Bupa Banora Point

Performance Report

18 Ballymore Court
TWEED HEADS NSW 2485
Phone number: 07 5506 3100

**Commission ID:** 0521

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

**Assessment Contact - Site date:** 11 May 2021 to 12 May 2021

**Date of Performance Report:** 7 June 2021

# 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

|  |  |
| --- | --- |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |

# Detailed assessment

This performance report details the Commission’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.
* other information and intelligence held by the Commission in relation to the service.

# STANDARD 3 Personal 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 Assessment Team did not assess all Requirements under this Standard, therefore a compliance rating or summary is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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 service demonstrated that consumers received safe and effective personal and clinical care, including the management of restraints, pain management and skin integrity. Consumers said they received personal care and clinical care that was safe and right for them. Most consumers and representatives were satisfied with their care and services, and felt their care and services were delivered the way they wished. Review of care planning documentation reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer.

Care staff had a shared understanding of individual consumer’s personal and clinical care needs in relation to monitoring and reporting, such as consumer’s pain relief, pressure area care, wound management, nutritional, transfer/mobility and hygiene care needs and preferences.

Staff had access to consumer’s care information and the service’s electronic incident management system to ensure consumers’ needs were met. Staff confirmed they had received ongoing training regarding clinical and personal care delivery.

The service had systems and processes to ensure consumers received safe and effective personal and clinical care, including whole of service audits and training which was available to support best practice. The organisation had policies, procedures and tools in place to support the delivery of care provided.

It is my decision this Requirement is Compliant.

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service demonstrated the effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and representatives said they felt safe at the service and were satisfied with the service’s management of risks including, but not limited to falls, and consumers who exhibited intrusive or challenging behaviours.

Risk assessments were completed for all consumers on entry to the service and during the service’s regular care review processes. Care information confirmed care delivered was safe, effective and tailored to the specific needs and preferences of the consumer. Care information evidenced the involvement of external service providers for the management of consumer’s with wounds and challenging behaviours.

Staff had a shared understanding of the risks associated with individual consumers and strategies used to minimise risks effectively including, but not limited to, falls, wounds and behaviour management. Staff said they felt supported and had received training in relation to the management of consumers with a cognitive impairment.

The service’s risk management framework provided staff with guidance regarding the identification, management, analysis and recording of risks. Clinical incident data was analysed each month by management. The service maintained a risk register which was manually updated by Clinical Care Managers when changes in consumers’ conditions were identified. The risk register was accessible by the organisation’s support services to provide clinical oversight from an organisational level. Clinical risk meetings were completed and attended by management each week to discuss the high impact risks for consumers at the service.

It is my decision I find this Requirement is Compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Assessment Team did not assess all Requirements under this Standard, therefore a compliance rating or summary is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Most consumers said they had not needed to raise complaints and felt confident that if there were any issues they would be acknowledged and resolved by the service appropriately without any adverse consequences or repercussions. For consumers and representatives who had raised complaints, most confirmed the service was open and transparent during discussions and their concerns were resolved in a timely manner.

Staff had a shared understanding regarding the service’s complaints processes and open disclosure. Management advised when a broader or trending issue was identified in complaints received, it was captured in the service’s plan for continuous improvement to guide future improvements.

The service’s complaints management systems and processes were evidence based and included policies, an incident management system, complaints register, consumer feedback analysis and plan for continuous improvement. Care documentation evidenced timely communication with representatives in response to adverse incidents and actions undertaken to address them.

It is my decision I find this Requirement is Compliant.

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.