Performance

Report

**1800 951 822**

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| Name of service: | Bupa Enfield |
| Service address: | 5 Bradford Court ENFIELD SA 5085 |
| Commission ID: | 6133 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 October 2022 |
| Performance report date: | 25 November 2022 |

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 Enfield (**the service**) has been prepared by J Renna, 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.

# Material relied on

The following information has been considered in preparing the 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; and
* the provider’s response to the Assessment Team’s report received on 4 November 2022, indicating acceptance of the Assessment Team’s findings.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

The Assessment Team was satisfied the service meets Requirement (3)(e), and provided the following evidence relevant to my finding:

* Seven consumer files sampled demonstrated, and interviews with five consumers and two representatives confirmed, care and services are regularly reassessed and reviewed.
* One consumer was assessed, and interventions were reviewed following an unwitnessed fall.
* The service maintains a Spotlight checklist to ensure staff complete documentation and capture all relevant information as part of review processes, including in relation to skin integrity, hygiene, nutrition and hydration, behaviours, wounds, clinical care, pain, medication, mobility, and advance care directives.
* Processes are in place to monitor assessment and planning to ensure regular review is being undertaken. These include, progress note reviews, clinical audits, clinical risk meetings and a care plan review schedule.
* Staff were aware of, and could describe care plan review processes.

Based on the information summarised above, I find the service compliant with Requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The Assessment Team was satisfied the service meets Requirements (3)(b), (3)(d) and (3)(f), and provided the following evidence relevant to my finding:

Requirement (3)(b)

* Four consumers and three representatives said consumers get the care they need and were satisfied with how risks, such as falls, wounds and behaviours, were being managed.
* Documentation showed effective management of risks associated with the care of sampled consumers, including in relation to falls, wounds and pain.
* Staff were knowledgeable about sampled consumers’ high impact or high prevalence risks, and explained how they identify, assess, and manage such risks.
* Clinical staff meet weekly to discuss consumers’ risks and ensure interventions are appropriate.

Requirement (3)(d)

* Consumers and representatives confirmed the service had taken appropriate and prompt action in response to deterioration in health, and confirmed assessments, observations, medical reviews, and hospital transfers were actioned when appropriate.
* Documentation showed prompt recognition and response of sampled consumers’ deterioration, including in relation to wounds, infection, and mental health.
* Care staff were knowledgeable about the escalation process for review by a clinical staff member, Medical officer or specialist.

Requirement (3)(f)

* Five consumers and two representatives said they have had regular input from the multidisciplinary team and have access to a Medical officer and Allied health professionals when required.
* Documentation showed escalation to Dementia services Australia, Geriatricians and Dietitians following change in sampled consumers’ condition.
* Staff were knowledgeable of policies, procedures, and work instructions in relation to referral processes.

Based on the information summarised above, I find the service compliant with Requirements (3)(b), (3)(d) and (3)(f) in Standard 3 Personal care and clinical care.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

The Assessment Team was satisfied the service meets Requirement (3)(c), and provided the following evidence relevant to my finding:

* Consumers and representatives said staff know what they are doing, and they have confidence staff perform their role effectively and safely. Consumers said staff explain the care and services being delivered, and are informed of the type of training staff receive.
* Staff were knowledgeable of sampled consumers care needs, and felt supported in their roles. Staff confirmed they receive additional training on request.
* Staff are required to complete competency assessments and undertake training relevant to their role.
* Staff knowledge gaps in wound assessment, management and documentation were self-identified by the service in response to a complaint, and resulted in staff training, process reviews, and clinical reviews.
* A recent consumer experience survey indicated a 100% score for the question ‘do team members know what they are doing?’.

Based on the information summarised above, I find the service compliant with Requirement (3)(c) in Standard 7 Human resources.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(d) | 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. | Compliant |

Findings

The Assessment Team was satisfied the service meets Requirement (3)(d), and provided the following evidence relevant to my finding:

* The incident management system informs management of any trends or risk, which is supported by policies and processes. Incident data informs quality improvements, including deficiencies in care, training, and staffing.
* The organisation’s executive department reviews and analyses data, which is used to improve care and service delivery.
* Consumers are supported to make choices to live the best life they can, even when these choices have an element of risk. Risks management systems are in place to monitor and review risks associated with consumer choices.
* Following allegations of abuse and/or neglect, investigations are undertaken, and referrals are made to relevant agencies.
* The service’s risk management framework informs the Board of current and potential risks across all areas of the service. The Continuous improvement plan included areas for improvement relating to clinical risk, such as care evaluation processes, bed height indicator tags, weight loss and dementia specific training.

Based on the information summarised above, I find the service compliant with Requirement (3)(d) in Standard 8 Organisational governance.

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)