Bupa Wodonga

Performance Report

19 Melrose Drive
WODONGA VIC 3690
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**Commission ID:** 4303

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

**Assessment Contact - Desk date:** 8 October 2021 to 22 October 2021

**Date of Performance Report:** 25 November 2021

# Performance report prepared by

Vanessa Stephens, 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 3 Personal care and clinical care** |  **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-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 on 19 November 2021.

# STANDARD 3 NON-COMPLIANTPersonal 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

A non-compliant finding in one or more requirements results in the Quality Standard being assessed as non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-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.*

The Assessment Team found that while a number of improvements have been made at the service including staff training and the introduction of clinical committees, the organisation did not demonstrate that each consumer receives safe and effective personal care or clinical care that is best practice, tailored to their needs, or optimises their health and well-being.

Consumer care is not always provided according to consumer preferences or as directed in care plans. For example:

* The Assessment Team reviewed progress notes for one consumer with advanced cognitive impairment which did not demonstrate that staff manage their needs as specified in their care plan. In one instance where the consumer became agitated and aggressive, there was no explanation as to why staff did not follow interventions set out in the consumer’s behavioural support plan.
* The Assessment Team reviewed the files of seven consumers who are listed on the service’s chemical restraint register. Behavioural support plans were in place for all consumers, however not all plans evidence informed consent.
* The Assessment team reviewed eight files of consumers who require wound management and identified evidence of incomplete wound care, including not accurately documenting wound measurements, and not actioning referrals in a timely manner.

The approved provider’s response to the Assessment Team’s report included the following submissions:

* In relation to chemical restraint, the service is in the process of updating informed consent documentation.
* In relation to the instance where one consumer became agitated and aggressive, the provider submitted progress notes and an incident report detailing the circumstances of the event. I have reviewed these documents closely, and there remains no evidence that recommended diversions as set out in the consumer’s behavioural support plan were attempted when administering personal care immediately prior to the consumer becoming agitated and aggressive.
* In relation to wound management, the approved provider acknowledged that on one consumer’s wound chart staff were not clearly identifying wound measurements.
* In relation to one consumer with a deteriorating pressure injury, the consumer was referred to an external wound consultant several weeks after the pressure injury deteriorated significantly, and after the desk assessment was completed.

In making my decision I have considered the Assessment Team’s report and the provider’s response. The approved provider does not comply with this requirement as the service, in relation to obtaining informed consent, wound and behaviour management, does not deliver safe and effective care that is best practice and optimises consumer health and well-being.

### 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 did not demonstrate effective management of high impact or high prevalence risks to consumers. For example.

* A consumer who palliated at the service received incorrect medication on two occasions.
* One consumer’s diabetes management plan demonstrates the medical practitioner had instructed staff to report blood glucose levels outside a specified range and to monitor blood glucose levels every fifteen minutes until levels returned to within range. Despite two readings outside the range, no such report to the medical practitioner was made, and monitoring every fifteen minutes did not occur. The diabetic record and administration report for this consumer also demonstrated blood glucose readings were not always taken overnight as required.

The approved provider’s response to the Assessment Team’s report included the following submissions:

* In relation to the diabetic consumer, the provider advised overnight blood glucose levels were recorded on a handover sheet. The provider acknowledged this information should have been transferred to the consumer’s individual records. The provider also acknowledged that monitoring blood glucose levels every fifteen minutes until they return to within range did not occur. Diabetes management training has subsequently been provided to clinical staff at the service.
* In relation to the consumer who received incorrect medication on two occasions, a number of actions have been undertaken at the service, including clinical staff undergoing medication competency training.

While I acknowledge the corrective action taken by the service since the assessment, the service was non-compliant at the time of the assessment and subsequently I find the service is non-compliant with this requirement.

# 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)(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.*
* Ensure effective identification and management of pressure injuries.
* Ensure personalised behaviour intervention strategies are used.
* Ensure informed consent is documented for all consumers subject to chemical restraint.

### Requirement 3(3)(b)

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

* Ensure consumers receive the correct medication.
* Ensure diabetes management reflects best practice and individual care plans.