Performance

Report

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| Name of service: | Bupa Armidale |
| Service address: | 112 Brown Street ARMIDALE NSW 2350 |
| Commission ID: | 2551 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 25 November 2022 |

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 Armidale (**the service**) has been prepared by S. Hicks, 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 Site Audit; the Site Audit 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 11 November 2022.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

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

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements has been assessed as Compliant.

The Assessment Team found sampled consumers/representatives confirmed they consumers are treated with respect and their identity, culture and diversity are valued. Clinical documentation reviewed showed consumer’s religious beliefs, culture, and personal preferences. The service also demonstrated that care and services are culturally safe. Feedback from consumers indicate they feel their wishes and culture are known and respected by staff. The Assessment Team observed staff work practices across the site audit which supported staff respecting consumers privacy and dignity when delivering care.

Consumers and representatives described how they are supported through case conferences and monthly care discussions to exercise choice and independence about how care and services are provided. Staff were able to explain how consumers are assisted to maintain key relationships with family, friends and community groups. In addition, the service was able to demonstrate that each consumer is supported to take risks to enable them to live the best life they can with care plans showing evidence of how consumers are supported to take risks in accordance with their preferences.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

* Requirement 1(3)(a)
* Requirement 1(3)(b)
* Requirement 1(3)(c)
* Requirement 1(3)(d)
* Requirement 1(3)(e)
* Requirement 1(3)(f)

# 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 |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements has been assessed as Compliant.

The Assessment Team found that assessment and planning showed consideration of risks to consumers health and well-being and informs the delivery of safe and effective care with consumers/representatives expressing satisfaction with care and planning processes as they are regularly involved in the ongoing planning and assessment process. Consumers care plans also showed they are developed and utilised to inform consumer care. In addition, it identifies and addresses consumer’s needs, goals and preferences including advance care planning and end of life care.

The Assessment Team could see from sampled consumer files that consumers, representatives, and other health professionals are involved in assessment, planning and review processes. Furthermore, staff described how consumers and representatives, and other individuals and providers, are involved in assessment and care planning processes. There was also evidence that care plan were also updated when incidents occur or there are changes to a consumer’s condition. In addition, the Assessment Team confirmed that outcomes of care assessment and planning are communicated to the consumer and care plans are made available to the consumers/representatives.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements has been assessed as Compliant.

The Assessment Team found that the service was not able to demonstrate each consumer gets safe and effective clinical care that is best practice, is tailored to their needs and optimises their health and well-being based in relation to the use of chemical restrictive practices. The Assessment Team felt that chemical restrictive practices have not been managed or minimised to optimise consumer’s well-being nor were they best practice. Furthermore, it was not evident that restrictive practices were only considered and used after all reasonable alternatives have been explored and exhausted.

In contrast, the Assessment Team found the service had effective processes to manage high impact or high prevalence risks associated with the care of consumers with documentation confirming their effectiveness. In addition, the service was able to demonstrate a process for recognising and addressing the needs, goals and preferences of consumers nearing the end of life. Consumers/representatives interviewed confirmed they are consulted regarding their wishes.

Care planning documentation for consumers sampled reflect the identification of, and response to, deterioration or changes in the consumer’s condition. Staff explained the assessment process following changes to a consumer’s condition and consumer records confirmed this. There was also evidence in care planning that consumer care needs and preferences are effectively communicated between staff and they receive the care they need. The plans contained adequate information to support effective and safe sharing of the consumer’s information in providing care, this also included referrals to other health professionals.

From the evidence for requirement 3(3)(a) the Assessment Team determined that compliance with this requirement was unmet however based on the Approved Provider response and when reviewing the Assessment Team evidence, I am not convinced that there is a systemic issue in relation to the use of chemical restrictive practices. In addition, the Approved Provided submitted contextual evidence and had undergone an in-depth review of all consumers using psychotropic medication, is utilising alternatives and provided additional staff training. Therefore, I do not find the Approved Provider is non-complaint with requirements 3(3)(a).

Based on the Assessment Team evidence and the Approved Provider response, I find the following requirements are Compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements has been assessed as Compliant.

The Assessment Team found that consumers/representatives are receiving safe and effective services to support their needs, goals and preferences. Consumers advised they can choose to attend or decline various activities and their preferences are respected. Consumers also advised they can maintain individual interests and are assisted by staff as needed. In addition, consumers have access to support from staff and family to manage their emotional, spiritual, and psychological well-being with the Assessment Team noting that care plans include strategies to assist and support each consumer’s individual emotional, psychological, and spiritual well-being.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service and with others where responsibility is shared; with staff are able to access information relating to consumer’s needs and preferences from the consumer’s care plans and progress notes.

Overall the Assessment Team found that consumers/representatives are satisfied with the meals provided and meal choices/special dietary needs are catered for. The kitchen can provide for individual dietary needs and preferences, and special needs such as pureed and textured meals, gluten-free and vegetarian requirements with care planning documents reflective of individual dietary needs and preferences of consumers. In addition, the Assessment Team found that there is sufficient and appropriate equipment provided for the care and lifestyle needs of consumers. Any items requiring repair are reported to the maintenance officer. Equipment used for activities of daily living were observed to be safe, suitable, clean, and well-maintained. Consumers said they feel the equipment used at the service was safe and kept clean.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(e)
* Requirement 4(3)(f)
* Requirement 4(3)(g)

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements has been assessed as Compliant.

The Assessment Team found that consumers/representatives said they feel the service environment is welcoming and easy to understand. Consumers rooms were personalised and have decorations and furnishings of their own choice. The Assessment Team also observed that the service environment was safe, clean, and well maintained with consumers/representatives confirming that they feel the service environment is clean and comfortable and they are able to freely move indoors and outdoors.

The service has a scheduled maintenance program and the maintenance log provides evidence that regular maintenance of the service environment is addressed in an effective and timely manner. Staff interviewed were able to describe how to identify safety issues and how to report faulty equipment according to policies and processes. The maintenance officer stated equipment, call bells and mat sensors are manually checked on a regular schedule with repairs and replacements completed according to internal policy and processes.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

* Requirement 5(3)(a)
* Requirement 5(3)(b)
* Requirement 5(3)(c)

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements has been assessed as Compliant.

The Assessment Team found that consumers/representatives sampled advised they prefer to speak with staff about concerns or queries and do not always need to escalate issues to management or make formal complaints, however they would feel comfortable to do so if needed. Consumers are aware of the resident and representative meetings which are held periodically and can choose to attend. The service also has feedback forms available for consumers/representatives accessible within the service for ease of use.

The service logs all issues which enables the organisation’s senior management as well as site management to monitor the issues being raised, track the resolution as well as identifying any trends that may be occurring. In addition, staff were able to demonstrate an understanding of open disclosure and explained how they would apologise to a consumer in the event of an error being made.

Senior management at the service are aware of advocacy services and consumers/representatives are made aware of resources such as OPAN, Seniors Rights Service and the Telephone Interpreting Service (TIS) through written material provided when entering the service and was also observed publicly displayed for consumers/representatives to utilise if required.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

* Requirement 6(3)(a)
* Requirement 6(3)(b)
* Requirement 6(3)(c)
* Requirement 6(3)(d)

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements has been assessed as Compliant.

The Assessment Team found that the service is providing sufficient number of staff to deliver timely care and services. This was confirmed by interviewed staff and consumers that said they have enough staffing numbers to meet personal care needs and can provide care that is respectful to the dignity and preferences of consumers. In addition, consumers/representatives sampled provided consistent feedback that staff treat them with respect and are kind and caring

The service is providing training and education to ensure staff have the qualifications and knowledge to effectively perform their roles. In addition, the service uses internal and external audits, consumer feedback and clinical indicators to inform staff training, and documentation shows the service identifies gaps in staff skills and knowledge and are addressed through training and education.

Staff interviews demonstrated that most staff members understand and have a good practical knowledge of policies and procedures such as SIRS, Quality Standards, infection control and mandatory training. The service provides new staff members with orientation training to support their competency for the role. In addition, the service is providing regular performance reviews and assessments of staff members to ensure performance is monitored and gaps are addressed to improve staff performance.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(b)
* Requirement 7(3)(c)
* Requirement 7(3)(d)
* Requirement 7(3)(e)

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | 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. | Compliant |
| Requirement 8(3)(e) | 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. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements has been assessed as Compliant.

The Assessment Team found that consumers/representatives can provide feedback to the governing board primarily through resident’s meetings, complaints, surveys and internal and external audits. Clinical data is also analysed, and trends and concerns escalated and reviewed by the quality and risk team who provide feedback to the Board.

The Board provides regular work instructions to the management team relating to the development of the staff culture and promoting quality outcomes for consumers. The Board provides a digital system for the general manager to action directives such as clinical alerts, changes or updates in legislation, or actions relating to the strategic plan which the general manager electronically signs off when completed. In addition, staff interviewed confirmed they receive regular communication from the Board and management team relating to the organisation’s values, aims and vision via email, memo, SMS text and staff meetings.

The Assessment Team found that the service has effective governance systems in place as well as risk management systems to manage and mitigate risks to consumers. The service also demonstrated an understanding of clinical governance in relation to antimicrobial stewardship, restrictive practice and open disclosure.

Based on the Assessment Team evidence, I find the following requirements are Compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)