Performance

Report

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| Name: | Bupa Ashbury |
| Commission ID: | 2583 |
| Address: | 16 Hardy Street, ASHFIELD, New South Wales, 2131 |
| Activity type: | Site Audit |
| Activity date: | 15 August 2023 to 17 August 2023 |
| Performance report date: | 23 October 2023 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 954 Bupa Ashbury |

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 Ashbury (**the service**) has been prepared by Denise McDonald, 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.

# 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

Consumers and representatives said consumers were treated with dignity and respect and felt valued. Staff were knowledgeable of consumers’ interests and preferred activities and were observed treating consumers with respect. Care documentation reflected consumers’ cultural backgrounds, identity and religious preferences.

Consumers and representatives said they felt safe at the service and consumers’ cultural practices were supported. Staff were familiar with consumers from culturally diverse backgrounds, they tailored care and services accordingly, and participated in cultural safety training. Care documentation reflected consumers’ diverse needs and preferences.

Consumers and representatives said consumers were supported to make choices regarding care and services and maintaining important relationships. Staff described supporting consumer relationships by facilitating family visits and video calls. Care documentation reflected consumers’ individual choices regarding care and relationships.

Consumers said they were supported to take risks to enable them to live their best lives. Staff confirmed assessing consumers wishing to take risks and ensuring they understood benefits and potential harms. Care documentation evidenced risk assessments and dignity of risk agreements between the service and consumers.

Consumers and representatives said they received consistent and timely information regarding meals, activities and events. Staff described informing consumers and representatives through phone, email, newsletters, activity calendars or during meetings. Care documentation evidenced regular communication with consumers and representatives and information was displayed throughout the service.

Consumers said their privacy was respected and staff confirmed they knocked on doors, awaited permission to enter and sought consumer consent prior to providing care. Consumer information was secured in a password protected electronic care management system and staff recently completed privacy training.

# 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

Consumers and representatives confirmed involvement in care assessment and planning. Staff described undertaking assessments upon entry, in consultation with consumers and allied health professionals, to identify any complex healthcare needs. Care documentation evidenced use of validated tools to conduct risk assessments and appropriate responsive strategies were recorded in care plans.

Consumers and representatives confirmed care planning included consumers’ needs and preferences, including end of life wishes. Management said end of life wishes were discussed upon entry and during routine care reviews. Care documentation included information on consumers’ needs, goals and preferences, including advance care plans.

Consumers and representatives confirmed their ongoing participation in assessment and planning of care and services. Staff described working in partnership with consumers and representatives and care documentation evidenced health professionals were included in care planning processes. Staff were guided by policies and procedures when assessing, planning and reviewing consumers’ care and services.

Consumers and representatives confirmed staff regularly discussed their care and services and were offered copies of care plans. Staff confirmed updating consumers and representatives regarding care outcomes. Care documentation evidenced communication of changes, updates, and supported copies of care plans were available.

Consumers and representatives said staff regularly discussed consumers’ care needs with them, including when consumers’ circumstances changed. Staff confirmed care plans were reviewed every month or in response to changes or incidents. Documentation showed appropriate care reviews in response to changing consumer needs and in consultation with allied health professionals.

# 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

Consumers and representatives said personal and clinical care was safe, tailored and optimised health and wellbeing. Staff were knowledgeable of consumers’ individual needs, including for restrictive practices and skin integrity. Care documentation showed consumers received safe, effective, and tailored care according to their preferences.

Staff gave examples of consumers susceptible to high-impact and high-prevalence risks and described their individualised management strategies, including monitoring such consumers to minimise risks. Care documentation reflected assessments undertaken to identify risks and responsive clinical and environmental mitigation strategies. Polices and procedures guided staff practices to ensure risks were effectively managed.

Staff described providing comfort care to palliating consumers aligned to their preferences and regularly monitoring for signs of deterioration. Care documentation for a consumer who had recently passed away confirmed their comfort and dignity was maintained and allied health professionals were involved in their care. Staff were further guided by palliative care procedures and participated in palliative care training.

Consumers and representatives confirmed changes or deterioration to consumers’ condition was promptly recognised and actioned. Staff were knowledgeable of indicators to identify consumer deterioration and described appropriate clinical and environmental responses. Care documentation evidenced prompt identification of, and response to changes, including evidence of escalation pathways being implemented.

Consumers and representatives gave positive feedback regarding the communication of consumers’ condition, needs and preferences between staff. Staff were knowledgeable of consumers’ individual needs and preferences and were observed exchanging consumer information during shift handover or via the electronic care management system.

Consumers and representatives gave positive feedback regarding the service’s referral process to specialised individuals and services. Staff described referrals made to an established network of health professionals, including medical officers and dieticians. Referrals were reflected in care documentation.

Consumers and representatives provided positive feedback regarding infection control practices. Staff participated in infection control training and were guided by an Infection Prevention Control lead. Staff described practising antimicrobial stewardship and measures to reduce potential infection. Visitors underwent viral screening at entry and staff were observed wearing masks and practicing hand hygiene.

# 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

Consumers said they were encouraged to engage in activities of interest both independently and with staff support. Staff described undertaking lifestyle assessments with consumers upon entry to identify individual preferences and inform activity planning. Consumers were observed participating in various activities, including painting and playing card games.

Consumers said the service supported their emotional, religious and psychological well-being. Staff described supporting consumers through one-to-one engagement and confirmed visits by religious representatives to deliver bible studies or services. Care documentation recorded consumers’ emotional, spiritual needs and support requirements.

Consumers said they were supported to undertake activities within the service and community. Staff described the support available to enable consumers to choose if and how they participate in activities or engage in the community. Care documentation identified consumers’ preferences for daily living, including preferred mealtimes and activities of interest.

Consumers said the service effectively shared information with those involved in their care. Staff were made aware of consumers’ needs, likes, dislikes, preferred activities and condition through handovers, the electronic care management system and daily discussions. Care documentation evidenced current information regarding consumers’ needs and preferences.

Consumers and representatives said consumers were promptly referred to other appropriate individuals and organisations who provided care and services. Staff described ongoing collaboration with volunteers, libraries and pet therapy services. Care documentation evidenced engagement of services to support consumers’ diverse needs.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. The seasonal menu rotated every 4 weeks and consumers could request alternative meals. Staff confirmed consumers could provide feedback through meetings and any complaints were addressed. Staff were observed assisting consumers during meal service and food safety documentation was compliant.

Consumers confirmed equipment was safe, suitable clean and well-maintained. Staff said, and observations confirmed, that shared equipment was regularly cleaned and maintained. Records evidenced timely completion of preventative and responsive cleaning and maintenance.

# 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

Consumers said the service was comfortable and provided a sense of belonging. The service environment included personalised bedrooms, lounge and dining areas and a courtyard. Consumers were observed moving freely between rooms and to the outside courtyard, as well as socialising in activity and lounge areas.

Consumers provided positive feedback regarding the cleanliness and maintenance of the service and said they could move freely inside the service and the surrounds. Staff were knowledgeable of cleaning and maintenance processes and observations confirmed cleaning was undertaken regularly.

Furniture, fittings, and equipment were observed to be safe, clean, and well-maintained. Management confirmed equipment was assessed for suitability prior to acquisition and staff knew the process for cleaning and checking equipment for safety through a preventative schedule and routine inspections. Furniture and equipment were observed to be frequently cleaned and maintained.

# 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

Consumers and representatives were aware of processes to provide feedback or make a complaint. Management confirmed advising consumers of feedback and complaint avenues at entry, and consumers could raise concerns through feedback forms and during meetings. Meeting minutes evidenced consumers were welcome to raise any feedback or complaints.

Consumers and representatives said they were aware of advocacy services and were comfortable raising issues directly with staff. Management and staff were knowledgeable of advocacy and translation services and how to access them on behalf of consumers. Meeting minutes evidenced a recent visit by an advocacy service representative to provide relevant information to consumers.

Consumers and representatives said their complaints were responded to promptly, apologies were given, and actions taken to resolve their concerns. Staff described processes for responding to feedback and complaints, including the use of open disclosure. Records demonstrated complaints were recorded and actioned in accordance with service policy and staff participated in refresher training following incidents.

Consumers confirmed their feedback and complaints were used to improve care and services. Management described registering and analysing feedback and complaints to inform improvements to care and services. Records evidenced a systemic response to an incident, including assessment, staff training and ongoing discussion at staff meetings.

# 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

Consumers provided positive feedback regarding staffing numbers and their care needs being met. Management described rostering staff according to classification, accessing a casual staffing pool when required, and limited use of agency staff. Rosters reflected coverage by care and clinical staff, including uninterrupted availability of registered nurses.

Consumers and representatives said staff interactions were kind, caring and respectful. Staff demonstrated a detailed knowledge of consumers’ needs and preferences and were observed interacting with consumers in a respectful manner. Staff participated in code of conduct training and referred to care plans to familiarise themselves with consumers’ culture and identity.

Consumers and representatives said staff were sufficiently skilled to meet consumers’ needs. Management confirmed employees were security vetted, were required to hold valid professional registrations and demonstrated their eligibility to work. Personnel records confirmed staff had appropriate qualifications and credentials for their roles.

Consumers and representatives said staff were well equipped and trained to perform their roles. Staff confirmed participation in onboarding training and being paired with experienced staff post commencement. Staff could access regular training in addition to mandatory units and were knowledgeable of reporting serious incidents and antimicrobial stewardship, among other topics. Education records evidenced a high proportion of staff had completed mandatory training.

Staff were knowledgeable of the annual performance appraisal process and received ongoing feedback. Management described further avenues to assess staff performance, including team meetings, consumer feedback and observation. Personnel records evidenced all annual performance appraisals had been completed.

# 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

Consumers and representatives said they were involved in the development and delivery of care and services. Management confirmed consumers and representatives were involved through the feedback and complaint processes, surveys and consumer meetings. Records reflected consumer involvement in the development and delivery of care and services.

Management confirmed the governing body promoted a safe and inclusive culture underpinned by information provided by the service. On a monthly basis, the service reported clinical indicators, operational updates and audit outcomes to the board to ensure transparency. Regular management meetings included discussion of any incidents, as evidenced in meeting minutes.

The service had an established suite of systems and processes to support information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The organisation’s executive team analysed consumer data, and systems and processes complied with relevant legislation.

The service utilised a systematic approach to manage high-impact and high-prevalence risks, to identify, report, escalate and review risks and incidents to improve care delivery. Management and staff were knowledgeable of policies and practices to minimise risks and records evidenced dignity of risk agreements between the service and consumers wishing to undertake risk-related activities.

Staff were knowledgeable of antimicrobial stewardship, using restrictive practices as a last resort, and the principles of open disclosure. Staff described non-pharmacological measures to address infection, alternatives to chemical restraints and participating in training regarding open disclosure. Staff were guided by the organisation’s clinical governance framework.

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