and resolving complaints, including translation of relevant information and an information session presented by an external advocacy service.
* The Assessment Team observed information about advocacy and interpreting services in various languages and meeting minutes indicate this information is discussed with consumers.

Based on the Assessment Team’s report and the Approved Provider’s response I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Compliant with Standard 6 Requirement (3)(b).

# 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.

**In relation to Standard 1 Requirement (3)(d):**

* Ensure risk assessments are completed for all consumers’ activities of their choosing, including discussions with consumers specifically relating to the identified risk.

**In relation to Standard 3 Requirement (3)(b):**

* Ensure clinical incidents are effectively reviewed following each incident, including that new strategies are considered if existing strategies are found to be ineffective.
* Ensure consumers’ self-determination is considered in developing strategies to minimise risk associated with consumers’ care but does not usurp the service’s requirement to ensure risks are as low as possible.