Bupa Ballina

Performance Report

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**Commission ID:** 0980

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

**Assessment Contact - Site date:** 19 July 2022 to 20 July 2022

**Date of Performance Report:** 17 August 2022

# Performance report prepared by

Dean Saunders, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 3 Personal care and clinical care** |  |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** |  |
| Requirement 4(3)(f) | Compliant |
| **Standard 5 Organisation’s service environment** |  |
| Requirement 5(3)(b) | Compliant |
| **Standard 6 Feedback and complaints** |  |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# STANDARD 1 Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

Consumers interviewed said staff treated them with dignity and respect and exampled interactions they had with staff that made them feel valued as individuals. Several named consumers gave specific examples of staff interactions they appreciated.

Interviewed staff spoke about consumers in a respectful manner and were able to identify matters that mattered to individual consumers. Staff were able to describe what treating consumers with dignity and respect means in practice and what they would do if they thought a consumer’s dignity was not being upheld, including raising the issue with their supervisor or management.

Care documentation included information on consumer backgrounds, where they lived, their cultural and linguistic background, education, occupations, spiritual observances, details of family members and things of interest to them.

The assessment team observed staff addressing consumers by their preferred name and speaking with them in a dignified, friendly and respectful manner.

This requirement is compliant.

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

Consumers interviewed confirmed their privacy is respected by staff and the confidentiality of their personal information is maintained. Named consumers were able to give examples of how this respect was shown.

The service has a privacy framework and procedures to guide staff which includes how the service collects, uses, keeps secure and discloses personal information and maintains consumer confidentiality.

Assessment team observations confirmed consumer hard copy personal information was securely stored, and electronic documentation was stored in password protected computers.

This requirement is compliant.

# STANDARD 3 Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The assessment team reviewed consumer clinical documentation including assessments, care and service plans, progress notes, treatment regimes, monitoring records and relevant correspondence and communications. The assessment team correlated the information gleaned from the file review with interviews with both staff and consumers.

All evidence indicated that consumers are receiving care that, in the words of the Assessment Team, is safe, effective and tailored to the specific needs and preferences of the consumer.

Two named consumers’ files were reviewed by the Assessment Team and this disclosed care aimed at optimising health and well-being. Care planning documentation showed recommendations from specialists services being implemented and followed.

Named consumers and representatives interviewed indicated they received all the care they request and at a level that makes them happy.

Care staff interviewed explained that they had access to registered staff as required and that other specialist services such as physiotherapy, occupational therapy, dieticians, wound care and dementia were available.

The service has policies, procedures, guidelines and flowcharts available to staff in key areas of clinical care. Clinical audits and whole of service audits are undertaken.

Skin integrity, pain management, falls and restrictive practices were areas specifically considered by the Assessment Team and no concerns were identified.

Improvements undertaken by the service since its last site audit include increased number of clinical staff, including care managers. Education and training has been undertaken. All consumers with restrictive practice have been reviewed including with medical officer input. Skin integrity reviews have also been undertaken.

This requirement is compliant.

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

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

Key risks to consumers were reflected in their care planning documents. Areas of skin integrity, pain management, falls, restrictive practice and weight loss were specifically considered by the Assessment Team and the risks associated with care were found to be effectively managed.

Care staff interviewed were able to identify areas of risk identified in care planning for particular consumers.

Registered staff interviewed were able to explain both preventative and remedial actions for each type of high prevalence risk.

Since the service’s last site audit extra care manager support has been obtained and clinical reviews of high prevalence risk areas are now undertaken with key information directed back to staff as required.

### Requirement 3(3)(g) Compliant

*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.*

Staff interviewed said they received training in the management of antimicrobials and infection minimisation strategies, including hand hygiene, the use of appropriate PPE, cough etiquette and cleaning processes, at orientation and at mandatory education.

Consumers and representatives interviewed said the service’s management of a recent COVID-19 outbreak was well coordinated and communication was provided to them. They said staff were consistently delivering care with appropriate infection control practices.

The service’s medication system tracks the consumers with antibiotics and a report is made each week to monitor the usage, effectiveness and completion rates. This information is then discussed with registered staff for follow up with medical officers if required.

The infection prevention and control lead monitors infections through clinical indicator reporting and described how they support staff to understand how they minimise the need for the use of antibiotics and ensure they are used appropriately.

The Assessment Team made a number of different observations of consumers, staff and visitors in respect of various infection control practices. In all cases the Assessment Team observed sound practice.

This requirement is compliant.

# STANDARD 4 Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

Meals are provided at the service. Most consumers sampled said both the quality and quantity of food was good and that the service accommodated their individual needs. Consumers explained meals had improved over recent months.

Multiple named consumers explained they are happy with the variety of meals and their care plans identified individual dietary preferences and requirements.

Staff interviewed knew consumer preferences and specific diet requirements.

While the menu is centrally planned offsite, local variations and requests are accommodated and suggestions and feedback is sought through a number of different channels.

Several positive observations were made by the assessment team in relation to interactions between consumers and dining staff, and the kitchen and dining area were observed to be clean.

The service demonstrated a range of comprehensive remedial actions taken since the site audit conducted in April 2022.

The requirement is compliant.

# STANDARD 5 Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

The assessment team observed consumers to move freely within the service and those with limited mobility were both assisted by staff and had mobility equipment available for use. Consumers confirmed they were able to move about the service, including outside, and had access to key codes for locked areas as required. Colour painting of doors was used to assist spatial awareness for cognitively impaired consumers and all areas were clear of clutter.

Maintenance documentation indicated that both proactive and reactive maintenance occurs as required. Consumers reported that maintenance issues were attended to promptly and staff interviewed were aware of the process for logging maintenance jobs and escalating urgent matters.

Consumers interviewed felt safe at the service and this was supported by positive survey findings. Medication trolleys and nurses’ station doors were observed to be secure.

The service general environment and consumer rooms were observed to be clean, having clean floors and surfaces. Cleaning staff explained an improved cleaning schedule: cleaning was discussed at staff meetings and senior staff had reviewed a new cleaning schedule. Consumer surveys supported that consumers had high levels of satisfaction with cleaning.

This requirement is compliant.

# STANDARD 6 Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

Consumers were aware of the mechanisms available to them to provide feedback at the service including feedback forms, meetings and by speaking directly with staff, and said they would be comfortable approaching staff and management initially and felt confident they would respond.

Consumer surveys confirmed a high proportion of consumers were satisfied with how complaints, if made, were resolved.

A review of the service complaint management system disclosed complaints were documented, acknowledged and resolved in a timely manner.

The service has undertaken a number of remedial actions since the site audit in April 2022.

This requirement is compliant.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

Consumers, including named consumers, provided examples of complaints leading to changes in service provision. Consumers advised the recent change in management at the service has increased their confidence that their feedback is heard and responded to.

Management described how the service records, trends and analyses feedback and complaints and uses them to improve the quality of care and services for individual consumers. This informs service-wide continuous improvement action and provided as examples the response to concerns about cleaning and food.

The service General Manager is conducting monthly reviews of complaints made, including feedback not categorised as complaints and call bell response data, and themes are discussed at staff meetings, weekly clinical meetings and consumer meetings.

This requirement is compliant.

# STANDARD 7 Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

Most sampled consumers and representatives considered that sufficient staff were employed to deliver safe and quality care to consumers. Seven named consumers gave examples of positive interactions based on sufficient staffing.

Care, hospitality and registered staff were interviewed and consider that there are enough staff employed to meet consumer care and needs.

Review of staff rosters disclosed replacements were made as necessary and observations made by the assessment team showed staff unhurried and supportive in their interactions with consumers.

This requirement is compliant.

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

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

Consumers and representatives sampled considered that staff were competent in their roles and were able to supply information on medication and nursing needs as required.

Management explained that staff competency was formally tested in a number of key areas.

Position descriptions outline the qualifications, registration, knowledge skills and abilities required for their roles and responsibilities.

This requirement is compliant.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Staff interviewed explained the organisation’s induction and ongoing training program provided them with the skills and knowledge to perform their roles. Staff said they are provided additional training and education through on-line learning modules and tool box talks. Staff advised the service’s mandatory training and professional development training was comprehensive, saying the program provided the flexibility to complete training at their own pace and on line. Staff said they have access to the organisations policies and procedures if they need to.

Review of orientation processes evidenced new staff complete orientation and onboarding including dedicated buddy shifts with experienced staff. New staff receive a staff handbook to enable them to perform in line with the organisations mission and vision statements. Review of the staff mandatory training log evidenced the use of colour coded alerts to remind senior and clinical management of each staff members’ current status.

This requirement is compliant.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

Management advised the service has a formal people management and performance appraisal process.

Staff interviewed confirmed that appraisals occur on a formal and informal basis, where a meeting is arranged with their supervisor and they are asked for their feedback in relation to their role.

The assessment team observed that appraisals (including identified areas for improvement) under the procedures have been documented.

The requirement is compliant

# STANDARD 8 Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

### Not all requirements were assessed and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(c) Compliant

*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.*

The Assessment Team tested the service’s understanding and application of this requirement by considering specific scenarios under each area of governance requirement.

In respect of each the Assessment Team found policies relevant to the area of governance were in effect and well understood. Governance systems were found to be effective.

This requirement is compliant

### Requirement 8(3)(e) Compliant

*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.*

The service has a documented clinical governance framework that incorporates its information management system. The framework is a set of documents, practices and tools used to direct and monitor how clinical risks are managed, compliance is achieved, and care is delivered. The service provides assistance through senior management down to the staff engaging with consumers, namely GM’s, clinical staff, care, and services staff delivering care and services.

The service’s governance framework operates in unison with policies relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

# Areas for improvement

No areas of improvement have been identified.