Bupa Windsor

Performance Report

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**Commission ID:** 3388

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

**Assessment Contact - Site date:** 10 February 2022 to 11 February 2022

**Date of Performance Report:** 10 March 2022

# Performance report prepared by

Daniela Fekonja, 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)(a) | Compliant |
| 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)(d) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(d) | 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 08 March 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

Care planning documents provided evidence of comprehensive assessment and care planning for consumers. Care plans are individualised and include interventions tailored to each consumer’s goals, needs and preferences and guide the delivery of safe and effective care.

Assessment and care plan development and review is timely and completed by appropriately qualified staff. The service demonstrated that deterioration or change in condition is recognised and responded to within a timely manner and documented.

Risk evaluation tools are embedded within the services system and applied to consumers when moving into the service and are reviewed when health and well-being change.

Representatives are advised when incidents occur and are aware and involved in a process to regularly review the effectiveness of care. Files reviewed by the Assessment Team reflect that consumers have a monthly 'Resident of the day' review, care plan review and conference every three months. Progress notes document the communication of these reviews with representatives.

The two requirements assessed were found to be compliant.

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)(a) Compliant

*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.*

### 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 demonstrated that most consumers receive personal and clinical care that is generally effective and safe, optimises their health and well-being, is tailored to their needs and is best practice. The Assessment Team found that care planning documents demonstrated consumers' wound care, skin integrity and pain is managed to meet their individual needs and aligned with best practice principles. The service demonstrated that deterioration or change in condition is recognised and responded to within a timely manner.

Consumers who require restrictive practices are assessed, monitored, and reviewed according to regulatory requirements and consultation with representatives occurs. Non-pharmacological interventions are trialled first, and there is consultation with specialist services, medical practitioners and representatives.

Consumers and representatives said they feel safe and that risks related to their care are generally managed. Staff interviews and documentation confirmed that management of high impact or high prevalence risks associated with the care of each consumer is mostly effective.

Behaviour support plans are provided for consumers with responsive behaviours with other possible triggers considered as part of behaviour management. Staff were able to describe the interventions that were trialled for consumers with behaviours of concern.

Consumers' mobility is assessed and monitored according to their risk. Incident reports document adverse events, and documentation shows consumers' individual post-falls monitoring and review is effective with neurological observations and pain monitoring completed as required. The service practices open disclosure when incidents occur.

Staff were able to describe how they monitor consumers on a daily basis and are able to escalate concerns to their team leader or the registered nurse.

Consumers' weights are monitored monthly and a malnutrition assessment is done as required. Referrals are made to a dietitian or speech pathologist within the service's organisation. The service is affiliated with several specialist services and documentation for consumers reflected timely and appropriate referrals. Specialist recommendations were reflected in consumers’ progress notes and care documentation where referrals had occurred.

The service has an infection control policy and framework, a COVID-19 outbreak management plan and an antimicrobial stewardship (AMS) plan. Antimicrobial medication prescription and usage is monitored and tracked.

Overall the Assessment Team observed consistent infection control practices while on site. The Assessment Team observed adequate supplies of PPE, hand sanitiser and a good number of hand hygiene stations throughout the service.

There is an organisational infection control team that oversees and provides support of infection prevention and control practices in the service.

The five requirements assessed were found to be compliant.

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)(d) Compliant

*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.*

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

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### 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 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 found that there were some deficits around staffing numbers based on conversations with staff and the staffing roster dated 24 January 2022 to 06 February 2022. The Assessment Team found that 10% of the care staff shifts were unfilled during this time.

Staff confirmed they work extended hours or double shifts to help ensure staff shortage has the minimal impact on consumers. However, they stated that personal care and hygiene services provided are often rushed and they do not have the time to engage with consumers.

Care staff are often tasked to perform roles not related to the care of consumers including assisting in the laundry, assisting with catering roles and assisting with medication rounds. On weekends care staff are responsible for providing lifestyle activities as well as care.

Representatives generally showed no concerns around staffing. They believe their loved ones are cared for and that consumers receive the care they need. Two representatives had some concerns around staffing.

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.*

Concerns were voiced by one representative around head protection equipment not being provided to one consumer and the subsequent risk to their care. The provider’s response is that the consumer’s choice is not to wear head protection and there has since been a dignity of risk discussion held with the substitute decision-maker and it was decided to accept that consumer’s choice.

Another representative was concerned that staff had yelled at one consumer prior to providing care and that representative has indicated they do not believe the service has enough staff at times and complaints are not followed up.

The provider response is that a serious incident response scheme report was made and an investigation was conducted. The investigation into the incident has found the allegations were not able to be substantiated. A meeting has been held with the consumer’s representative to discuss their concerns and the representative is said to be content with the outcome.

There are some concerns by staff around the number of staff and the roles they are required to fill. These included the following:

* Hygiene and care needs are rushed, staff do not always have the time to talk to consumers and ask them if they need anything.
* Staff cannot check in with consumers throughout the day to see if they need anything.
* Cannot support lifestyle staff with activities to keep consumers engaged and occupied.
* Some consumers wait for meal and meal assistance and can sometimes wait to be moved back to their rooms after meals.
* Communal areas may be unsupervised when multiple staff are required to assist with consumers’ needs.
* Staff cannot always supervise the showers for semi-independent consumers.

However, there was no evidence that inadequate care and services were being provided to consumers and consumers and representatives, in general, were satisfied with the care provided.

The Assessment Team observed the following:

* Two care staff were observed collecting plates and providing afternoon tea to consumers in their room on the ground floor.
* Consumers were observed in the lounge and dining area; some were in front of the television, two were playing bingo, and some assisted lifestyle with cutting out hearts. Lifestyle staff were walking around checking on consumers, providing them with something to do or read.
* Two care staff were observed assisting a consumer with taking their medication.

The provider in their response acknowledged that they are a small home and staff are required to fulfil a diverse range of roles on occasion. COVID-19 provided some challenges for the service. The provider stated that although occupancy fell from 41 to 35 consumers the staffing level was not adjusted.

In relation to the vacant shifts, the provider stated that a number of the vacant shifts identified by the Assessment Team was newly created and related to a night shift carer role, which had not yet been permanently filled with a team member. One shift is related to a Clinical Care Manager shift on a Saturday but the Clinical Care Manager does not work on a Saturday.

The provider outlined strategies they employed and are now employing to cover vacant shifts, including the following:

* Utilise Agency staff from Bupa Windsor’s existing Agency, though given the number of healthcare providers utilising the Agency at the time, Agency staff were not available.
* Engaging new Agencies in the absence of the existing Agency having available staff.
* The Clinical Care Manager and General Manager working on the floor to cover vacant shifts.
* Team members working extra shifts, extended hours or double shifts.
* Converting casual team members to permanent team members.
* Ongoing recruitment. During January 2022, 8 new permanent and 1 new casual team member were appointed, including 3 Carers, 3 Registered Nurses, 2 Cleaners and 1 Maintenance Officer.
* Ensuring staff well-being was a priority and providing emotional and other support to assist staff.

Overall, I find the service compliant with this requirement as the service ensured other strategies were employed to cover staff vacancies and consumers and representatives did not have any concerns with the care provided. The provider has outlined their strategy to improve staffing levels and also the interventions they will utilise to cover vacant shifts.

# STANDARD 8 Organisational 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 Aged Care Quality and Safety Commission received a referral relating to an allied health practitioner being denied access to the service, and concerns were raised that medical practitioners were not providing consumer reviews during the lockdown of the service.

The service was able to provide evidence that consumers received safe and quality care and services during periods of lockdown, with protocols in place to ensure infection was contained and managed. The Assessment Team reviewed files that showed evidence that medical practitioner reviews continued through the period as required.

The organisation has policies and frameworks in place to identify and manage high impact and high prevalence risks and abuse or neglect of consumers. These include:

* A Clinical Risk Register
* An incident management framework
* SIRS Incident Management.

The organisation has an incident management system with the escalation of high impact risks required. Weekly clinical review meetings are held during which clinical reviews are done on falls, pressure injuries, malnutrition risk, weight loss, infection and behavioural challenges.

The organisation provides mandatory education to staff on elder abuse, neglect, incident, compulsory, and SIRS reporting monitored and staff could demonstrate an understanding of elder abuse and what they would do if they saw anyone treating a consumer inappropriately.

The one requirement assessed was found to be compliant.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) 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 Aged Care Quality and Safety Commission received a referral relating to an allied health practitioner being denied access to the service, and concerns were raised that medical practitioners were not providing consumer reviews during the lockdown of the service.

The approved provider was able to explain the circumstances around the refusal of entry for one nurse who had been exposed to COVID-19 in the past 14 days but chose not to provide evidence of a negative PCR test to the service. The next day another nurse was given access to the home to perform the service as required to the consumers.

The Service employed the following protocols whilst in lockdown for the period 05 January 2022 to 20 January 2022:

* Restricting access to visitors and contractors, this included the physiotherapist.
* Daily rapid antigen testing upon entry of staff and 72-hourly testing of consumers
* The medical practitioner responsible for all 35 consumers was still allowed access twice a week to review consumers
* The regional project manager was assigned monitoring responsibilities to manage and oversee the clinical care of consumers during the lockdown period to ensure essential clinical care was still maintained.
* The dementia specialist for Bupa was monitoring and assessing the consumers' behaviours and well-being during the lockdown.
* The physiotherapist provided exercise plans (located in consumers’ rooms) for the consumers, which was performed by the care and lifestyle staff.

The organisation has policies and frameworks in place to identify and manage high impact and high prevalence risks and abuse or neglect of consumers:

The organisation provided documented policies describing how:

* high impact or high prevalence risks associated with the care of consumers is managed.
* the abuse and neglect of consumers are identified and responded to.
* how consumers are supported to live the best life they can.

Based on the information I find the service compliant with this requirement.

# 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.