Performance

Report

**1800 951 822**

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| Name of service: | Bupa Ballina |
| Service address: | 148 North Creek Road Ballina NSW 2478 |
| Commission ID: | 0980 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 2 March 2023 |
| Performance report date: | 10 March 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 Ballina (**the service**) has been prepared by K. Reed, 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 - 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
* the provider’s response to the assessment team’s report received 07 March 2023
* other information and intelligence held by the Commission in relation to the service.

# 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 |

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 |
| 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

Requirement 3 (3) (a)

Consumers/representatives confirmed they receive timely personal and clinical care that is commensurate with their choices and preferences. Consumers received safe and effective clinical and personal care that aligned with best practice to optimise consumers’ health and well-being and is individualised to their preferences. Staff described consumers’ individual needs and preferences and how these were managed in line with their care and services plan. The service had policies and procedures, which guided clinical practice, and included skin, wound and continence care, weight loss management and restrictive practices. Consumers subject to restrictive practices had an appropriate authorisation, consent and behaviour support plan in place. Care documentation demonstrated consumers received care in accordance with their assessment and planning needs.

The service’s clinical indicators for the previous three months and associated care documentation for consumers who had experienced weight loss were reviewed. The service had implemented a range of strategies to assist with the prevention of further weight loss including providing high energy and high protein meals and drinks, placing consumers on food monitoring charts, increasing the frequency of weighing of consumers and referred consumers to a dietician or Medical officer for assessment and review.

Based on this information this Requirement is Compliant.

Requirement 3 (3) (g)

The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of a COVID-19 outbreak. The service had a COVID-19 vaccination program for staff and consumers. The service had two staff who had completed the Infection prevention and control lead training to cover week day and weekend shifts. Staff described practices to prevent and control infections such as ensuring hand hygiene, use of personal protective equipment, encouraging fluids and obtaining pathology results prior to commencing antibiotics.

Visitors and contractors were observed undergoing a thorough screening process prior to entering the service, this process included rapid antigen testing, temperature checks, response to a screening questionnaire and providing a declaration. All visitors, contractors and staff were observed to be wearing masks at the service. Staff were observed wearing masks and practicing hand hygiene when providing cares. Management used monitoring tools, monthly and quarterly reporting maintaining oversight and benchmarking antibiotic usage against national standards and other services within the organisation. Antibiotics were typically commenced following a confirmed pathology result to ensure its appropriateness and antiviral medication was available if required.

Based on this information this Requirement is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers provided feedback that meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they did not prefer any of the meals offered on the menu. Staff knew consumers’ nutrition and hydration requirements and preferences which were available through the electronic care management system. Consumers and staff stated the monthly consumer food focus meetings provided consumers a forum to discuss dining options and quality of meals.

Staff identified the number of consumers within the residential area that required one to one assistance with meals, general encouragement to eat, or texture modified foods and whether they had their meals in their room or the common dining area. Catering staff described the process for preparing texture modified foods and had laminated cards in the kitchen describing the requirements and preferences for consumers requiring this meal option.

Registered staff confirmed if meals were not consumed, staff monitored individual consumers to consider potential health issues such as urinary tract infections or pain which may be impacting meal consumption. Lunch service in dining areas was observed by the Assessment Team to be calm and staff were observed interacting with and assisting consumers who required assistance with meals. The kitchen was observed to be clean and staff were wearing appropriate personal protective equipment.

Based on this information this Requirement is Compliant.

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