Performance

Report

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| Name of service: | Bupa Ballarat |
| Service address: | 305 Smythes Road DELACOMBE VIC 3356 |
| Commission ID: | 3983 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 10 May 2023 |

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 Ballarat (**the service**) has been prepared by P.Sequeira, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 described how they were treated with dignity and respect, and confirmed that their identity, individual culture, and diversity is valued by the service. Staff were observed being kind to consumers and demonstrating an understanding of specific consumer choices and preferences. Care planning documentation detailed what was important to consumers such as languages spoken, cultural food preferences, significant cultural days, spirituality, significant people, interests, and life history.

Consumers and representatives said the service delivers culturally safe care and services. Staff described how the service celebrates diversity by displaying a cultural wall reflecting the diverse backgrounds of consumers living at the service. Lifestyle services exemplified cultural appreciation through culturally specific activities. Care planning documentation described consumers’ religious denomination, country of birth and preferred language.

Consumers and representatives stated they felt supported to make choices and communicate decisions regarding their care, the way services were delivered and whom they want to be involved in their care. Consumers felt supported to communicate their decisions, make connections, and maintain relationships of choice. Staff described how consumers were supported to maintain relationships, such as regular family visits and taking consumers on outings. Care planning documentation included nominated contact information for the consumer’s representative, enduring power of attorney, family and friends, and their preferred contact method.

Consumers and representatives said the service supports them in taking risks to enable them to live the best life they can. Staff demonstrated an understanding and how consumers took risks and how they were supported to understand the benefits and possible harm of taking risks. Care planning documentation identified different consumers’ risks, as well as strategies to mitigate risks and ensure consumer safety.

Consumers and representatives advised they receive up-to-date information about activities, meals, COVID-19, and other special events organised at the service. Staff said the service provides newsletters and other regular communication via email to all representatives and hard copies were made available within the service for consumers; communication is also via consumer/representative meetings, and notice boards throughout the service. Staff described interpreter services available and contact details for translating and interpreting services were displayed throughout the service.

Consumers and representatives reported their privacy is well respected and their personal information is kept confidential. Staff described how they maintain consumer records securely by keeping computers locked and using passwords to access consumers’ personal information. Staff were observed knocking on bedroom doors and waiting for a response before entering and closing doors when providing care. The service has an up to date ‘disclosure of resident’s personal information’ policy which guides staff practice.

# 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 they were actively involved in developing their care plans based on their preferences, goals, and needs. Staff described how risks were evaluated and how they deliver safe and effective care for each consumer in line with their care plans. Care planning documentation identified individual risks with appropriate strategies listed. A 30-day planner is in use to ensure all aspects of care are assessed for new entries to the service.

Consumers and representatives confirmed the assessment and planning process addresses the current needs, goals, and preferences of consumers and the service has discussed and documented their preferences for their end-of-life care. Staff said the advance care directive was discussed as part of the admission process and reviewed during case conferences or when significant changes to a consumer’s health and wellbeing occur. Care planning documentation was individualised to consumer needs, reflecting their preferences for care and end of life wishes.

Consumers and representatives confirmed assessment and planning is an ongoing partnership between them, staff and external care and service providers. Consumers and representatives confirmed they were informed of changes or when incidents occur. Staff reported care and services for consumers were constantly reviewed in partnership with consumers and representatives, Medical Officers and allied health professionals. Care planning documentation demonstrates the involvement of consumers, their representatives, Medical Officers and allied health.

Consumers and representatives said they were offered a copy of their care plan as part of the review process. Staff confirmed they had easy access to care planning documents via individual electronic handheld devices and several computer terminals throughout the service. Staff said handovers and the electronic messaging platform were the most frequently used options for communicating outcomes of assessments and reviews. Care planning reflected communication with consumers and representatives including a copy of the care plan offered and readily available should the consumer or representative request it.

Consumers and representatives said care and services were constantly reviewed, and staff keep them informed and ensure they have input into any suggested care and service changes. Staff explained service reviews, through spot-check systems and regular clinical reviews. Staff were guided by assessment policies and procedures embedded in the electronic care management system.

# 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 consumers were receiving care that is safe and right for them and which optimises their health and well-being. Staff said they can access senior staff to receive support and guidance concerning best practice care and processes, or if care needs have changed. Care planning documentation reflected consumers were receiving individualised care, which is safe, effective, and tailored to their specific needs and preferences.

Consumers and representatives said high-impact or high-prevalence risks for consumers such as falls, weight loss and pain, were effectively managed by the service. Staff were familiar with individual consumer risks and identified strategies in place to mitigate these. Care planning documentation reflected risks were identified and interventions had been implemented to effectively manage risk.

Consumers and representatives confirmed end of life care planning was discussed with them. Staff described how a palliative assessment and care plan guides staff when a consumer is on end-of-life care. Care planning documentation for a consumer who had recently passed, evidenced end of life care commenced in consultation with their representative, pain and comfort management was provided by staff, the Medical Officer reviewed the consumer and representatives were kept constantly informed of any changes.

Consumers and representatives said staff recognised, reported changes in a consumer’s health and respond in a timely manner if a consumer has a fall or is feeling unwell. Staff said they notify the consumer's Medical Officer, other allied health professionals and representatives if they identify a change in a consumer’s condition. Care planning documentation reflected monitoring and consolation with Medical Officers when deterioration had been noted.

Consumers and representatives said they are happy the consumer’s condition, needs, and preferences are documented and communicated with relevant staff and regular staff are aware of the consumer’s preferences and care needs. Staff reported information relating to consumers' conditions, needs and preferences is documented in the electronic care management system and communicated via handover, ECMS messaging and verbal communication. Care documentation including clinical handover sheets, progress notes and care plans reflected documentation from staff and external organisations on the consumers’ condition, treatment, upcoming appointments and care interventions.

Consumers and representatives said they had access to their Medical Officer, allied health providers and external health organisations when required. Staff discussed the various referral options available dependent on the consumer’s care needs. Care planning documentation reflected referrals to a range of services and providers.

Consumers and representatives did not raise any concerns regarding the service’s processes to ensure infection related risks are minimised. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use and minimisation of antibiotics. The Assessment Team observed staff wearing appropriate personal protective equipment (PPE).

# 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 and representatives said they were receiving services and support that meets their needs, goals and preferences and enables them to maintain their independence and quality of life. Staff were familiar with individual consumers’ needs and preferences, and care planning documentation outlined consumer preferences and strategies to support consumers to do the things they want. Consumers were observed engaging and participating in a range of activities and staff were actively encouraging consumers to participate.

Consumers said they felt supported to maintain social, emotional, and spiritual connections, which were important to them. Staff said they know consumers well and usually know why a consumer is feeling low and provide necessary emotional support to them such as offering one-on-one visits. Care planning documentation listed consumers’ spiritual preferences required for their emotional wellbeing. The Assessment Team observed various religious service schedules were published in the service’s calendar of activities which was posted throughout the service.

Consumers described how they were supported to do things within and outside the service and how they stay connected with people important to them. Staff said they supported consumers to keep in touch with family and friends and support them to do things of interest such as reading the newspaper to a consumer whose vision had deteriorated. Care planning documentation detailed information about how consumers participate in the community and what support for daily living is required, including how they stayed connected with family and friends.

Consumers and representatives confirmed the service was aware of individual preferences and needs, and when there is a change, the information is shared within the service. Staff confirmed consumers’ lifestyle needs and preferences were shared internally during daily handovers and recorded in the service’s electronic care management system. Care planning documents detail consistent information about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed consumers get appropriate referrals and staff described the referrals process. Care planning documentation reflected referrals were made to individuals, organisations and services providers. Staff described the referral process to other individuals and providers of care. Lifestyle staff demonstrated an understanding of other organisations, services and supports available in the community, should a need be identified for a consumer.

Consumers said the meals provided were varied and of suitable quality and quantity. Care planning documentation showed that consumer dietary requirements and preferences were captured, and food was being prepared in line with their preferences. Staff advised that all dietary requirements were discussed in the daily handover meeting and all changes were updated and detailed on the electronic care management system.

Consumers and representatives said the service provides equipment that is well maintained. Maintenance staff described the processes in place for preventative and corrective maintenance and maintenance documentation identified scheduled preventative maintenance had been completed with no outstanding items evident. Staff described the logging system for maintenance requests and confirmed that logged items were actioned promptly.

# 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 environment is open and welcoming, they feel at home and all areas were tastefully furnished, well maintained and easy to navigate. Consumers said they can decorate their rooms with personal belongings and have their photos and artwork. Staff described how the layout compliments the service, with access to indoor courtyards and garden areas as well as plenty of common areas for the consumers to socialise and relax throughout the day. Consumers were observed moving between the different areas of the service to visit other consumers or participate in activities.

Consumers said they feel safe, and all areas were clean, comfortable, and well-maintained. Consumers were observed moving freely, both indoors and outdoors. The Assessment Team observed all areas of the service to be safe, clean, well-serviced, and comfortable. The cleaning schedule was observed to be current and up to date.

Consumers said furniture, fittings and equipment were safe, clean, well maintained and suitable for them. Management said furniture, fittings and equipment were assessed for suitability before purchase to meet consumers’ personal and clinical needs. Staff said lifting equipment is maintained and cleaned between use. The Assessment Team observed the maintenance logs which showed all maintenance issues were addressed in a timely manner.

# 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 said they were comfortable with raising concerns and feedback with management and staff at the service. Staff said they assisted consumers to raise a complaint such as by helping them to complete a feedback form; they were encouraged to provide feedback to management, either through feedback forms or during meetings. The Assessment Team observed consumer feedback recorded in meeting minutes and surveys.

Consumers and representatives said they know they could raise concerns externally, but they felt most comfortable raising any issues with management and staff directly, but they could access external support to help them if required. Staff described external resources available and described how they access family and internal resources to resolve concerns. The service had posters and leaflets promoting external advocacy services displayed in both English and other languages.

Consumers and representatives were confident in the ability of the service to find solutions to feedback in a timely manner and confirmed the service apologises when things go wrong. The feedback register showed open disclosure is practised and timely management of complaints by following the service's complaint management procedure is provided. The service’s complaints management procedure referenced using open disclosure when things go wrong.

Consumers and representatives indicated the service is listening to feedback and this results in improvements to quality and care at the service. Management described how feedback is recorded on an online platform into the continuous improvement plan and lists areas of improvement identified from the feedback report. Meeting minutes, notices, surveys, and the continuous improvement plan (CIP) reflected feedback from consumers and representatives which resulted in improvements for consumers such as the building of raised flower beds throughout the courtyards.

# 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 and representatives said the service had an adequate mix and quantity of staff to meet the needs of consumers. Staff said the service had the right number and combination of staff to deliver quality care and staff are reallocated and work as a team when short staffed. Management demonstrated the workforce is planned on a two-weekly rotation to enable a suitable number and mix of staff and they use a casual pool of staff and actively recruit on an ongoing basis.

Consumers and representatives confirmed that staff engage with consumers in a respectful, kind and caring manner. Staff demonstrated an awareness of consumer needs and preferences which aligned with information in care planning documents and information obtained from interviews with sampled consumers. Staff were observed kindly assisting consumers at mealtimes, engaging in jovial conversations in corridors and participating in lifestyle activities with consumers in ways to support them in enjoying the activities. The service has policies and procedures guiding staff in respecting diversity and provision of inclusive care.

Consumers and representatives said staff perform their duties effectively, are trained appropriately and are competent and skilled to meet their care needs. Staff described induction and mandatory annual training and how position descriptions set out expectations for their respective roles. Employee records demonstrated the service monitors professional registrations appropriately, and criminal history and vaccination records are maintained.

Consumers and representatives said staff deliver effective care and services and they are well trained to perform their duties. Management demonstrated an online training system that tracked training completion details for all staff members. Staff were familiar with restrictive practices, incident management, serious incident reporting, open disclosure and how it applies to the delivery of care and services.

Staff said their performance is monitored through annual performance appraisals and training completed throughout the year. Management said staff competency is assessed regularly in line with the scheduled annual training, the informal checks, and monthly analyses of clinical data to monitor staff practice and competencies to improve the delivery of care and services. A review of the performance appraisal register confirmed all required staff have completed their annual performance review in 2022.

# 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 could partner in improving the delivery of care and services. Staff confirmed the service keeps consumers and representatives informed of changes in care or when things go wrong, to ensure effective communication and engagement. Minutes from consumer and representative meetings, surveys and feedback forms showed consumers and representatives are invited to engage, make suggestions and demonstrated the involvement of consumers and their families. Management was able to demonstrate the issues raised were already being worked on and had been added to the CIP for consistent follow up.

Consumers and representatives said they feel safe at the service, and they receive regular updates concerning outcomes of care and services. The organisation has a strategic plan and ensures monitoring through effective reporting mechanisms. Management and staff described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described the ways the board is kept informed by the service through analysis and monitoring of clinical indicators and benchmarking across all services in the organisation to identify and address wider trends. The organisation’s governing committees and board demonstrated that indicator data used as a driver for change.

The organisation has a governance framework relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints which includes policies and procedures to guide staff practices. Senior management monitor and review routine reporting, and analysis of data related to incident management, workforce requirements, and complaints. The Board then satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with and monitored against the aged care quality standards.

The service demonstrated the implementation of effective risk management systems and practices, especially in relation to managing high-impact or high-prevalence risks, responding to and preventing incidents, including identifying and responding to serious incident reporting via an incident management system. The service has policies and procedures which identify risk, guide staff on its reporting and escalation requirements and instigated a review by management and the higher committees as well as the board. Consumers said they are supported to take risks and make decisions about their care and are well informed of incidents. Risks and incidents are reported via an incident management system, escalated, and reviewed by management at the service level, governance committees and the board.

The service demonstrated a clinical framework including policies and procedures pertaining to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated a shared understanding of these concepts. The service consistently demonstrated that assessment and care planning is incorporated into the clinical governance framework, included consideration of risks to inform safe care delivery.

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)