Bupa Portland

Performance Report

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**Commission ID:** 3885

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

**Assessment Contact - Desk date:** 03 November 2021

**Date of Performance Report:** 06 December 2021

# Performance report prepared by

Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **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)(e) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | 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 - Desk; the Assessment Contact - Desk report was informed by a desk assessment, review of documents and interviews with staff, consumers/representatives and others]
* the provider’s response to the Assessment Contact - Desk report received 29 November 2021
* the Site audit report for the site audit conducted 16-18 March 2021
* the Performance report completed on 18 May 2021 for the site audit conducted 16-18 March 2021.
* other intelligence and information held by the Commission in relation to the service.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team did not assess all Requirements in this Standard; therefore, a summary or Compliance rating 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.*

The Assessment contact desk report included information the service had not returned to compliance in this Requirement as care and services were not reviewed for effectiveness when circumstances changed, or incidents occurred. In reviewing the Assessment contact desk report in conjunction with the Approved provider’s response I have come to a different view to the Assessment Team and my decision is the service is Compliant with this Requirement.

The Assessment Team identified four consumers that had changes to their health status, however, care planning directives had not been updated.

For one named consumer with complex continence and behavioural needs, the assessment contact report indicated strategies were not recorded to manage the consumer’s continence or behaviour.

The Approved provider in its written response demonstrated the consumer’s care plan was reviewed on 30 October 2021, and specific directives were included in the consumer’s care plan relating to continence care. The consumer also has a Responsive behavioural support plan which contains specialist directives to guide staff in managing the consumer’s behaviours. These directives were also discussed with the consumer’s representative. I have considered information in the report relating to the consumer sustaining a fall and subsequently not reviewed by a medical officer. As the consumer was assessed by a Physiotherapist and registered nurse I have not considered this evidence to be significant and actions taken were reasonable especially for a rural service. I have considered actions taken by the service to inform the consumer’s representative regarding the consumer’s fall to be timely and appropriate. I have considered care staff demonstrated insight into the consumer’s care needs including continence and behavioural care strategies. It is my decision the consumer’s care and service needs were reviewed for effectiveness.

For a second named consumer who has a diagnosis of diabetes, information contained in the assessment contact desk report indicated a lack of information regarding the management of the consumer’s diabetes in care planning. The Approved provider’s response contains evidence the consumer’s medical officer is monitoring the consumer’s blood glucose levels through pathology testing every three months. I have considered this information is evidence the consumer’s diabetes is well controlled and their health management assessment provides sufficient guidance regarding their diagnosis. Skin integrity care plans for the consumer did not contain a directive to moisturise the consumer’s heels, however I note that care planning directives relating to activities of daily living contained this directive, staff were providing moisturiser to the consumer’s heels and their heels were intact. I have not placed significant weight to this evidence in the report. The consumer’s care plan did not contain directives for the use of a heat pack despite a physiotherapist completing an assessment which deemed the consumer suitable for a heat pack. The Approved provider in its response has noted the consumer is cognitively alert, has several other pain management directives and would be able to request a heat pack if required. This is a reasonable response to the lack of heat pack directives.

For a third consumer who experienced shortness of breath and high blood pressure, a health care needs summary was not updated to reflect the consumer’s wish not to transfer to hospital. I have considered this information and have decided it would be reasonable to discuss with the consumer each time they required transfer to hospital rather than making this one-time decision a permanent directive in their care plan. The consumer also requires oxygen at times and has medication orders to support the use of as required oxygen, it was noted these directives were not contained in the consumer’s care needs summary, this has been rectified. Given the consumer was provided with oxygen in August 2021 when they became short of breath, it is my decision the medication orders for oxygen were sufficient for staff to deliver this care requirement.

For a fourth named consumer who sustained two falls with injuries and as a fall’s management strategy is now taken on walks around the garden by staff, however, this strategy was not included in care planning directives in relation to falls or behaviour. I have taken into account staff’s awareness of the fall’s prevention strategy and the effectiveness of the strategy given the consumer has not had any further falls. I note there was information contained in the report indicating the consumer’s representative was not satisfied with communication processes at the service. The Approved provider notes in its response they were unaware there were concerns regarding the consumer’s care and monthly consultation had occurred with the consumer representative and staff as part of the consumer review process.

In coming to my decision of compliance in this Requirement, I have taken into account deficiencies in documentation which have been rectified by the service. These gaps in documentation do not relate to a lack of safe and effective care delivery, staff were aware of individual consumer needs and the service is supported by an effective care review process.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Assessment Team did not assess all Requirements in this Standard; therefore, a summary or Compliance rating 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.*

Consumers received safe and effective personal and clinical care, to optimise their health and well-being. Actions had been taken to address previously identified Non-compliance in this Requirement. Actions taken included education provided to staff in relation to wound management, weekly clinical risk meetings, clinical walk arounds, the analysis of clinical data at an organisation level and the completion of the implementation of an electronic care planning system. The organisation had policies and procedures relating to pain management and training was provided to clinical staff relating to pain management in July and August 2021.

The Assessment Team reviewed the clinical files of eight consumers with different clinical needs and identified appropriate care had been delivered to the consumers. Four consumers with differing levels of wound care had documentation to support wound care was provided, wounds had either healed or were healing, wounds were regularly monitored, and positive feedback was provided by a representative in relation to wound care provided.

In relation to pain management four consumers were sampled with differing pain needs. Documentation demonstrated the assessment of the consumers’ pain needs, the provision of pharmacological and non-pharmacological pain management, Pain charting was evident, review of the effectiveness of pain management strategies occurred and medical officers were notified when the pain needs of consumers changed.

A consumer with behavioural needs was reviewed and restraint management practices were in place for the consumer, including behaviour assessments and care plans. Behavioural specialist services were involved in the development of additional strategies to manage the consumer’s behaviours.

Based on the information contained above it is my decision this Requirement is now Compliant.

### 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.*

Information relating to the consumers’ condition, needs and preferences was documented and shared within the organisation and with others when required. Actions had been taken to address the previous Non-compliance in relation to this Requirement. These actions included the implementation of an electronic care management system, protocols implemented when a consumer returns or leaves the service, clinical walkarounds and handovers occurring in each area several times daily. Handover documentation is available to staff in electronic and hard copy format.

The assessment and care planning documents for three consumers was reviewed by the Assessment Team. Documentation evidenced the current conditions, critical information, comprehensive assessments, management strategies and evaluation of the effectiveness of strategies for the consumers sampled were included.

Staff received information relating to consumers in various formats including verbal handovers, clinical walk arounds, the use of electronic devices, clinical meeting and education sessions.

Based on the information above, it is my decision this Requirement is now Compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Assessment Team did not assess all Requirements in this Standard; therefore, a summary or Compliance rating is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

Consumers were cared for by staff who were kind, caring and respectful of consumer’s identity, culture and diversity. Actions had been taken to address the previous Non-compliance in this Requirement. These actions included education provided in relation to code of conduct, dementia care and person-centred care. Staff members who were identified as being disrespectful to a consumer have completed additional training regarding their conduct.

Five consumer representatives were interviewed and provided positive feedback in relation to the conduct, kindness and knowledge of staff at the service. Two consumer representatives were not fully satisfied with communication processes with the service and cited a language barrier as the possible cause. I have considered this information and have decided this is not relevant to the intent of this Requirement.

Based on the information recorded above, it is my decision this Requirement is now Compliant.

### 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.*

Staff at the service had the qualifications and knowledge to effectively perform their roles. Consumers and representatives expressed satisfaction with the competency and knowledge of staff. Staff were supported by management and senior clinical staff to effectively perform their roles. Actions had been taken to address the previous Non-compliance in this Requirement. These actions included education provided to staff on various topics including pressure area care, skin integrity dementia care and code of conduct.

Four individual consumer representatives provided positive feedback in relation to the competency of staff. Staff were required to complete competency training during orientation and in an ongoing manner for mandatory education. Specific training was delivered in relation to dementia care. Staff felt comfortable regarding their requirements to wear personal protective equipment.

Based on the information above, it is my decision this Requirement is now Compliant.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.