Bupa Woodend

Performance Report

2 Sullivans Road   
WOODEND VIC 3442  
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**Commission ID:** 4184

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

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

**Date of Performance Report:** 25 February 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | 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 provider’s response to the Assessment Contact - Site report received 3 February 2021
* Infection Control Monitoring Checklist.

# STANDARD 3 Non-complaint 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 assessed three of seven requirements under Standard 3 and found two of three specific requirements met.

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

### 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)(g) Non-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.*

#### The Assessment Team observed a number of deficits relating to practices in infection control at the service. At the time of the site visit the deficits included the service not having clearly defined donning and doffing stations for those consumers who were in isolation, a lack of density signage for communal areas and no clear donning or doffing areas within the staff room.

#### Management stated consumers are required to be screened daily for COVID‑19 symptoms, with results documented. However, the Assessment Team found through a documentation review and feedback from staff and consumers that screening was happening intermittently, with some consumers only being screened five times in December 2020 and twice in January 2021.

Waste management was found to be inadequate and inadequate separation of clean and used personal protective equipment (PPE) was observed.

The Assessment Team observed that there was no bin available in the staff room to doff used PPE and no facilities for staff to clean and store their face shields when on a break. There was no clean PPE available in the staff room for staff to doff before they went back into the consumer area of the service.

Common areas of the service lacked density signage and staff did not always adhere to the density requirements of specific rooms and did not always practice social distancing.

Not all shared equipment including lifting and weigh machines had sanitising equipment attached, although management said this was required.

I have considered the response from the approved provider received on 3 February 2021. I acknowledge that the approved provider has submitted evidence indicating infection control related risks have been reviewed and infection control monitoring and practices are being improved to address the deficits identified. However, based on the Assessment Team’s findings and the information provided in the approved provider’s response I am not satisfied that the standard and transmission-based precautions to prevent and control infection are consistently implemented. Therefore, I find that this requirement is not met.

# 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 assessed three of five requirements under Standard 7 and found three of three specific requirements met.

The Assessment Team did not assess all requirements and therefore an overall rating for this 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)(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.*

# 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.

*Minimisation of infection related risks through implementing:*

* Consistent standard and transmission based precautions to prevent and control infection including consistently implementing enhanced precautions required to prevent and mitigate the risk of an outbreak of COVID-19.