Performance

Report

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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: | on 28 November 2023 |
| Performance report date: | 22 December 2023 |
| 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 Stewart Brumm, 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, consumers/representatives and others.
* the provider’s response to the assessment team’s report dated 14 December 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Applicable |
| **Standard 6** Feedback and complaints | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |

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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The Assessment Team provided information that consumers/representatives interviewed said they were satisfied with personal and clinical care provided by the service and that care and services met the consumers’ individual needs. Care documentation was reviewed for 12 consumers requiring management of diabetes, wounds, pain, personal hygiene, continence management, indwelling catheters and stomas and time sensitive medications. Staff interviewed confirmed consumers are receiving individualised care which is safe and right for the consumer and best practice.

The Approved Provider has effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation reviewed demonstrated the service effectively manages individual consumer risks including falls, changed behaviours and complex care needs. The Assessment Team reviewed documentation including incident reports, training records and clinical indicator data which identified effective monitoring and clinical oversight of care delivery for consumers.

Based on the information provided by the Assessment Team, I find these requirements compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The Assessment Team provided information that the Approved Provider has policies, procedures and education material addressing feedback, complaint management, and the services open disclosure process. Management were able to evidence feedback and complaints are collected and managed appropriately, including the use of open disclosure if applicable.

Management and staff demonstrated a shared understanding of processes to follow when a complaint is received.

Most consumers considered feedback and complaints to be resolved effectively by management with the exception of food related complaints. Management were able to demonstrate they are working with consumers to seek suitable resolutions to food related feedback including monthly food focus groups and closer collaboration with the chef.

Based on the information provided by the Assessment Team, I find this requirement 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

The Assessment Team provided information that the Approved Provider was able to demonstrate strategic workforce planning to enable the delivery of safe and quality care and services. Consumers/representatives considered there are enough staff at the service to meet consumer needs. Management was able to demonstrate contingency plans in the event of staff shortages.

Consumers considered staff to be of the appropriate skill mix and confirmed they are regularly attended to by registered nurses. Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff generally have sufficient time to undertake their allocated tasks and responsibilities. Staff felt that management are proactive at using casual or agency staff to help ensure unplanned leave does not impact cares.

Based on the information provided by the Assessment Team, I find this requirement 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)