Bupa Coburg

Performance Report

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**Commission ID:** 3620

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

**Assessment Contact - Site date:** 8 July 2021

**Date of Performance Report:** 13 August 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

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(e) | 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
* the provider’s response to the Assessment Contact - Site report received 29 July 2021.

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The service was identified as non-compliant with this requirement following a site audit in February 2021.

Consumers and representatives are generally satisfied consumers’ privacy is respected, the Assessment Team observed, and a consumer and representative described, some practices that did not support consumer privacy. The provider’s response included additional information in relation to the observations and interviews and action taken to promote privacy.

Standard 1 Requirement (3)(f) is assessed as Compliant.

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

The Assessment Team recommended the service does not comply with this requirement and supported this with evidence of observations of staff practice in relation to both interactions with consumers, storage of personal information and feedback from a consumer and representative.

The provider’s response included additional information relating to each of the observations made by the Assessment Team and the feedback from the representative. The response includes action taken to ensure a consumer’s preference overnight are met. Additional action, as supported by photographic evidence, has been implemented to ensure the privacy of documentation in the nurses’ station. The response included information privacy education and a survey of consumers which indicated high levels of consumer satisfaction in relation to privacy.

I have taken an holistic view of the evidence provided by the Assessment Team and the additional information made available by the provider. I have also placed weight on the Assessment Team’s evidence that recorded other consumers and representatives were satisfied staff respect consumers’ privacy and the action taken by management to address the non-compliance identified at the site audit.

I disagree with the Assessment Team’s recommendation and find the service is Compliant with this requirement.

# STANDARD 5 Organisation’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 service was identified as non-compliant with this requirement following a site audit in February 2021. While the Assessment Team reported on improvements made at the service and that most consumers considered the service safe, clean and well-maintained, observations were made about heating equipment and freedom of access. The approved provider’s response acknowledges the Assessment Team’s findings and describes actions taken following the visit.

Standard 5 Requirement (3)(b) is assessed as Compliant.

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

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

While the Assessment Team recommended the service complies with this requirement noting consumer feedback and refurbishment activity, they observed hydronic heaters in some consumers rooms and common areas that were hot to touch and that some consumers had limited access to outdoor spaces.

The provider’s response included subsequent action taken since the assessment contact to assess the risk of the hydronic heaters, which the service is phasing out, and the strategies introduced to mitigate potential risk. The providers response also included codes are displayed on relevant key-padded doors in relation to consumer access to outside areas. The provider’s response details renovation completed and those still to occur, and highlighted interruptions to the program due to pandemic lockdowns.

I have taken into consideration the additional information made available by the provider in finding the service is compliant with this requirement.

# STANDARD 7 Human recourses

**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 service was identified as non-compliant with this requirement following a site audit in February 2021.

While the majority of consumers and representatives are satisfied staff are available when needed and most staff expressed satisfaction about staffing numbers, the Assessment Team identified some deficits in relation to staff availability through documentation, feedback from two representatives and, an observation. The approved provider’s response describes actions taken following the visit.

Standard 7 Requirement (3)(a) is assessed as Compliant.

An overall rating for the Quality Standard is not provided as not all requirements were assessed.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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 recommended the service complies with this requirement based on feedback from consumers, representatives and staff, and the action taken by management in relation to staffing since the site audit. The Assessment Team’s evidence also included feedback from two representatives regarding staff availability at mealtimes, feedback from a care staff in relation to staffing the afternoon shift, call bell records indicating response times over the organisation’s standard and gaps in the staffing roster.

The approved provider’s response included additional information in relation to the Assessment Team’s evidence. This included strategies to improve workflow at meal times and during handover, and the purchase of additional portable phones. The provider also included additional information about call bell response records and monitoring strategies. The provider noted the impact of single site restrictions on the roster.

Taking into consideration additional improvements made available by the provider and placing weight on feedback from consumers, representatives and staff, I agree with the Assessment Team and find on balance the service is Compliant with this requirement.

# STANDARD 8 Organisational 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 service was identified as non-compliant with this requirement following a site audit in February 2021.

The service has a clinical governance framework and policies and procedures in relation to minimising restraint, open disclosure and antimicrobial stewardship. Staff demonstrated an understanding, and discussed examples, of the application of the policies and procedures. Staff receive education on minimising use of restraint and antimicrobial stewardship. The Assessment Team identified inconsistences in the psychotropic register and observed some keypad locked doors within the service. The provider’s response included additional information in relation to the above and describes actions taken following the visit.

Standard 8 Requirement (3)(e) is assessed as Compliant.

An overall rating for the Quality Standard is not provided as not all requirements were assessed

## Assessment of Standard 8 Requirements

### Requirement 8(3)(e) Compliant

*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.*

While the Assessment Team recommended the service complies with this requirement, the Assessment Team highlighted inconsistences in the service’s psychotropic register and observations in relation to accessing outside areas.

The provider’s response included additional information in relation to the Assessment Team’s evidence. This included the update and review of the psychotropic register in light of the inconsistencies identified and a description of the process to access outdoor areas.

I have considered the deficits identified by the Assessment Team and the action taken as communicated in the service’s response. I have placed weight on the entirety of evidence presented by the Assessment Team in relation to the requirement and have come to the view that on balance the service 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.