Performance

Report

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| Name: | Bupa Woodville |
| Commission ID: | 6940 |
| Address: | 104 Woodville Road, WOODVILLE, South Australia, 5011 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 28 November 2023 |
| Performance report date: | 15 January 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 4349 Bupa Woodville |

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 (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 19 December 2023;
* the Performance Report dated 23 August 2023 for the visit undertaken from 3 July 2023 to 4 July 2023.

# 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 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)(a): Ensure that care is provided as per the medical officer’s recommendations including in relation to diabetes.

# 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

As not all Requirements were assessed, the overall finding for this Standard in not applicable.

The service was previously found non-compliant in Requirement (3)(a) after an assessment contact in July 2023. Since this time, the service has made improvements including, but not limited to, recruiting an admissions nurse and a care manager for each wing to improve the assessment and planning processes. Developing diabetes management plans for all consumers with diabetes and providing education and work instructions related to diabetes management. Ensuring pain assessment were completed for all consumers along with training on pain assessment tools and ensuring they are used correctly.

The assessment team recommended Requirement (3)(a) as not met due to assessment and planning not being completed or consistent with consumers current care needs. It was also stated that through feedback received representatives were not always informed if changes were made to care by a medical officer, admissions assessments are not always completed within the 30 day period, and not all information was available on the summary care plan for 5 consumers including communication, pain, and falls that did not have goals and interventions outlined. It was acknowledged by the assessment team that the deficits in this Requirement did not have an impact on the consumers health and wellbeing but stated it did not guide staff to deliver safe and effective care. The report also detailed one consumer where the blood glucose level parameters were slightly different from the medication chart to the vital observations chart.

The provider responded on the 19 December 2023 where they acknowledged the gaps in the documentation and included the steps, they have taken to address the deficits. They have undertaken consultation with representatives in relation to informing representatives of changes along with a wide range of improvements including education, memos, updating agency induction folders and communications at a variety of meetings. In relation to admission assessments, the provider did acknowledge for one consumer there was a delay with the assessments but state with all other consumers they had been done however, did not transfer into the summary care as they should have. To ensure all consumers assessments were completed a review was undertaken along with education, additional reporting and daily discussions at meetings. The provider acknowledged the different blood glucose level parameters for the consumer which is now corrected and undertaken arrange of improvement to ensure that all consumers have the correct blood glucose level parameters in all systems.

I have considered both the assessment teams report and the providers response and I have come to a different view than the assessment team. The information in relation to representatives not being advised about changes to consumer care has not been considered as it is more relevant to Standard 2 Requirement (3)(d). I acknowledge the provider has made continuous improvements to ensure communications with representatives are satisfactory.

During investigation of the missing admission assessment information, the provider asserts they discovered the information was available in the comprehensive care plan and this had not transferred over for one consumer, and another had had a pain assessment completed within the period. Both of these issues have been addressed.

To address any other deficits identified the service provided a list of continuous improvement actions. I have considered this information and the improvement actions already completed and whilst there were small deficits identified they did not appear to be systematic in nature. The service has undertaken a significant amount of improvement to ensure assessment and planning is undertaken as per the policies and procedures and is done according to periods defined. Checking procedures have been put in place and this should alleviate further issues. The deficits that were identified by the assessment team did not impact on the consumers.

It is for these reasons I find Standard 2 Requirement (3)(a) 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. | Not Compliant |

Findings

This Requirement was previously found non-compliant following an Assessment Contact undertaken from 3 to 4 July 2023 as each consumer was not provided safe and effective clinical care that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to pain management, wound care, diabetes management, falls management, behaviour management and the use of chemical restraint. The service implemented a range of improvements including, but not limited to staff education, care documentation reviews, development of a psychotropic register and engaging wound specialists.

Whilst the assessment team found that there were improvements to the previous findings on non-compliance, they are recommending Requirement (3)(a) as not met due to consumers not receiving safe and effective care in relation to diabetes management, behaviour management and repositioning to manage skin integrity.

The report details two consumers with diabetes who did not receive as required insulin via the sliding scale on a total of 5 occasions in November 2023. It also states that evidence was not recorded in regard to whether insulin was required as blood glucose levels were not always recorded in the progress notes. For one of the consumers with diabetes who has 3 pressure injuries it was stated they were not repositioned per the schedule. They also had wounds where photographs were not taken consistently, and a review could not be undertaken via the photographs. It was stated for two different consumers that either generic strategies for one consumer on 3 occasions or no strategies, on one occasion for another consumer at all were recorded prior to the administration of psychotropic medication.

The provider responded on the 19 December 2023 where they acknowledged the insulin was not provided on the occasions mentioned but through investigation, they had found it was an agency registered nurse that had made the errors. They have now put other measures in place to ensure this does not occur again. A range of improvements were detailed to ensure personalised strategies are used and prior to the administration of psychotropic medication. It was explained the consumer who was not repositioned as per their assessed needs would often refuse repositioning and did not want to be woken during the night. Discussions have now taken place to explain the risk of refusing repositioning and a dignity of risk process was completed as acknowledgement of the risks. Education is being provided to staff in relation to photographing wounds along with a range of other improvement actions to address the issues raised.

I have considered both the assessment teams report and the provider’s response and I agree at the time of the assessment this requirement was non-compliant. The reason for this is the two consumers who did not receive the insulin via the sliding scale as per the medical officer’s recommendations. By not receiving the insulin as directed it put the consumers at risk as they did not receive clinical care as required. I have also place weight on the previous report under Standard 2 Requirement (3)(a) issues were raised with diabetes management. I understand the majority of issues have been addressed through continuous improvement actions and further improvements have been put in place to address the current issue with agency staff around diabetes management. I acknowledge the actions undertaken by the service to remedy the deficits but I consider these will need time to be embedded fully into everyday work and ensure they are effective.

In relation to the repositioning of the consumer I have taken into consideration that the consumer is on an air mattress and the wounds are not getting any worse, possibly even better, but I don’t have evidence to show this. Whilst the chart was not filled out to show repositioning was occurring as it should, there was not sufficient explanation of the risks to the consumer of not being repositioned but, specialists have reviewed the wounds. I will say if there is a chart it should be filled out to show whether the repositioning has occurred, but I was not provided with evidence to show this was a systemic problem, so I have not included this information in my assessment of this requirement.

In relation to the behaviour management strategies the first consumer did have strategies attempted and whilst they appeared generic in the documentation staff could explain the strategies to alleviate the consumers behaviour. In relation to the consumer with no strategies recorded I was only provided with one occasion where no strategies were recorded. Again, I could not know with this information whether it was a one off occasion or whether it was an ongoing issue. The provider has undertaken action to ensure staff are recording appropriate actions, so I have not considered this information in the assessment of the requirement.

It is for these reasons I find Standard 3 Requirement (3)(a) non-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)