Bupa Portland

Performance Report

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**Commission ID:** 3885

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

**Assessment Contact - Desk date:** 11 September 2020

**Date of Performance Report:** 15 October 2020

# Publication of report

This Performance Report **may 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** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(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 - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others
* relevant information about the service held by the Commission.

# 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 of the Standard and therefore an overall rating for the Quality Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, their care plans and assessments were reviewed and staff were asked about how they ensure the safe delivery and effective care for consumers. The Assessment Team also examined other relevant documents.

Representatives of consumers interviewed expressed satisfaction with the care provided and they are kept informed of any changes.

Care documentation reviewed indicated individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. Care documentation included referrals and recommendations from specialised services and demonstrated directives were being implemented and followed. Wound monitoring documentation indicates staff consult with local health service and referral to general practitioners for complex wound review.

Nursing staff explained assessment process and how this informs care planning. Care staff confirmed care documentation is referred to and verbal and written handover used to obtain information about consumer needs. Staff discussed strategies to support consumer pain, skin and pressure care and restraint free consumer care.

Clinical risk meetings support high impact high prevalence risks associated with the care of consumers. Senior staff identify consumers deemed high risk and add them to a register so care is regularly reviewed and monitored. Clinical incidents are recorded and collated with trends resulting in staff education or changes to practice. An electronic medication management system has recently been introduced.

Care documentation and staff interviews demonstrate processes are in place to ensure any changes in a consumer’s health status is recognised and responded to in a timely manner. Management explained the service has recently improved their working relationship with the local hospital and health service as well as visiting general practitioners to ensure further expertise is available promptly if a consumer’s condition changes.

Based on the evidence provided the three requirements assessed 3(3)(a), 3(3)(b) and 3(3)(d) have been assessed as Compliant.

### 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.*

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

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

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

# STANDARD 7 Human 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 Assessment Team did not assess all requirements of the Standard and therefore an overall rating for the Quality Standard is not provided.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumer representatives about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records, call bell responses and performance reviews.

Representatives of consumers provided positive feedback about the number and engagement of staff. Representatives of consumers indicated staff have the knowledge to effectively perform their roles.

Management discussed recent changes to the roster and how staff allocation is reviewed daily based on care needs, observations and engagement with staff. Management monitor responsiveness of staff to consumer’s requests for assistance.

Care staff are satisfied there are sufficient staff rostered and confirm daily staff allocation reviews. Care staff said they feel confident in their roles and said they have access to a range of education opportunities. Care staff expressed confidence in the clinical leadership of the service.

Documentation demonstrates unplanned leave is replaced. Management discussed and documentation demonstrated staff have access to education relevant to their roles.

Based on the evidence provided the two requirements assessed 7(3)(a) and 7(3)(c) have been assessed as Compliant.

## 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.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

# 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.