Performance

Report

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| Name of service: | Bupa Woodend |
| Service address: | 2 Sullivans Road WOODEND VIC 3442 |
| Commission ID: | 4184 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 August 2023 |
| Performance report date: | 19 September 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 Woodend (**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 11 September 2023

# Assessment summary

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| 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** |

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 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 |

Findings

Consumers and representatives indicated they were satisfied that consumer personal and clinical care was managed well in relation to, chemical and environmental restrictive practices, wound and pain management.

The Assessment Team reviewed the service’s psychotropic register which demonstrated consumers receiving psychotropic medication for the purposes of managing responsive behaviours have well documented indications for prescribing, records of informed consent, behaviour support plans and evidence of formal medication reviews. Monitoring, review, and evaluation of the use of antipsychotic medications are completed in collaboration with the medical practitioner, geriatrician, representative and clinical staff.

Wound charts were completed in accordance with the service’s skin care pressure injury and wound management policy, including photographs with measurement, frequency of dressing required as well as products to be used. Pain monitoring, management, and evaluation documentation demonstrated consultation with consumers and/or representatives and collaboration with their treating team. The use of alternative strategies to analgesics for pain management is documented in care documentation, and consumers and representatives were satisfied with pain management processes.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant.

# 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 |

Findings

Consumers and representatives confirmed staffing is sufficient to meet consumer care needs, although two consumers and two representatives described times when they observed staff to be less available, such as weekends or occasions when they experienced delays in assistance.

The Assessment Team reviewed rosters and allocation records which demonstrated how the service utilises skill mix and the number of staff to enable safe and quality care. Management described effective processes for workforce planning and staff described ways they manage being short-staffed and spoke of a positive team culture to help each other. Management provided examples where an increase of consumer admissions would trigger consideration of additional staff and a review of the master roster demonstrated all shifts are filled. The Assessment Team reviewed call bell response times noting most responses were within the allowable time frames and observed staff attending consumers promptly throughout the visit.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant.

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)