

**Performance Report**

**1800 951 822**

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| Name: | Bupa Ballina |
| Commission ID: | 0980 |
| Address: | 148 North Creek Road, Ballina, New South Wales, 2478 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 6 November 2024 to 7 November 2024 |
| Performance report date: | 6 December 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd Service: 6806 Bupa Ballina |

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 Ballina (**the service**) has been prepared by Micheal Cooper, 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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 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 |

Findings

Consumers and representatives provided positive feedback in relation to the clinical and personal care consumers receive. Service documentation including policies and procedures evidenced systems in place to guide staff in delivery of safe and effective care and services. Staff demonstrated knowledge of organisational processes and described safe and effective clinical practices. Care documentation demonstrated care provided is safe, effective, and optimises consumers’ health and wellbeing.

I have considered the information in the assessment contact report, and I have placed weight on the information provided including evidence of effective organisational systems to guide the delivery of safe and effective care and services, and staff knowledge of consumer’s individual care needs and organisational processes.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living |  |
| 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 |

Findings

Consumers and representatives provided positive feedback in relation to supports for daily living. Consumers and representatives explained they are supported to maintain personal relationships and participate in activities of interest to them within and outside the service. Staff were knowledgeable of consumer’s individual daily living needs and preferences and described ways they meet those needs. Consumers were observed participating in activities of interest to them throughout the assessment contact.

I have considered the information provided in the assessment contact report and I have placed weight on effective systems in place to support consumers to participate in their community, maintain relationships with individuals who are important to them, and to participate in activities of interest to them.

It is my decision Requirement 4(3)(c) is Compliant.

# 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 |

Findings

Consumers and representatives provided positive feedback in relation to consumer care and services. Service documentation evidenced systems in place to replace and manage unfilled shifts when unplanned or unexpected leave occurs. Service documentation supported, and management described ways the service plans the workforce to support a safe and effective delivery of care including allocation of additional staff where care needs are increased, and ongoing recruitment processes to maintain a qualified and skilled workforce. Service documentation evidenced the service is meeting its legislative workforce responsibilities in relation to its required care minute target.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback provided by consumers and representatives interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(a).

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance |  |
| 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 |

**Findings**

Consumers and representatives said they are regularly engaged by the service to provide feedback, and consumers provided positive feedback in relation to safe, inclusive and quality care provided by the service. Management explained, and service documentation demonstrated ways the service engages and seeks input from consumers including monthly consumer meetings, weekly consumer and representative discussions, and annual case conferencing. Service documentation evidenced clinical monitoring processes in place to promote the delivery of safe care including incident reporting and analysis, oversight of the services clinical risk register, and regular audits.

In coming to my decision for Requirement 8(3)(b), I have considered the information in the assessment contact report, and I have placed weight on evidence of systems in place to promote the delivery of safe and inclusive care.

It is my decision Requirement 8(3)(b) is Compliant.

The service demonstrated effective organisation wide governance systems in place including areas of information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Information including policies, procedures, and care planning documentation was available to staff and those who share care responsibilities. Information including consumer meeting minutes and food focus group meeting minutes were available to consumers. Service documentation and interviews with staff and management demonstrated systems in place to identify areas for continuous improvement. The service’s plan for continuous improvement register demonstrated improvement actions are being implemented as areas for improvement are identified. The services governing body demonstrated financial processes in place to budget the needs of consumers residing in the service including monthly reporting of financial expenditure, profit and loss. The service demonstrated systems in place to ensure accountability in meeting legislative and regulatory requirements. Service documentation demonstrated processes to capture complaints and seek feedback to inform areas for improvement based on feedback including regular consumer meetings and satisfaction surveys. The service’s complaints register evidenced actions taken within a timely manner to address complaints.

In coming to my decision for Requirement 8(3)(c) I have considered the information in the assessment contact report, and I have placed weight on the evidence demonstrating effective wide governance systems.

It is my decision Requirement 8(3)(c) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)