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: | 28 November 2023 to 29 November 2023 |
| Performance report date: | 21 December 2023 |
| 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 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 (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 20 December 2023.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Compliant |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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 2**

* Requirement 2(3)(a) ensure consideration of risk in consumer assessment and planning of care.

**Standard 3**

* Requirement 3(3)(a) provide care consistent with consumer preference and best practice to avoid exacerbation of or contribution to preventable conditions.
* Requirement 3(3)(b) improve clinical oversight to address high impact or high prevalence risks.
* Requirement 3(3)(c) ensure palliative and end of life care is identified and reflects individual needs, goals and preferences.
* Requirement 3(3)(d) recognise, respond and demonstrate how circumstances of deterioration are actioned in a timely manner.

**Standard 7**

* Requirement 7(3)(a) ensure staffing quantity and skill mix supports safe and quality care and services.
* Requirement 7(3)(c) ensure staff understanding, application and management of skin integrity, pain and behaviour management.

**Standard 8**

* Requirement 8(3)(d) increase and ensure adequate reporting, monitoring and oversight of high impact or high prevalence risks.

# 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and with consideration to the approved provider’s response that the service does not comply with Requirement 2(3)(a) and as a result does not comply with Standard 2.

Potential risks were not consistently identified or considered in care planning, particularly where assessment and care planning was required for pain management, behaviour management, choking, personal care and wound management. Management did not demonstrate how the service considers risks, including review and risk-minimising strategies for consumers.

There was significant impact to 10 consumers associated with the absence of adequate information related to the assessment and consideration of potential risks. This impact was realised at the time of the Assessment Teams attendance where it was found care was not being provided with consideration to the needs of consumers or with an awareness of where risks may exist resulting in the absence of needed care or circumstances where consumer safety was at risk.

Management acknowledged that consumer assessment and care planning could be improved at the service.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) and supporting evidence of implemented actions. The response includes interventions commenced for consumers named in the Assessment Team report as well as the broader consumer group and proposed strategies to ensure interventions are sustained in practice. The response also identifies a number of actions to ensure continued monitoring and evaluation of improvements including audits, ongoing assessments, identification of choking risk, review of all wounds by a wound specialist, education and observation of staff practice and review of personal care preferences.

The PCI identifies timeframes for completion and evaluation of improvement actions. I note initial commencement of activities and the targeted nature to progress toward addressing the identified deficits. Given the significant risk and impact to consumers associated with failure to ensure improvements are sustained, additional time is required to ensure compliance with this requirement.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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. | Not 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and with consideration to the approved provider’s response that the service does not comply with Requirements 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(d) and as a result does not comply with Standard 3.

Requirement 3(3)(a):

Consumers and representatives expressed dissatisfaction with the personal care and grooming being delivered. Consumers and representatives also expressed dissatisfaction with the clinical management of skin integrity. The service did not demonstrate personal care was delivered in accordance with consumer preferences, was optimised to achieve consumer wellbeing or consistent with best practice to enable safe and effective clinical care.

Wound charting documentation identified 9 consumers with Incontinence Associated Dermatitis (IAD). Observations and staff interviews identified the number and mix of staff was impacting the quality of personal and clinical care being delivered across the broader consumer cohort.

There was evidence of significant impact to consumers with extensive IAD resulting from poor practice and inadequate care. Where there was acknowledgement by management that an increase in IAD cases was apparent and investigations underway, this course of action has done little to address the impact on those affected and whose condition continued to deteriorate as a result. The ongoing risk to all consumers associated with IAD can extend to psychological harm, complications with other co-morbidities or general and progressive decline.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) and supporting evidence of implemented actions. The response includes interventions commenced for consumers named in the Assessment Team report as well as the broader consumer group and proposed strategies to ensure interventions are sustained in practice. The response also identifies a number of actions to ensure continued monitoring and evaluation of improvements including completion of head-to-toe skin assessments, in consultation with wound consultant, staff skin integrity training, observations of practice and review of staffing allocations.

The PCI reflects close alignment with actions proposed and reflected in Requirement 2(3)(a) with specific actions noted against skin integrity, continence and pain management, identification of choking risk, management of responsive behaviours, unexpected weight loss and bowel management.

Requirement 3(3)(b):

A lack of adequate clinical oversight was evident in relation to safely managing clinical risks for several consumers, which negatively impacted their quality of life. Pressure injuries and IAD acquired at the service were not consistently identified in a timely manner, resulting in deteriorating skin integrity, wounds, and pain. Wound documentation did not contain measurements and images, which effectively monitored the changing conditions of consumer wounds.

The impact associated with inadequate clinical awareness and oversight of these risks were realised at the time of the Assessment Team attendance. There was evidence to support that largely preventable exacerbation of conditions had occurred and consumer conditions were unmanaged, at high risk of deteriorating, or had inadequate prevention measures in place to avoid future risk.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) and supporting evidence of implemented actions. The response indicates a number of additional clinical resources have been deployed to ensure adequate oversight and safe management of high impact, high prevalence risks as well as supporting actions for the immediate short term. A review of mobility care plans has commenced to ensure adequate documentation of falls prevention and injury minimisation strategies.

The PCI reflects close alignment with actions proposed and reflected in requirements 3(3)(a) and 2(3)(a) with specific actions noted against skin integrity and identification of deterioration.

Requirement 3(3)(c):

Where end of life care was provided this was not consistent with best practice nor demonstrated consumer safety, comfort, and dignity was maximised. Staff demonstrated an awareness of consumers identified for palliative approach and comfort care. Care staff understood changes in care provided when a consumer was identified for palliative approach and comfort care. The service had systems and processes to support end of life care such as, end of life care pathway and monitoring through ‘spotlight’ reviews, however the service did not demonstrate staff have been trained and supported to effectively complete these processes.

A review of consumer files reflected incomplete advance care planning documentation and management indicated they do not consistently complete an end of life wishes assessment within their electronic care planning system (LeeCare) as when the program is updated information is lost.

Consumers progressing toward a palliative approach in care require an adaptive and increasing level of care, without adequate monitoring, consideration of their physical, psychological or emotional needs the care provided cannot meet their needs. Evidence of inadequate palliative care was apparent with consumers not receiving care consistent with industry expectations resulting in the inability to recognise where changes to care would support maximising comfort and preservation of dignity.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) and supporting evidence of implemented actions. The response indicates a review of all consumers advance care planning has been commenced and a commitment to ensure consistency in carrying out ‘spotlight’ reviews, training and scheduling of reviews and a spotlight focus audit monthly.

The PCI reflects timeframes for completion of review of all advance care planning documentation, allocation of senior staff to monitor end of life pathways and the provision of education and training.

Requirement 3(3)(d):

The service did not demonstrate deterioration or changes in a consumer’s health was recognised and responded to in a timely manner. Care file reviews showed deficits in staff understanding of changes in consumer condition and delayed staff response to seek clinical review for consumers.

Where deterioration is unrecognised or untreated the outcome for the individual may be irreversible. The opportunity to treat, avoid extended or unnecessary suffering and manage effectively is established through early detection of deterioration and appropriate actions implemented. There was significant evidence to support this was not the case for consumers at the service with resulting negative impact on their health.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) and supporting evidence of implemented actions. The response indicates training has been delivered to the majority of clinical staff with additional clinical support (as indicated in Requirement 3(3)(b)) assisting with ongoing review of consumer condition for early detection of deterioration.

The PCI also reflects timeframes for completion of education, weekly meetings and analysis of incidents and focussed attention to compliance with progress note entries.

I note the initial commencement of activities and the targeted nature to progress toward addressing the identified deficits. Given the significant risk and impact to consumers associated with failure to ensure improvements are sustained, additional time is required to ensure compliance with Requirements 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(d).

# 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. | Not 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and with consideration to the approved provider’s response that the service does not comply with Requirements 7(3)(a) and 7(3)c) and as a result does not comply with Standard 7.

Requirement 7(3)(a):

Consumers and representatives said the staffing level is inadequate at the service, and they have to wait as staff are busy. Care and nursing staff said due to staff shortages they are unable to provide personal care as planned or as needed to consumers.

A review of the master roster showed a significant number of vacant shifts for nursing staff and care staff over a fortnight period. Management explained some unplanned leave is covered by requesting staff extend their shift by starting earlier or finishing later or through the reallocation of staff to other communities to provide the required support. The Assessment Team noted an example of where the reallocation of staff resulted in an allocation of 3 staff to care for 29 consumers in the Memory Support Unit (MSU).

Management explained the ongoing recruitment strategies in place and future projection of staffing.

Where inadequate staffing is apparent consumer basic care needs cannot be met. This was particularly noted in the evidence provided through associated requirements 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(d) and the impact to care provision and resulting condition of consumers at the service.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) with proposed and implemented improvement actions. As a result of the Assessment Teams recommendations additional clinical resources were immediately made available. There is an ongoing recruitment strategy and commencement of 4 care staff as well as arrangements for an additional 3 registered nurses. Agency bookings have been made in blocks and there is ongoing staffing review and discussion at daily and weekly meetings.

Requirement 7(3)(c):

The service did not adequately demonstrate effective staff understanding, application and management of skin integrity, pain management and behaviour management as evidenced in the consumer outcome summaries.

While the service has processes in place to determine if their workforce has the qualifications and knowledge to perform their roles. The Assessment Team identified and observed a concerning number of consumers care, where staff did not have sufficient knowledge to effectively perform their roles related to identifying and responding to deterioration, assessment and care planning of risks and delivery of care.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) with proposed and implemented improvement actions. The PCI and response reflect close alignment with actions proposed and reflected in requirements 2(3)(a), 3(3)(a), 3(3)(b), 3(3)(c) and 3(3)(d) with education focusing on deterioration, assessment and care planning, skin integrity and pain, choking, weight loss and responsive behaviours.

I note the initial commencement of activities and the targeted nature to progress toward addressing the identified deficits. Given the significant risk and impact to consumers associated with failure to ensure improvements are sustained, additional time is required to ensure compliance with Requirements 7(3)(a) and 7(3)(c).

# 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. | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the approved provider’s response that the service does not comply with Requirement 8(3)(d) and as a result does not comply with Standard 8.

The service has a range of risk management systems and practices; however, these were not effective in identifying and responding to neglect, managing high-impact or high prevenance risks associated with the care of consumers and managing and preventing incidents.

The service’s systems and practices had not identified and responded to neglect in the delivery of personal care for consumers identified by the Assessment Team.

The service did not demonstrate high-impact and high prevalence risks associated with care such as choking, IAD, wounds, responsive behaviours, and palliative and comfort care for consumers identified by the Assessment Team were identified and effectively managed to prevent reoccurrence and/or minimise harm.

The service’s incident management system is ineffectively applied, as a result incident reports were not always completed resulting in 125 open and unresolved incidents. Information reported was not always sufficient to identify the cause, resulting in ineffective and incomplete review of care and interventions or harm minimisation strategies not able to be implemented.

The organisation has an electronic dashboard to benchmark services within the organisation and identify areas of risk. This dashboard shows the service current areas of concerns were number of incidents, number of falls with no injury, skin tears, behaviours of concerns and falls with injury. However, the system had not identified the deficits in personal care, staffing numbers and mix and incident management reflected in this report.

Management advised the organisation had identified the service was at high risk and that ‘remediation meetings’ would be recommended to focus on gaps identified through monthly quality indicators.

The Approved Provider submitted a response to the Assessment Team report including a copy of the Plan for Continuous Improvement (PCI) with proposed and implemented improvement actions. The response indicates additional actions taken to strengthen incident management with increased frequency of risk review, remediation to commence immediately following remediation meetings and high risk, high impact complaints and incidents to be reviewed within 24 hrs. Incident management education has been commenced, review of clinical leadership roles, daily monitoring and meetings to review clinical records and incidents, clinical consultant oversight of governance processes, weekly remediation meetings and review of all open incidents to ensure investigation and closure.

The PCI reflects focussed timeframes for supporting activities to ensure completion and adherence to immediate strategies to address the identified deficits. I note these timeframes reflect the importance and urgency of short-term actions to ensure return to compliance and encourage the provider to consider the longevity of practical interventions to ensure governance is maintained well into the future.

I further note the initial commencement of activities and the targeted nature to progress toward addressing the identified deficits. Given the significant risk and impact to consumers associated with failure to ensure improvements are sustained, additional time is required to ensure compliance with requirement 8(3)(d).

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)