Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Bupa Dural |
| Commission ID: | 0570 |
| Address: | 1 Stonelea Court, DURAL, New South Wales, 2158 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 19 December 2023 |
| Performance report date: | 24 January 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 5391 Bupa Dural |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Dural (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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 Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – 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 team’s report received 12 January 2024 and attachments.
* the performance report dated 23 July 2023 for the Assessment Contact conducted on 4 July 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 3 Personal care and clinical care | Not applicable as not all requirements assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements assessed** |

A detailed assessment is provided later in this report for each assessed 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| 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. | Compliant |

Findings

Requirement 3(3)(a) was non-compliant following an Assessment Contact on 4 July 2023. An Assessment Contact occurred on 19 December 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Assessment Contact to address the non-compliance.

Consumers and consumer representatives provided positive feedback about provision of personal and clinical care and staff demonstrated sound knowledge about consumer care needs and preferences. Clinical documentation evidenced preventative measures were adopted for skin integrity and pressure area care which included skin care plans, regular assessments, regular moisturising and use of pressure relieving devices. Wound management reflected consumer care plans and included clear photographs and wound descriptions, use of measuring devices, detailed wound progression and referral to allied health services when necessary.

Clinical documentation confirmed appropriate pain assessments consistent with consumer needs were undertaken for chronic pain, and for wound reviews and dressing changes. Consumers with high falls risks were appropriately assessed and managed and referred for medical officer and physiotherapist review. Post-fall assessments included neurovascular observations, pain assessments and escalations when required. Ongoing assessment and review occurred which resulted in updated prevention strategies and falls risk assessment tools.

For consumers experiencing restrictive practices, which included chemical, mechanical and environmental restraint, clinical documentation confirmed informed consent was obtained and individualised behaviour support plans were evidenced. Appropriate risk assessments and regular reviews were undertaken and involved consumers and consumer representatives. Consumers with changed behaviours were appropriately assessed, incidents investigated and strategies implemented including behaviour monitoring and referral to Dementia Support Australia.

Complex care needs were managed appropriately, with complex health care plans and directives evidenced which confirmed consumers were receiving care consistent with their care plans. Consumers with unplanned weight loss were commenced on food charts, supplements and regular monitoring and were referred for dietician review. Personal care provision was personalised and reflected consumer needs and preferences, with some delays and alterations experienced which are discussed in Standard 7 Requirement (3)(a).

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

Requirements 7(3)(a) and 7(3)(b) were non-compliant following an Assessment Contact on 4 July 2023. An Assessment Contact occurred on 19 December 2023 and I acknowledge the continuous improvement actions undertaken by the Approved Provider following the Assessment Contact to address the non-compliance.

Consumers and consumer representatives discussed delayed personal care provision and call bell attendance, and described impacts on personal dignity, pain and medication management, participation in lifestyle activities, and overall consumer engagement. Whilst consumers and consumer representatives acknowledged personal cares were attended, they described extended wait times and cares received which were inconsistent with their needs and preferences.

Staff described insufficient time for work completion during allocated shifts which impacted quality care and services delivery for personal cares, mealtime support and social support activities. Clinical staff discussed increased risk to consumers located in the memory support unit and impacts on clinical assessment completion. Management noted consumer needs were monitored to determine number of mix of staff for care delivery, with agency registered nurses regularly rostered. Management advised they discussed and reviewed call bells and extended response times daily, with trends identified and improvement strategies developed.

Documentation evidenced personal care provision was not always documented. Management explained personal care notations were evidenced in progress notes and for some consumers were more care refusal based. Staff monitored personal cares provision through staff handover discussions and staff huddles and oversight was provided by the clinical management team. The Assessment Team referenced clinical indicator data which indicated increased incidents in the memory support unit during the period September 2023 to October 2023.

In response to the Assessment Team report, the Approved Provider submitted documentation which confirmed appropriate staff engagement for personal cares, medication management, and pain and continence management when appropriate. Call bell responsiveness was analysed and monthly consumer spotlight reviews were undertaken. Discussions occurred with consumers and consumer representatives about concerns raised, with ongoing monitoring and review by the care manager to ensure safe and quality care and services delivery.

In relation to staffing impacts on consumer engagement and activities participation, social and leisure assessments were provided which captured consumer backgrounds, life mapping, past and present interests and activity goals. The Approved Provider submitted lifestyle activity charts which evidenced consumer participation consistent with the memory support unit community activities calendar for the sample period of 30 October 2023 to 3 November 2023.

The Approved Provider detailed additional strategies implemented to support consumer dignity management and detailed improvements to consumer mealtime experiences, which included management attendance at protected mealtimes to observe staff practices, seek feedback from consumers and provide assistance as required.

The Approved Provider noted clinical indicator data for September 2023 to October 2023 identified an increase in incidents in the memory support unit which was consistent with increases in consumer occupancy. The Approved Provider acknowledged an increase in falls with injury in November 2023, and detailed continuous improvement action including review of falls and safety risk assessments during spotlight reviews, development of a falls focus group and improved awareness through staff handover and staff communications which has resulted in a decline in falls with injury during December 2023.

In line with increased occupancy, the Approved Provider noted staff monitoring has occurred and improvement actions implemented including increased staffing in the memory support unit and Pines Community, a ‘floater’ carer shift to cover unplanned absences and the additional recruitment of 3 registered nurses, 8 carers and 3 health service assistants. Data was provided which showed increased registered nurse hours and carer hours in the memory support unit.

In making my decision, I have considered the detailed evidence provided by the Approved Provider which detailed the actions taken to address the information raised in the Assessment Team report, including direct engagement with consumers and consumer representatives to address any concerns. Whilst I acknowledge the Assessment Team report, I am satisfied the actions taken and those to be taken, demonstrate a commitment to continuous improvement in the delivery and management of safe and quality care and services. I therefore find Requirement 7(3)(a) is compliant.

Most consumers and consumer representatives indicated staff were kind, caring and respectful in their interactions, however feedback was provided about staff communication and cultural awareness. Staff were observed to be kind and respectful and facilitated friendly engagement with consumers prior to personal care provision. Staff demonstrated a good understanding of consumer backgrounds and preferences consistent with care plans, however were unfamiliar with alternate communication methods. Interactions with consumers were monitored daily by the management team and unkind, uncaring or disrespectful engagements were investigated.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)