Bupa Donvale

Performance Report

296-300 Springvale Road
DONVALE VIC 3111
Phone number: 03 9841 1100

**Commission ID:** 4110

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

**Assessment Contact - Site date:** 27 April 2022 to 28 April 2022

**Date of Performance Report:** 26 May 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)(c) | 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)(g) | 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 20 May 2022.
* Anonymous feedback received by the Assessment Team on days one and two of the Assessment Contact and the Approved Provider’s response to this feedback.

# 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

Overall consumers and representatives considered that they feel like partners in the ongoing assessment and planning of care and services for optimising consumers’ health and wellbeing. Consumers and representatives said they are involved in both initial and ongoing assessment and planning of their care and services.

One representative said their consumer was well cared for and that they were consulted regularly about the consumer’s assessed care needs. Care plan discussions were conducted during regular conversations with staff.

The service has a suite of policies, procedures and risk-rated tools to assist with identifying each consumer’s individual risk that may affect their health and wellbeing. Reviews and evaluations to identify any potential needs in consumer health and wellbeing are completed on entry and on monthly and 3 monthly schedules.

Consumers who choose to undertake activities involving risk have a dignity of risk assessment conducted. There is communication with the consumer and/or their substitute decision-maker and all required documentation is completed.

Staff described how they assess and develop care plans initially, and update consumers’ care needs as they change. A ‘resident of the day’ program runs monthly to discuss and reassess consumers’ care. The 3-monthly evaluation of consumers’ care ensures that information is updated to ensure safe and effective care is provided.

#### Consumers and representatives described their participation in the assessment, planning and review of their care and also others who they wish to be involved. Staff and management stated the consumers, representatives, other health professionals and external health services collaborate to ensure the delivery of safe and individualised care. Care planning documents reflect the participation of the consumers and consumer representatives in their assessment, planning and review.

Care planning documents reflect that when circumstances change or when incidents impact the needs, goals and preferences of the consumers, care plans are reviewed and evaluations are conducted to ensure their effectiveness. The care planning documents include risk assessments, information on falls and safety risks, skin integrity, complex care needs and other areas of care.

Falls minimisation strategies are regularly reviewed for effectiveness and when incidents occur. A review of consumer fall incidents occurs at the monthly falls prevention multidisciplinary meetings attended by the physiotherapist and occupational therapist, general manager, clinical manager and two registered nurses.

The Approved Provider in their response said they were committed to maintaining compliance through their plan for continuous improvement.

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)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### 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

Consumers and representatives expressed satisfaction with the personal and clinical care provided. The service has policies and procedures to guide staff in their approach to providing personal and clinical care which optimises each consumer’s health and well-being. Clinical and care staff demonstrated knowledge of consumers’ personal and clinical care needs.

The service demonstrated appropriate assessment and monitoring records related to consumers’ clinical care needs. For example:

* Regular information by clinical staff on pain, behaviour strategies, skin care and personal care is contained in the progress notes.
* Documentation demonstrates collaboration with allied health services and specialists such as the occupational therapist, physiotherapist, podiatrist, dementia support services and geriatrician.
* Assessments by clinical staff, allied and other health professionals and medical officers are used to provide care that is safe, effective and tailored to the specific needs and preferences of the consumers.
* The Approved Provider stated in their response that appropriate consent has been obtained for consumers prescribed psychotropic medications. The service is transitioning from paper-based information to an electronic register and is currently transitioning all information across and will include the date consent was obtained.

There is regular monitoring and evaluation of the use of psychotropic medications and interventions are trialled prior to the use of ‘as required’ medications for managing behaviours of concern.

Pain management and care planning documentation demonstrated pain is assessed on entry and on an ongoing basis. Pain charting is used to identify and monitor pain.

Care planning documents reflect processes to promote the effective management of high impact or high prevalence risks. Incidents are documented, investigated, actioned and analysed for trends with actions for improvement planned as appropriate to minimise a recurrence.

The Assessment Team reviewed five consumers’ care files for high impact or high prevalence risks. Risks identified included falls, diabetes management, unplanned weight loss and catheter management. The five care files all reflected initial assessments for identified risks and care planning had strategies and interventions to manage or minimise risks and incidents.

The Approved Provider in their response has outlined they have made changes to care planning documentation so that it now reflects the frequency of changing of the catheter drainage bag for consumers with catheters.

The service has robust infection prevention and control measures in place. Staff were observed wearing appropriate PPE and undertaking hand hygiene practices. Clinical infection documentation reviewed by the Assessment Team identified the service is responding appropriately to consumers who develop clinical infections and are monitoring the use of prescribed antibiotics. The service maintains a site-specific COVID-19 outbreak management plan with staff roles and responsibilities clearly outlined.

The Approved Provider stated in their response, that they are committed to maintaining ongoing compliance and undertaking continuous improvement.

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)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing antibiotic resistance.*

# 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 service was found non-compliant in Standard 8, Requirement 8(3)(d) following an assessment contact visit on 13 December 2021. The previous assessment contact report stated risks are not always reported, escalated, and reviewed by management and the Board and the service did not demonstrate it is able to manage and prevent incidents, including its use of an incident management system.

Part of this assessment contact was to assess the service’s progress in returning to full compliance with this Quality Standard, in particular the actions to improve the risk management and incident management processes.

The service was able to demonstrate to the Assessment Team the actions undertaken to address the deficits previously identified. A plan for continuous improvement was put in place following the identification of the non-compliance. Actions include ensuring staff have received specific incident management education and ongoing support to report, investigate and provide clear documentation on all clinical incidents including SIRS reporting.

Ongoing incident management sessions have been scheduled and will continue throughout the year as part of the mandatory education program. The service has stated it has now reviewed 100 per cent of incidents following the non-compliance.

Risks are reported, escalated and reviewed by management at the service level and by the Board. The service demonstrated to the Assessment Team components of the risk management system including incident reports, audits, and meetings with consumers, representatives and staff. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

Risks are identified through the clinical risk register from the highest to lowest risks, through feedback from consumers, representatives and staff, through changes in the consumers’ condition, audits and through observations. The service analyses, records and reports on high impact, high prevalence risks such as incidents, falls and infectious outbreaks.

Clinical review meetings are held weekly where the general manager will discuss the clinical risk register with the clinical care manager or designated RN for each unit. High impact and high prevalence risks are also discussed at ‘10 at 10’ daily meetings with staff and during handover.

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.*

# 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.

# Other relevant matters

One consumer anonymously provided feedback to the Assessment Team on day one and day two of the assessment contact. The consumer stated that staff were rough when transferring them from the bed to the chair. On day two the consumer told the Assessment Team they overheard staff stating they were worried about losing their jobs and the consumer was worried about the repercussions for staff. The consumer wanted the Assessment Team to know that the staff were mostly kind and caring but the consumer added they did not like it when they spoke in their own language. Management at the time stated they would ensure manual handling training would be provided and would ask staff not to speak another language in front of consumers.

In their response, the Approved Provider stated manual handling training was arranged and facilitated by the physiotherapist on 4 May 2022 and will be ongoing throughout the year.

The Approved Provider also stated that during a resident focus group meeting held on 9 May 2022 consumers were reminded and encouraged to report any incidents and concerns without fear of repercussions. They stated the consumers were also told that feedback helps the service to improve. On 5 May 2022, the Approved Provider advised they sent a message to all staff reminding them not to use their native language. The memo was also discussed in the staff meeting held on 12 May 2022.