Performance

Report

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| Name of service: | Bupa Portland |
| Service address: | 83 Wellington Road PORTLAND VIC 3305 |
| Commission ID: | 3885 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 24 August 2023 |
| Performance report date: | 2 October 2023 |

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 Portland (**the service**) has been prepared by N Eastwood, 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 - 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 team’s report received 21 September 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Non-compliant |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Non-compliant** |

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

# 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.

**Standard 3**

* Requirement 3(3)(a) pain management, wound and diabetes care documentation and clinical oversight as well as consistency of documentation between assessments, care plan and point of care documentation.

**Standard 7**

* Requirement 7(3)(a) workforce planning to enable safe and effective quality care, particularly related to personal care provision and attending to consumer care needs.

# Standard 3

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| 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. | Non-compliant |

Findings

I have assessed this requirement as non-compliant as I am satisfied that requirement 3(3)(a) is non-compliant.

The Assessment Team found pain management, wound and diabetes care were not always provided in line with best practice. A review of documentation demonstrated care was inconsistent with recommendations and monitoring of clinical care was impacted by the absence of senior clinical oversight. Consumers reported experiencing pain and the Assessment Team noted a lack of consistent pain assessment and evaluation of as required medication. Wound management and documentation were incomplete, with staff reporting dressing selections based on their preference rather than wound consultant recommendations. Diabetes management was contradictory for some consumers and did not demonstrate consideration where changes may have occurred. Consumer care needs were noted to be inconsistent between care plans and handover sheets. As a result, information available to guide staff was inadequate to ensure safe and effective clinical and personal care.

In response to the Assessment Team report the provider submitted documentation which confirmed pain assessments and use of as required analgesia had been adequately managed for identified consumers. The provider acknowledged there is room for improvement with wound management documentation and provided evidence of actions added to the Plan for Continuous Improvement (PCI) to support this. There has also been a review of all consumer diabetes management plans to ensure the accuracy of information and updates to documentation to ensure consistency between care plans and handover information. The PCI also contained several actions supporting ongoing education, charting reviews, improvement to care planning documentation and communication with staff.

I acknowledge the information provided to address concerns raised with identified consumers and commitment to improvement through planned actions on the PCI. However, further evaluation of the implemented actions is required to ensure the provision of safe and effective clinical and personal care to all consumers at the service.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |

Findings

The Assessment Team recommended requirement 4(3)(a) was non-compliant based on the information available at the site visit on 24 August 2023, following consideration to the Approved Provider’s response and additional material I have come to a different view and find this requirement is compliant.

Most consumers reported not being able to attend activities of choice including exercise classes and consumer meetings. The Assessment Team noted the activities calendar did not include activities aimed to involve consumers with sensory impairment and a specific example of limited access to exercise classes due to staff workload. There was evidence that consumers with specific care needs or interests were not considered when planning activities and when consumers no longer attended sessions, no alternatives were offered, or input sought from specialist health providers.

In response to the Assessment Teams observations the provider has implemented several actions to address the identified concerns. The provider response includes an adjustment to the activity timetable to allow staff sufficient time to complete residents’ morning routines and the addition of afternoon exercise classes. There are additional continuous improvement initiatives being implemented to further support consumers with sensory impairments with feedback mechanisms facilitated through one-on-one resident meetings, documentation reviews, and resident and representative feedback.

The provider has demonstrated the completion of actions, implementation of proposed actions, and ongoing evaluation of services and supports for daily living that meet the consumer’s needs.

# Standard 7

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| 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. | Non-compliant |

Findings

I have assessed this requirement as non-compliant as I am satisfied that requirement 7(3)(a) is non-compliant.

The Assessment Team noted consistent feedback from consumers indicating they experience long waits for assistance and there is not enough staff to meet their individual needs. Consumers provided examples of direct impact on their care such as reducing their preferred shower routine, having to make their own bed, reducing oral intake to avoid requesting assistance to the use the toilet and limited access to activities when unable to be ready on time. All staff confirmed they regularly work short staffed as a result of unplanned leave and the inability to fill vacant shifts; this has resulted in not being able to provide personal care to all consumers. The Assessment Team also noted that despite continuing staffing shortages there has been an increase in consumer occupancy.

In response to the Assessment Team report the provider submitted a detailed plan to address concerns raised regarding the current workforce capacity. The response indicates several strategies to attract and retain staff as well as commencement of key personnel to fill available positions and additional resources to address unplanned leave. I acknowledge the provider response regarding consumer feedback and consider the information provided to the Assessment Team to be reflective of consumer accounts at the time. Consumers reported a direct impact on the quality of their care as a result of ongoing staff shortages, which was supported by the Assessment Teams review of rosters reflecting a significant quantity of unfilled personal care shifts.

There is evidence that there is an ongoing approach by the provider to address previously identified staffing vacancies. However, to ensure the impact to consumer experience has been addressed and there is evidence of improvement to the delivery of safe and quality care and services additional time is required to evaluate the effectiveness of proposed and completed actions.

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)