Bupa Donvale

Performance Report

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**Commission ID:** 4110

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

**Assessment Contact - Site date:** 13 December 2021 to 14 December 2021

**Date of Performance Report:** 24 January 2022

# Performance report prepared by

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# 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

|  |  |
| --- | --- |
| **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)(e) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(f) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | 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 06 January 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 service was found non-compliant in one of the specific requirements under this Quality Standard at a Site Audit conducted from 4 May to 6 May 2021.

The focus of this visit was to assess the service’s progress in returning to full compliance with this Quality Standard.

The service was able to demonstrate that actions undertaken to date have addressed the deficits previously identified.

The service was able to demonstrate that care and services are reviewed regularly and when there are changes or incidents that impact on consumers’ needs. Care plans show evidence of monthly ‘resident of the day’ reviews and quarterly case conferences with care and service reviews.

Documentation includes risk assessments, falls and safety risks, skin integrity, wound management and pain management. When incidents or changes in circumstances occur, further reviews are initiated.

Not all requirements were assessed and therefore an overall rating for the 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.*

# 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 service was found non-compliant in three of the specific requirements under this Quality Standard at a Site Audit conducted from 4 May to 6 May 2021.

The focus of this site visit was to assess the service’s progress in returning to full compliance with this Quality Standard.

The service was able to demonstrate that actions undertaken to date have addressed the deficits previously identified.

The service now demonstrates personal and clinical care is safe, effective and tailored to the specific needs and preferences of each consumer. This includes best practice management of skin integrity, pain and restraint to optimise health and well-being.

Chemical restraint use is reviewed regularly and as needed with signed evidence of review and evaluation on the form. Monitoring of chemical restraint is informed by behaviour charting as appropriate, the ‘resident of the day’ review process, care plan reviews, case conferences, clinical meetings and ‘huddles’ in which staff discuss responsive behaviours. Behaviour support plans are individualised and are regularly reviewed.

Wound assessment, recording, measuring and documenting the progress of wound healing is in line with contemporary best practice has been a focus of education by the Approved Provider.

The Assessment Team’s review of consumer files indicated pain is identified and managed and clinical staff, medical practitioners and geriatricians document consideration of pain.

The service mostly demonstrates effective management of high impact high prevalence risks, particularly in relation to managing falls and preventing and managing pressure injuries. Preventative strategies implemented to manage individual consumer risk are reviewed for effectiveness.

Processes are in place to ensure incident reports are not closed off until follow-up of causative factors occurs and strategies to minimize the risk of recurrence are in place.

The service now demonstrates consumer information is generally updated to reflect current conditions, needs and preferences and enable effective information communication.

Care plan documentation review showed consumer information is generally current and updated to support effective communication of each consumer’s care needs and preferences.

Not all requirements were assessed and therefore an overall rating for the 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.*

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

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

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

*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.*

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service was found Non-compliant in three requirements under this Quality Standard at an Assessment Contact conducted from 4 May to 6 May 2021.

The focus of this site visit was to assess the service’s progress in returning to full compliance with this Quality Standard.

The service was able to demonstrate that actions undertaken to date have addressed the deficits previously identified.

The service is responsive to supporting each consumer’s emotional, spiritual, and psychological well-being by referral to appropriate services and ensuring recommended interventions are applied. Care plans demonstrated there are identified strategies in place informing staff of ways they can better assist consumers.

Care planning documents reflected consumers’ emotional, spiritual and psychological support needs and detailed consumers’ individualised cultural and spiritual needs and preferences.

The service’s ‘Map of Life’ contains information about consumers’ life, employment history, current/past hobbies, family and friends and unique and specific interests about the consumer. Individual activity plan details how consumers would like to spend their day, what meaningful activities they enjoy alone or in a group. Individual activity plans are reviewed to capture any change of preference of activities.

Consumers are able to participate in their community within and outside the service and the staff at the service help the consumers to keep in touch with people important to them.

Consumers gave mixed responses about food satisfaction, however, consumers expressed there has been improvement in the food quality and variety. Care staff and catering staff are knowledgeable about individual consumers’ preferences and dietary requirements. Staff were observed to be assisting and encouraging consumers with nutrition and hydration during the visit. Menus are designed with input from dietitians and consumers.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

# 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 service was found non-compliant in two of the specific requirements under this Quality Standard at a Site Audit conducted from 4 May to 6 May 2021.

The focus of this desk assessment was to assess the service’s progress in returning to full compliance with this Quality Standard.

The service was able to demonstrate that actions undertaken to date have addressed the deficits previously identified.

Consumers and representatives expressed satisfaction in the response by management to complaints they have raised or feedback they have provided. Staff described how they are aware of the term and have completed education on ‘open disclosure’ and provided examples of what the process is when things go wrong.

Complaints received are acknowledged with either a letter or verbally, to the person lodging the feedback. The complaint is reviewed and acted on with an open disclosure process with the aim to resolve and improve care and service provision.

Feedback and complaints are reviewed and used to improve the quality of care and services. Complaints about food resulted in food focus meetings with consumers and complaints in relation to the quality of care resulted in open communication with consumers and representatives to come to agreed solutions to ensure care meets consumers’ needs.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# 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 service was found non-compliant in four of the specific requirements under this Quality Standard at a Site Audit conducted from 4 May to 6 May 2021.

The focus of this desk assessment was to assess the service’s progress in returning to full compliance with this Quality Standard.

The service was able to demonstrate that actions undertaken to date have addressed the deficits previously identified.

The majority of consumers and representatives are satisfied the staffing levels and skill mix enable the provision of safe, quality care and services. Three consumers and two representatives said staffing levels can vary, however, their consumer care needs are met in a timely manner.

Consumers and representatives expressed satisfaction staff are competent and knowledgeable to 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 in place.

Consumers and representatives expressed satisfaction staff are trained and supported to provide care to the consumer. Staff expressed satisfaction with the quality of training provided both face to face and online. The Assessment Team reviewed education documentation which identified further education and training in the prevention of pressure injuries, wound management and the use of restraint. Falls prevention management training has been provided to staff and the majority of staff have now completed this education. SIRS education is still ongoing as a number of staff are yet to have training due to not having returned from the COVID-19 lockdown period.

Staff appraisals are performed each year and staff are able to discuss their performance and set goals for the year ahead. Staff performance is monitored through yearly performance appraisals, consumer, representative and staff feedback and observations. Information from all monitoring avenues is utilised to formulate the education calendar.

Not all requirements were assessed and therefore an overall rating for the 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.*

### 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.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational 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 service was found non-compliant in three of the specific requirements under this Quality Standard at a Site Audit conducted from 4 May to 6 May 2021.

The focus of this desk assessment was to assess the service’s progress in returning to full compliance in this Quality Standard.

The service was unable to demonstrate that actions undertaken to date have fully addressed the deficits previously identified.

The Assessment Team found this requirement was not met based on the organisation’s risk management framework. Risks are not always reported, escalated and reviewed by management and the Board. The service did not demonstrate it is able to manage and prevent incidents, including its use of an incident management system.

The Service has effective governance systems in place and its application in considering what is required for the best outcome for consumers living in the service.

The service utilises information from a range of areas in order to maintain and continuously improve its services and the outcomes for consumers.

The service ensures ongoing monitoring, review and service improvement by seeking feedback from consumers, representatives and staff, and by reviewing trends, completing audits and conducting observations.

The organisation has:

* a documented clinical governance framework
* a policy relating to antimicrobial stewardship
* a policy relating to minimising the use of restraint
* an open disclosure policy.

A decision of Non-compliant in one or more requirements results in a decision of Non-compliant for the Quality Standard.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Non-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 service was unable to demonstrate that it understood its requirements under the Serious Incident Reporting Scheme (SIRS). One consumer with a high falls risk had an unwitnessed fall when they were in the dining room which resulted in four fractured toes. The consumer stated they attempted to stand as they needed to go to the toilet urgently and that was the reason for the fall. The consumer required regular toileting due to the medication they were prescribed increasing this need This was not reported as a SIRS incident at the time based on consultation with the organizations’ compliance department.

In their response, the Approved Provider stated they did report the matter as a Priority 1 SIRS incident to the Aged Care Quality and Safety Commission following a complaint from the consumer’s family. The consumer’s family claimed the consumer’s four-wheeled walker was not available to them at the time of the fall.

Strategies were put in place following the fall including reminding care staff the consumer needs to be assisted with toileting before and after meals due to the medication they were prescribed. However this was not included on the consumer’s care plan at the time of the fall and although the provider stated that the consumer was assisted to the toilet shortly before being taken to the dining room, it was long enough for the consumer to require the toilet urgently before lunch, with no staff available to assist them and possibly without their 4 wheeled walker in close proximity. This is still to be considered a reportable incident under SIRS as the service did not adequately assess the risk for this consumer or take adequate steps to prevent it. As a consequence there was a severe impact on the consumer.

The approved provider has made a number of improvements in their risk management framework and in managing and preventing incidents. Their understanding of the requirements of what is to be reported under the SIRS legislation requires further improvement along with ensuring strategies to mitigate risk are appropriately recorded and assessed to prevent incidents such as these from occurring.

Based on the information provided by the Assessment Team and the further information provided by the approved provider I find the service non-compliant with this requirement.

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# 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 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.*
* Ensure that unwitnessed falls are appropriately investigated and reported under SIRS as required.
* Ensure that risks associated with the care of consumers are appropriately managed and included in care documentation.