Performance

Report

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| Name: | Bupa Wodonga |
| Commission ID: | 4303 |
| Address: | 19 Melrose Drive, WODONGA, Victoria, 3690 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 September 2024 to 19 September 2024 |
| Performance report date: | 21 October 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 2824 Bupa Wodonga |

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 Wodonga (**the service**) has been prepared by M Murray, 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 4 October 2024.

# 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)(a) | 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. | Compliant |

Findings

Requirement (3)(a) was found non-compliant following a Performance Assessment Contact undertaken from 28 November to 29 November 2023, as the service was unable to demonstrate:

* assessment and planning, including consideration of risks to the consumer was effective.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to the implementation of pre-admission screening, daily progress notes review and staff training.

The Assessment Team found these improvements were effective and recommended Requirement (3)(a) met.

The Assessment Team’s report shows consumers and representatives are satisfied with the service’s improved assessment and care planning process. Staff demonstrated clinical assessments are undertaken, including in relation to cognition, falls, skin integrity, continence and specialised care needs. The service has policies and procedures to guide staff in assessment, care planning and risk management. Care documentation showed validated risk assessments being undertaken with consumers and discussions occurring about strategies to manage any risk identified through the assessment process. Consumers entering the service have a suite of assessments undertaken in line with the service’s admission process. The outcomes of assessments are being used to inform care delivery.

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

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |

Findings

Requirements (3)(a); (3)(b); 3(c) and 3(d) were found non-compliant following a Performance Assessment Contact undertaken from 28 November to 29 November 2023, as the service was unable to demonstrate:

* each consumer received safe and effective personal and clinical care in accordance with their preferences
* clinical oversight was effective in managing high impact or high prevalence risks, specifically skin integrity
* palliative and end of life care reflected the individual consumer’s needs, goals and preferences
* staff effectively recognised and responded to consumer deterioration.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, strengthening clinical governance, training staff, undertaking a review of clinical reporting and updating its approach to auditing falls, behaviours, skin integrity, pain, medication management and the use of restrictive practices.

The Assessment Team found these improvements were effective and recommended Requirements (3)(a); (3)(b); (3)(c) and (3)(d) met.

In relation to Requirement (3)(a), the Assessment Team’s report shows consumers and representatives are satisfied with the way personal and clinical care is being provided for consumers, including in relation to wounds, pain and complex clinical care. Staff said and care documentation showed, the service is delivering tailored and effective care in relation to skin integrity, wound management, pain management and medication administration. Clinical staff described undertaking a monthly skin assessment for each consumer. Care staff described delivering pressure area care as required and reporting any skin integrity concerns to a registered nurse. Consumers prescribed an antipsychotic medication have a behaviour management plan in place and staff demonstrated that the administration of medication occurs as a last resort when non-pharmaceutical strategies have not been successful. Progress notes, medical charts and other care documentation demonstrate staff monitor the health of consumers and consult with medical practitioners, geriatricians, wound consultants, allied health professionals and other specialists on the delivery of care.

In relation to Requirement (3)(b), the Assessment Team’s report shows consumers and representatives are satisfied with how high prevalence risks including risks associated with falls, nutrition and indwelling medical devices are being managed. Staff said and care documentation showed, the service identifies risks in relation to consumers’ care, and mitigation strategies are implemented in response to risks identified. Staff described how they deliver complex clinical care, including catheter care, in line with each consumer’s complex care management pathway and the service’s procedures. Care documentation showed post fall management guidelines are consistently followed by staff, with neurological observations and pain assessments completed as required. The weight of consumers is regularly monitored and a dietitian or a speech pathologist review occurs when a nutrition or hydration concern is identified for a consumer.

In relation to Requirement (3)(c), the Assessment Team’s report shows representatives are satisfied with the delivery of end-of-life care for consumers and described advance care planning and end of life care planning occurring with the involvement of family members and medical practitioners. Management said all consumers’ advance care plans have been reviewed. Staff described how they ensure the consumer is kept comfortable at the end of their life and said recent education has improved their delivery of palliative care. Care documentation including progress notes demonstrate staff monitor consumers at end of life for their level of comfort and record the delivery of pain relief, mouth care and personal hygiene.

In relation to Requirement (3)(d), the Assessment Team’s report shows representatives are satisfied that staff recognise and respond to the clinical deterioration of consumers and the immediate actions taken by staff. Management described access to a ‘wellness’ hub which provides urgent clinical assistance as needed. Staff described how they monitor for signs of deterioration and escalate any change in a consumer’s condition. Clinical staff described arranging hospital transfers as required, undertaking reassessments and making referrals in line with any new care needs identified for a consumer. Care documentation review for five consumers evidenced a timely response by staff when the consumer’s health declined.

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

# 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. | Compliant |
| 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

Requirements (3)(a) and (3)(c) were found non-compliant following a Performance Assessment Contact undertaken from 28 November to 29 November 2023, as the service was unable to demonstrate:

* the workforce deployed was sufficient to deliver safe or quality care and services.
* the workforce was competent in the performance of their roles.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to recruitment of multiple staff in managerial, nursing and care roles; monthly workforce data analysis and management of occupancy rates in line with the workforce and delivery of staff training.

The Assessment Team found these improvements were effective and recommended Requirements (3)(a) and (3)(c) met.

In relation to Requirement (3)(a), the Assessment Team’s report shows consumers and representatives are satisfied that there are sufficient staff to meet their care and service needs, with some consumers noting short delays in staff attendance at times. Staff said they can generally complete their work in the designated time, and this is always the case when the roster is full, noting when unplanned leave occurs, such as a staff member being unwell, the remaining staff will prioritise their workload accordingly. Management demonstrated how they utilise permanent, casual and agency staff to fill shifts for planned and unplanned leave. A master roster is used to plan for registered nurse availability and an appropriate skill mix of other staff. Management monitor the roster for any unfilled shifts and staff described various strategies to maintain a full staff complement including adjusting shift times and maintaining a casual pool of enrolled nurses and care staff. A ‘leave replacement’ care shift has been introduced and is allocated to a staff member who can be moved to any area of the service as required.

In relation to Requirement (3)(c), the Assessment Team’s report shows consumers are confident staff know what they are doing, and that staff are delivering quality care. Job descriptions outline the competencies required for roles and new staff members complete an orientation program. Staff described undertaking training specific to their role as well as undertaking mandatory education, most recently in assessment on admission, clinical deterioration, dementia management, skin integrity, and incontinence associated dermatitis. Management said a ‘field assessment’ forms part of the training and competency program. Peer reviews and audit results inform the need for additional support a staff member may need in meeting the expectations of their role.

Based on the information summarised above, I find the service compliant with Requirements (3)(a) and (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

Requirement (3)(d) was found non-compliant following a Performance Assessment Contact undertaken from 28 November to 29 November 2023, as the service was unable to demonstrate:

* risk management systems at the service were effective.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to, strengthening of clinical oversight processes to support early recognition of risks and increased oversight of incidents by the quality and compliance team.

The Assessment Team found these improvements were effective and recommended Requirement (3)(d) met.

In relation to Requirement (3)(d), the Assessment Team’s report shows the service has increased clinical oversight from senior clinical staff and management to support effective recognition, reporting, and management of both known and potential risks to consumers. Staff said the clinical team hold a daily clinical risk meeting which provides a forum to discuss any risks, incidents, or deterioration of consumers. Updates from the meeting are communicated to staff during handovers. A committee structure supports the governing body with managing risk through the provision of various reports including monthly analysis and trending on wounds, weight loss, falls, pressure injuries, skin tears and use of psychotropic medication.

Staff described how to identify and respond to an allegation of abuse or neglect of a consumer and how to document and report the allegation in the service’s incident management system. Management discussed its process for reporting any serious incident and care documentation demonstrated that appropriate actions are taken when an incident occurs.

Staff demonstrated a consumer centred approach to risk taking, supporting consumers to balance their decisions on risk and quality of life.

An incident management system is effectively used and ‘clinical safety alerts’ are issued to support staff in preventing and managing incidents.

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 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)