Bupa Woodville

Performance Report

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**Commission ID:** 6940

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Assessment Contact - Site date:** 12 July 2022 to 13 July 2022

**Date of Performance Report:** 16 August 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(b) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(d) | Non-compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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; and
* the provider’s response to the Assessment Contact - Site report received 5 August 2022.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as the one Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(a) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(a) in this Standard. The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs; and optimises their health and well-being.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have found the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs; and optimises their health and well-being.This specifically related to managing weight loss, documenting alternative interventions trialled prior to administering as required medications, documenting effectiveness of as required medication and managing consumers risk of falls. The Assessment Team’s report included the following evidence relevant to my finding:

* The service’s policies and procedures directs staff to undertake actions based on the amount of weight loss and risk of malnutrition.
* Nine consumers with significant weight loss did not have their risk of malnutrition and weight loss effectively managed. This included implementing effective food monitoring processes and timely review and management of resulting weight loss.
* Two consumers who are administered psychotropic medication did not have alternatives trialled prior to administering the medication documented.
* During a six-week period prior to the assessment contact, one consumer was administered as required psychotropic medication for the management of their changed behaviours on 17 occasions. On 8 of the 17 occasions, no intervention was documented as being trialled. On 4 of the 17 occasions, the effectiveness of the medication was not recorded.
* During a four-week period prior to the assessment contact, one consumer was administered as required psychotropic medication for the management of their changed behaviours on 7 occasions and no interventions trialled were documented. In addition, the consumer experienced ongoing falls and their falls risk assessment was not updated until after multiple falls. Management stated they had reviewed the consumer’s falls and identified they were more at risk early in the morning and had implemented appropriate strategies and the consumer has not had any further falls.

The provider’s response indicates they agree with the Assessment Team’s recommendation. The service has commenced implementing improvements including reviewing processes in relation to restrictive practices and weight management. In addition, the provider has implemented additional documentation monitoring and spot checks and further training sessions on a range of topics including falls and weight management.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs; and optimises their health and well-being.This specifically related to managing weight loss, documenting alternatives prior to administering as required medications and documenting effectiveness and managing consumers risk of falls.

In coming to my finding, I have noted the provider has agreed with the recommendation and has commenced implementing a range of improvements. I have considered the evidence which showed for 9 consumers, the service did not ensure their weight was effectively managed to optimise their health and wellbeing and in line with best practice. In addition, for two consumers, staff practice was not consistent with best practice for the management of their changed behaviours and the administration of their psychotropic medication. Finally, I have considered the evidence which showed deficits for one consumer in relation to falls management processes and timely review impacting on the consumer’s health and wellbeing.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Woodville, Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

# STANDARD 5 NON-COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Non-compliant as the one Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(b) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(b) in this Standard. The Assessment Team found the service was unable to demonstrate the service environment in the memory support unit (MSU) enables consumers to move freely outdoors, nor demonstrated the service environment was always safe, clean, well maintained and comfortable.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have found the service Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Non-compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The Assessment Team found the service was unable to demonstrate the service environment in the MSU enables consumers to move freely outdoors, nor demonstrated the service environment was always safe, clean, well maintained and comfortable. The Assessment Team’s report included the following evidence relevant to my finding:

* The doors leading to a conjoined secure garden area from both MSUs were locked, resulting in consumers being unable to access outdoor areas on both days of the Assessment Contact.
* Staff interviewed advised the doors are closed due to the weather.
* In response to the Assessment Team’s observations, management advised they have amended the duty statements to ensure doors are unlocked at 7am and closed at dusk each day and said they will re-educate staff.
* Two cleaning staff interviewed said there is usually enough time to complete their work and said there is enough cleaning staff, with shifts being filled if staff are absent.
* The Assessment Team observed a medication room, located in a secure, staff-only walkway between the 2 MSUs and the door was left open and the 2 medication trolleys were located therein. There were no staff in the walkway or associated rooms at the time and the Assessment Team could access all drawers on the medication trolleys which contained consumers’ medication rolls. The Assessment Team noted only staff with the keycode could access this walkway, however, this includes all staff from all areas including carers and hospitality staff.
* One consumer representative was dissatisfied, as the heating control panel for the consumer’s room was not operational and delays in repairs had occurred. In addition, the consumers chair was in a poor state.
* The Maintenance officer said there is a central heating system throughout the service and said all rooms should be maintained at a constant temperature regardless of individual control panels. They said they had not been notified by staff of the room being cold.
* Soiling of one consumer’s wall was observed and minor scuff marks in the common areas. Other consumers’ bedrooms, bathrooms and common areas were observed to be clean and well maintained.

The provider’s response indicates they agree with the Assessment Team’s recommendation. The service has commenced implementing improvements including further training to staff on restrictive practices specifically in relation to environmental restraint and on reporting maintenance tasks, implementing visual spot checks, completing a cleaning audit and review of security of medications.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate the service environment, is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors.

In coming to my finding, I have noted the provider has agreed with the recommendation and has commenced implementing a range of improvements. I have placed weight on ineffective process to support consumers to move freely, which was confirmed through observations and staff interviews. In addition, I have noted ineffective processes in relation to securing medication to further support my view. Finally, I have noted the deficits in the heating system impacting on the overall comfort of one consumer’s room.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Woodville, Non-compliant with Requirement (3)(b) in Standard 5 Organisation’s service environment.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Non-compliant as the one Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(a) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(a) in this Standard. The Assessment Team found the service was unable to demonstratethe 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. This related to sufficiency of staffing to provide quality care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have found the service Non-compliant with Requirement (3)(a). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstratethe 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. This related to sufficiency of staffing to provide quality care and services. The Assessment Team’s report included the following evidence relevant to my finding:

* Two of 3 consumers and all 3 representatives interviewed in relation to staffing advised there is not enough staff. Examples were provided and included deficits in relation to provision of nutrition and hydration, personal care and medication administration.
* Seventeen of 20 staff reported there is not enough staff and provided examples of deficits in relation to provision of meals, personal care and medication administration.
* Clinical meeting minutes in the month prior showed staffing is a standing agenda item. In addition, the consumer meeting minutes show staffing is a standing agenda item.
* The service’s allocation report for an approximate two-week period in the month prior showed a total of 58 care staff shifts were vacant due to sick leave. A total of 10 registered nursing shifts were vacant due to sick leave. There were a further 9 cleaning/laundry/kitchen/reception shifts vacant due to staff sickness.
* Call bell data for the preceding two months showed the majority of responses where within the service’s key performance indicator. In the month prior to the Assessment Contact, there were 16 response times greater than 12 minutes and one with a response of 24 minutes.

The provider’s response indicates they agree with the Assessment Team’s recommendation. The service has commenced implementing improvements including employing new leadership, reviewed their workforce management plan, employed additional staff, undertook a review of rosters and implemented additional monitoring processes including increased walk arounds each day and increased feedback opportunities for consumers and representatives.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate 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. This specifically related to sufficiency of staffing.

In coming to my finding, I have noted the provider has agreed with the recommendation and has commenced implementing a range of improvements. I have placed weight on the feedback from consumers, representatives and staff to support my view. Feedback indicated deficits specifically relating to provision of meal services, supporting consumers with nutrition and hydration care and service needs, personal care and medication administration. To further support my view I have noted the vacant shifts and increased call bell response times impacting on the delivery of quality care and services.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Woodville, Non-compliant with Requirement (3)(a) in Standard 7 Human resources.

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Non-compliant as the one Requirement assessed has been found Non-compliant. The Assessment Team assessed Requirement (3)(d) in this Standard. All other Requirements in the Standard were not assessed at the Assessment Contact.

The Assessment Team recommended the service did not meet Requirement (3)(d) in this Standard. The Assessment Team found the service was unable to demonstrateeffective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, managing and preventing incidents, including the use of an incident management system and supporting consumers to live the best life they can. This related to sufficiency of staffing to provide quality care and services.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have found the service Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirement below.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(d) Non-compliant

*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.*

The Assessment Team found the service was unable to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers, managing and preventing incidents, including the use of an incident management system and supporting consumers to live the best life they can. The Assessment Team’s report provided the following evidence relevant to my finding:

* In relation to managing high impact and high prevalence risks associated with the care of consumers. Staff did not follow internal policies and procedures in relation to managing consumer’s weight. In addition, staff did not follow internal policies and procedures in relation to trailing of alternative strategies prior to administering medication for the management of changed behaviours. One consumer’s fall risk was not effectively managed. Audits identified a range of deficits; however, management were unable to inform of corrective actions.
* In relation to managing and preventing incidents including the use of an incident management system, clinical meetings completed in the month prior showed not all incidents are up to date and staff are not recording all incidents. In addition, labour hire staff do not have the access to the incident management system.
* In relation to supporting consumers to live the best life they can, the service has a minimisation of restrictive practices and restraint policy which outlines how they manage restrictive practices and support consumers. However, staff did not follow this policy and consumers in the memory support unit were not able to access the outdoor environment. Policies and procedures are in place to facilitate consumers wishing to take risks and consent forms are completed which shows conversation with relevant stakeholders.
* In relation to identifying and responding to abuse and neglect of consumers, staff sampled advised, and training documentation viewed showed risk-based training along with mandatory training sessions on subject areas such as elder abuse and SIRS, are completed online.

The provider’s response indicates they agree with the Assessment Teams’ recommendation. The service has commenced implementing improvements including reviewing incident reporting processes, spot checking of documentation, undertaking analysis of high impact and high prevalence risks for individual consumers and facilitating further training on deficits identified in the Assessment Team’s report.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective risk management systems and practices in relation to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system. The service was able to demonstrate processes in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

In coming to my finding, I have noted the provider has agreed with the recommendation and has commenced implementing a range of improvements. I have placed weight on the deficits identified in the use of the incident management system and access issues impacting on the effective use of the incident management system. In addition, I have noted and considered the deficits in relation to managing high impact and high prevalence risks for consumers and in particular following internal policies and procedures for managing consumer’s risk of falls, weight loss and changed behaviours. In relation to supporting consumers to live the best life they can, I find the service was able to demonstrate this aspect of the Requirement and noted the service has policies and procedures in place to facilitate consumers who wish to take risks. In addition, consent forms are completed which shows consultation is undertaken with relevant stakeholders.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Woodville, Non-compliant with Requirement (3)(d) in Standard 8 Organisational governance.

# 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)**

* Review processes to ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice, tailored to their needs; and optimises their health and well-being and specifically in relation to managing weight loss, medication administration for changed behaviours and managing consumer’s risk of falls.
* Ensure staff have the relevant knowledge in relation to managing weight loss, medication administration for changed behaviours and managing consumer’s risk of falls.

**Standard 5 Requirement (3)(b)**

* Review processes to ensure the service environment, is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. Improvements are to ensure consumers who wish to access the outdoor environment are supported in a manner which is safe and in line with their assessed needs, goals and preferences.
* Ensure staff have the relevant knowledge in relation to ensuring the service environment, is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. This is to specifically include processes to support consumers if they wish to access the outdoor environment and escalation/reporting processes to ensure the environment is safe clean and well maintained.

**Standard 7 Requirement (3)(a)**

* Review processes to ensure 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. This is to specifically include processes to identify and address sufficiency of staffing issues and consumer staffing allocations.
* Continue to monitor call bell response times to identify opportunities for improvement and address extended call bell response times.

**Standard 8 Requirement (3)(d)**

* Review processes to support effective risk management systems and practices, specifically in relation to managing high impact or high prevalence risks associated with the care of consumers; and managing and preventing incidents, including the use of an incident management system.
* Ensure staff and others have the relevant knowledge, skills and access requirements to record and undertake appropriate action in relation to incidents. In addition, ensure staff follow internal policies and procedures to support management of high impact or high prevalence risks associated with the care of consumers.