Performance

Report

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| Name of service: | Bupa Woodville |
| Service address: | 104 Woodville Road WOODVILLE SA 5011 |
| Commission ID: | 6940 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 3 July 2023 to 4 July 2023 |
| Performance report date: | 23 August 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 Woodville (**the service**) has been prepared by T Wilson, 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 July 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **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 5** Organisation’s service environment | **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

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 (3)(a)**

* Ensure assessment and planning is developed with the consideration of risk to consumer’s health and wellbeing to inform the delivery of safe, quality and effective care and services.

**Standard 3** **Requirement (3)(a)**

* Ensure each consumer receives safe and effective personal and clinical care, specifically in relation to pain, diabetes, restrictive practice, wound care and neurological observations.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |

Findings

As only Requirement (3)(a) has been assessed the overall rating for this Standard is not applicable.

Since the finding of non-compliance following the site audit undertaken on the 24 to 26 October 2022 the service has implemented improvements including but not limited to, staff training and coaching and an audit of consumers in relation to dignity and respect.

Consumers and representatives confirmed they are treated with dignity and respect, and their identity and culture valued. Staff could describe the training they have received and the changes they have made to ensure each consumers feels like they are being treated with dignity and respect. Documentation showed how the organisation conveys its expectations for staff to treat consumers with dignity, respect and recognising and respecting their culture and diversity and training records confirmed training is also completed in this area. Observations showed staff knocking on consumer doors before entering, addressing consumers by name and telling them the purpose of their visit.

It is for these reasons I find Requirement (3)(a), compliant.

# 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. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| 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

This service was found non- compliant following a Site Audit undertaken from 24 to 26 October 2022 in Requirements (3)(a), (3)(b) and (3)(e). Improvements were implemented such as, but not limited to, a new admission process, a nurse advisor engaged to oversee consumer files, huddles and toolboxes for staff education, a daily review of progress notes and charts to ensure to review consistency of process and changes to ensure end of life information is a.

During the Assessment Contact undertaken from 3 to 4 July 2023 the Assessment Team found Requirements (3)(a) and (3)(e) not met. However, for requirement (3)(e) I have come to a different view to that of the Assessment Team.

**Requirement (3)(a)**

the Assessment Team found two consumers (Consumer’s A and B) did not have care planning and assessment tailored to their needs to ensure effective delivery of care and services and included the following information in their report relevant to my finding.

Consumer A did not have reportable diabetes ranges established or actions to undertake if outside the range. The care plan stated their blood glucose level was to be monitored twice a day, yet he was prescribed insulin three times a day on the medication chart which did not align. There was also no guidance on the assessment and management of pain although it was identified it was required.

Consumer B did not have a completed pain management care plan, and it was not recorded whether the consumer could express pain. There was no instruction on how to assess pain.

The provider responded on the 21 July 2023 and did not dispute the findings by the assessment team. They have taken action to remedy the deficits and monitoring to ensure that the strategies employed are effective in ensuring that care plan for each of the consumers is effective.

I have considered both the Assessment Team’s report and providers response and whilst I acknowledge the provider has taken action to remedy the issues raised and also has additional continuous improvement items to prevent further deficits r, at the time of the Assessment Contact the two consumers did not have care planning tailored to their needs. Consumer A did not have an established diabetic plan for staff to follow including what to do if the blood sugar levels were either high or low, and despite being identified as requiring pain management there was no instruction in place and Consumer B did not have a pain management and there were no instruction for staff on how to assess or manage any pain identified.

For the reasons detailed above I find Requirement (3)(a) non-compliant.

**Requirement (3)(e)**

The assessment team found the service did not demonstrate that care and services were reviewed following a change of circumstance or incidents for two consumers (Consumer’s B and C) and included the following information in their report relevant to their recommendation:

Consumer C had their medications ceased and was commenced on end of life care by the general practitioner. Both the cessation of the medication and commencement of end of life care were captured in the vital information but were not updated on the care plan for three days.

Consumer B’s care plan was updated in March 2023 to show they were prescribed a medication to cause weight gain, but the falls prevention strategies did not demonstrate consideration of the sudden loss of vision on one side or associated risks. They had not had any incidents.

In the providers response dated 21 July 2023 they acknowledged the feedback by the assessment team and stated they had already identified an opportunity for new and existing registered nurses to develop their clinical documentation skills and show the actions listed to complete this.

I have considered the Assessment Team’s report and the providers response and whilst I do acknowledge the Assessment Teams findings, I cannot see this is a systematic issue of not making changes following incidents or when changes in condition occur. Consumer C did not have their care plan updated for three days but the information was available in the vital information section of care documentation which is available to staff. With the information available I could not determine when the end of life care commenced except for one comment from the Assessment Team where they said three days later, and it was not directly addressed in the provider’s response. Consumer B did have a sudden vision loss several months prior, but the information included in the Assessment Team’s report did not provide context as to how impact of the loss of the vision had not been considered on daily activities or the how the falls prevention strategies were considered or what the associated risk are. The consumer had no incidents and I do not have any information as to what occurred when they arrived back from hospital several months earlier.

I have considered the information relating to Consumer C and the administration of medication considered as chemical restraint under Standard 3 Requirement (3)(a).

For the reasons detailed above I find Requirement (3)(e) compliant.

**Requirement (3)(b)**

Representatives confirmed care planning captured sufficient information on consumer needs, goals and preferences to guide on care and staff were willing to listen and make changes as required. Staff could describe how they individualise consumer care needs including for end of life. Documentation shows care planning captures up to date consumer information, advanced care directives and end of life pathways were commenced for consumers.

For the reasons detailed above I find Requirement (3)(b) compliant.

# 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 |
| 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)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

As Requirement (3)(a) has been found non-compliant this Standard is non-compliant.

This service was found non- complaint following a Site Audit undertaken from 24 to 26 October 2022 in Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(g). Improvements were implemented such as, but not limited to, education on consumers risks such as education including falls, medication, wound, diabetes and incident management and family consultation, increased monitoring of consumers at end stage of care to ensure care and services needs and preferences are provided consistent with consumers wishes and employment of two infection prevention control leads.

**Requirement (3)(a)**

The assessment team recommended this Requirement as not met as they found best practice and/or tailored care to optimise consumer health and well-being in relation to monitoring consumers for pain, following falls, documentation of repositioning, and photographing of wounds was not demonstrated. Monitoring of diabetes was not undertaken in line with directives, and actions were not documented in response to readings outside acceptable range. Chemical restraint was not documented consistently or on one occasion when it was used in an emergency situation it was not documented at all, and neurological observations were not always taken as per the procedures.

The provider responded on the 21 July 2023 and did not dispute the findings by the assessment team. They have taken actions to remedy the deficits and are monitoring to ensure that each consumer is receiving effective care and services. The service have also provided a continuous improvement plan with actions included to ensure all processes are embedded and any gaps are identified, and strategies put into place to reduce them.

I have considered both the assessment team report and the providers response, and I find that at the time of the assessment contact the provider did not meet this Requirement. I will not address each consumer as the provider did not dispute the Assessment Teams report and have completed actions to ensure the consumers are receiving safe personal and clinical care. With actions already undertaken and the continuous improvement actions still continuing I am confident the service will address all of the deficits raised. However, the service will need time to ensure all improvements are embedded and used in staff practice consistently.

For the reasons detailed above I find Requirement (3)(a) non-compliant.

**Requirements (3)(b), (3)(c), (3)(e) and (3)(g)**

Consumers and representatives confirmed they were mostly satisfied with the management of risks associated with consumer care. Staff could describe consumers with identified high risks and explain use of strategies to minimise risk in line with care planning. Specialist guidance was sought for high risk care needs and incorporated into planning and care. Care planning documentation identified consumers risks and the strategies used to minimise the risk.

Documentation showed that end of life pathways were being followed and consultation was undertaken with the families involved. Medications are monitored to ensure the consumer is kept as comfortable as possible along with other measures such as a comfort mattress.

Representatives confirmed staff are knowledgeable about incidents and would keep them updated with changes in condition or care. Clinical and care staff advised they received sufficient information within handover and documentation to understand consumers’ needs and preferences, including changes in care. Documentation showed other care givers such as allied health and general practitioners have access to care planning and progress notes.

Consumers and representatives confirmed satisfaction with the management of the outbreaks and the staff’s usage of personal protective equipment. Staff were familiar with actions to prevent infection and requirement for pathology prior to commencement of antibiotic therapy. Documentation showed additional training was undertaken during recent outbreaks along with extra precaution such as additional cleaning. Staff were also bought in to under the infection prevention control lead to complete spot checks and ensure staff were compliant with the use of personal protective equipment.

For the reasons detailed above I find Requirements (3)(b), (3)(c), (3)(e) and (3)(g) compliant

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |

Findings

As only Requirement (3)(c) has been assessed the overall rating for this Standard is not applicable.

Since the finding of non-compliance following the site audit undertaken from 24 to 26 October 2022 the service has implemented improvements such as, but not limited to, updating the activity program to reflect the diversity of consumers, activities are now discussed at resident representative meetings and an organisational centralised lifestyle body was formed to ensure enhancements are continually made to the lifestyle program.

Consumers confirmed they are able to do things of interest to them, participate in external activities and maintain social and personal relationships. Staff said they conduct spiritual and lifestyle assessments for consumers to discover what their background, beliefs and interests are, with care plans showing this information is captured. Observations showed consumers engaged in formal and informal activities and spending time with each other, family and other visitors.

It is for these reasons I find Requirement (3)(c), compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

As only Requirement (3)(b) has been assessed the overall rating for this Standard is not applicable.

Since the finding of non-compliance following the site audit undertaken from the 24 to 26 October 2022 the service has implanted improvements such as, but not limited to, commencing spot checks for cleanliness and safety and cleaning and maintenance of outdoor furniture.

Consumers and representatives confirmed the environment is comfortable and well maintained and they have no safety concerns. Staff could describe the process for logging maintenance requests and what to do in the event of an immediate hazard. Maintenance records showed that maintenance is conducted within timeframes with no outstanding items. Observation of outdoor areas showed consumers had free access and which is clean and well maintained with hazards or concerns noted.

It is for these reasons I find Requirement (3)(b), 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 |
| 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

As only Requirements (3)(a) and (3)(c) have been assessed the overall rating for this Standard is not applicable.

Since the finding of non-compliance following the site audit undertaken from the 24 to 26 October 2022 the service has implemented improvements such as, but not limited to, a roster review, employed additional staff, introduced additional training and recruited a quality education manager and an infection prevention control lead.

Consumers and representatives said there is enough staff, and call bells are responded to in an appropriate time frame. Staff reported improvements in staffing levels and said they have enough time to complete their tasks. Management and documentation confirmed a review of roster, and they could demonstrate additional staff are engaged according to consumers’ needs.

Consumers and representatives were generally satisfied with the care provided and said staff were competent and understood the care needs and preferences of consumers. Staff described training they had undertaken and were knowledgeable in a range of topics. The service has policies and procedures in place to monitor, assess and ensure members of the workforce are competent and have the appropriate qualifications to undertake their roles. Staff interviewed felt supported by management and said they could request additional training or support when necessary.

It is for these reasons I find Requirements (3)(a) and (3)(c), compliant.

# 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 |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

As only Requirements (3)(d) and (3)(e) have been assessed the overall rating for this Standard is not applicable.

Since the finding of non-compliance following the site audit undertaken from the 24 to 26 October 2022 the service has implemented improvements such as, but not limited to, implementing a clinical risk register, staff training, changed electronic management systems, commenced additional clinical meetings and reviewed consumers subject to restrictive practice.

The service was able to demonstrate they have effective risk management systems, including an update incident management system with new processes and directions. Staff confirmed they have been trained in mandatory reporting requirements, including additional training in elder abuse. A clinical risk register is monitored by the organisation for high prevalence risks and management provided examples of improvements identified through this system. There are policies and procedures to guide staff including where a consumer wishes to take a risk.

The service has clinical governance framework supported by a suite of policies and procedures to guide staff in open disclosure, antimicrobial stewardship and minimising the use of restraint. Infections and use of associated antimicrobials are trended and reported at an organisational level. Senior organisation management are involved in the open disclosure process where necessary, in line with the organisations policy. Reviews have been undertaken for all consumers subject to restrictive practice and information on prescribed psychotropics is reported on monthly.

It is for these reasons I find Requirements (3)(d) and (3)(e), 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)