Performance

Report

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| Name of service: | Bupa Bankstown |
| Service address: | 82 Allum Street Yagoona NSW 2199 |
| Commission ID: | 0979 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 April 2023 to 5 April 2023 |
| Performance report date: | 11 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 Bankstown (**the service**) has been prepared by J Durston, 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 and others.
* the provider’s response to the assessment team’s report received 21 April 2023.

# 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

This Quality Standard has been assessed as compliant as six of the six specific requirements are compliant.

The Assessment Team found each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives said they felt consumers are respected and valued as individuals by staff. Staff provided examples of how they treat consumers with dignity and respect. Staff were observed interacting with consumers respectfully. The service has policies on treating consumers with dignity and respect, reflected in care plans and the Diversity Inclusion Action Plan.

The service demonstrated that care and services are culturally safe. Staff were able to identify cultural backgrounds and preferences of consumers consistent with their care plans, and were able to describe how the consumer’s culture influenced how they deliver care and services in a culturally safe way. Care plans included information on consumers’ individual care and service preferences, relevant cultural and religious beliefs.

Consumers and representatives described how they are supported to exercise choice and independence and maintain relationships that are important to them, including being supported to stay in contact with family who reside interstate, and to sit together with friends at the service during meals and activities. Staff described how consumers are supported to make informed choices about their care and services in line with the service’s policy.

Each consumer is supported to take risks to enable them to live their best life and this was reflected in care plans. Staff provided examples where consumers are supported to take risks. Dignity of risk forms documented consumers’ preferences, risk-taking activities, mitigation strategies and included consent.

Information provided to consumers and representatives is clear, timely, easy to understand and supports consumers to make choices about their care and services. Consumers and representatives described information they receive to help them make decisions about the things they would like to do and eat, including monthly newsletters and activity calendars, consumer meeting minutes, letters, emails and noticeboards. Staff described how information is communicated to consumers with a cognitive deficit or where English is their second language.

Each consumer’s privacy is respected, and personal information is kept confidential. Consumers said their privacy is respected. There is an organisational policy on protection of personal consumer information. The Assessment Team observed staff respecting consumers’ privacy and dignity when delivering care and services and staff were aware of the service’s policy on privacy and confidentiality.

# 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

This Quality Standard has been assessed as compliant as five of the five specific requirements are compliant.

The Assessment Team found each consumer undergoes assessment and planning, including consideration of risks to their health and well-being to inform delivery of safe and effective care and services. Consumers and representatives said they are regularly consulted during the assessment and care planning process, including risks they wish to take and the management of high-risk health conditions. Care plans reflected identification and assessment of risks to consumer health and well-being, and are regularly assessed, reviewed, and discussed with the consumer and/or their representative. The organisation has policies and procedures in place on managing consumer risks. Staff were able to describe how risks are managed for sampled consumers.

Consumers and representatives provided positive feedback regarding their needs, goals and preferences being met. Staff were able to describe the current needs and preferences of consumers. Consumers and representatives advised they had been given the opportunity to discuss their wishes regarding end of life care. Care and service documentation consistently and adequately addressed all areas of care and services and contained consumers’ individual preferences and current needs.

Consumers and representatives confirmed they had been involved in their care planning and their needs were being met. Care and service documentation provided evidence of case conferences, involvement of consumers and others they wished to be involved and the involvement of a range of other health providers such as dietitians, speech pathologists and wound consultants.

Consumers and representatives confirmed they had been involved in case conferencing and had been provided with a copy of their care plan. The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and their representatives, documented in care and services plans that are readily available to them, and where care and services are provided. Staff explained how they keep the consumers and representatives updated with any changes.

Care and services are comprehensively reviewed for effectiveness, when circumstances change, and incidents occur that impact the needs, goals, or preferences of consumers. Consumers and representatives advised they had been informed when there was a change in the consumer’s condition. Care planning documentation showed care plan reviews occurred monthly or when there was a change in the consumer’s condition, and the care planning and case conferencing schedules showed there were no outstanding reviews or case conferences.

# 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

This Quality Standard has been assessed as compliant as seven of the seven specific requirements are compliant.

The Assessment Team found consumers get safe and effective personal care and clinical care that is tailored to their needs and preferences and is best practice. Consumers and representatives provided positive feedback about their clinical care and staff knowledge around consumer care needs. Care and services documentation showed care was aligned to each consumer’s individual care plan and was best practice for consumers with wounds, pressure injuries, restrictive practices, pain management and complex care needs.

The service effectively identifies and manages high-impact, high prevalence risks associated with the care of each consumer. Consumers and representatives provided positive feedback about their clinical care, and staff displayed their knowledge about high impact, high prevalence risks for consumers and effective risk mitigation strategies. Care documentation showed these risks are being managed effectively at the service. The service maintains a high impact, high prevalence risk register that contains information on all consumers in relation to their risks and mitigation strategies. The register is regularly reviewed and updated.

Consumers and representatives provided positive feedback in relation to palliative care provided at the service. Staff demonstrated a sound knowledge of end-of-life care. Clinical files of consumers who had passed away showed their needs, goals and preferences regarding end-of-life care were documented and met, their comfort was maximised, and their dignity preserved.

Consumers and representatives provided positive feedback regarding the service’s actions when there is a change in their condition. Staff were able to describe the escalation processes including informing the registered nurse, having consumers reviewed by a medical officer or calling an ambulance. Care and service documentation showed deterioration or changes in a consumer’s condition is recognised and actioned in a timely manner.

Consumers and representatives provided positive feedback around communication of their needs between staff. Observations of handover and a medical officer’s round showed information was effectively shared. Care documentation showed. 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. Staff were observed using an electronic handover sheet on their hand-held devices and discussing individualised consumer cares.

Consumers and representatives provided positive feedback regarding access to health professionals. Staff were able to describe the processes for referring consumers to other health professionals, and care and service documentation showed the service makes timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The service has standard and transmission-based infection control systems to manage an outbreak and minimise infection-related risks, including practices to minimise the spread of infection and promote appropriate prescription and use of antibiotics. Consumers and representatives provided positive feedback about the management of their infections and the infection control practices of the service. Care documentation showed pathology is undertaken prior to the commencement of antibiotics when applicable for consumers with infections.

# 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

This Quality Standard has been assessed as compliant as seven of the seven specific requirements are compliant.

The Assessment Team found consumers and representatives interviewed were satisfied services and supports for daily living meet their needs, goals, and preferences and enhance and maintain their independence, well-being, and quality of life. Staff demonstrated a sound knowledge of individual consumers’ needs and preferred activities, consistent with their care plans. Consumers and representatives partner with lifestyle staff to develop a profile of their preferences, interests, social, cultural, and spiritual needs and traditions that are important to them.

Consumers and representatives described services and supports available to promote each consumer’s emotional, spiritual, and psychological well-being. Consumers said they felt connected and engaged in meaningful activities that are satisfying to them. Staff provided examples of how they support consumers’ emotional and psychological well-being. Care planning documentation recorded consumers’ individual and emotional support strategies.

Consumers sampled said they felt supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do the things of interest to them. Care planning documentation identified the people important to individual consumers and their activities of interest.

All sampled consumers and representatives advised that the information about the consumer’s condition, needs and preferences is communicated within the organisation and with others where responsibility for care is shared. Staff demonstrated sound knowledge of individual consumers and said that consumer care and other needs are well communicated during handovers and documented in the electronic care management system.

Consumers said when the service is unable to provide suitable support, they are confident they will be appropriately referred to an external provider. Care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. Staff described examples of consumers being referred to other providers of care and services for lifestyle support.

Consumers said the service provides a range of meals which are varied and of suitable quality and quantity. They are involved in the development of the menu and give feedback on the quality of the food provided. Consumers have a choice of a hot meal, sandwiches, soups and salads. Catering and care staff described specific dietary needs and preferences of consumers, how they are accommodated in the menu and individualised to their needs.

Consumers said they felt safe when using the service’s equipment, it was easily accessible and suitable for their needs. They were comfortable raising issues if equipment needed repair and said items were replaced when necessary. Equipment was observed to be safe, suitable, clean and well maintained, and sufficient to support lifestyle activities.

# 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

This Quality Standard has been assessed as compliant as three of the three specific requirements are compliant.

The service environment was observed to be welcoming and comfortable. The building design and signage makes it easy to navigate. Consumers and representatives said the environment is safe, clean and well maintained, and there are adequate private areas, both indoors and outdoors for consumers and visitors to use for socialising. Consumers said there was enough equipment and resources of suitable quality to support their independence and enjoy activities.

Consumers said they were satisfied with the cleanliness of their rooms and the common areas of the service. Consumers’ rooms and the common areas were observed to be safe, clean, clutter free, well maintained and comfortable. There are effective, timely preventative and corrective maintenance systems in place. The service promotes consumers’ independence to move freely both indoors and outdoors.

The Assessment Team observed the furniture, fittings and equipment to be safe, clean, well maintained and suitable for consumers. Consumers said they were satisfied with the furniture, fittings and equipment. Management and staff demonstrated there are effective systems for regular cleaning and maintenance of furniture, fittings and equipment.

# 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

This Quality Standard has been assessed as compliant as four of the four specific requirements are compliant.

The Assessment Team found consumers and representatives felt encouraged and supported to provide feedback and make complaints. They explained the different ways in which they can provide feedback, and said they feel comfortable raising concerns with staff and management. Management and staff described the ways they encourage and support consumers and other stakeholders to make feedback and complaints. Consumer and representative meeting minutes demonstrated they are actively engaged in providing feedback.

Consumers and representatives said they are aware of advocacy and language services, and other methods for raising and resolving complaints. Complaints records showed external complaints advocacy services are being accessed by consumers. Management explained how consumers and representatives are informed about and supported to access advocates, language services and external complaints mechanisms, such as information sessions provided by an advocacy service and notices and brochures advertising services available throughout the service.

Consumers and representatives said management are responsive to any matters they raise. The organisation has policies and procedures for managing feedback and complaints, and for open disclosure. The service records feedback and complaints and actions taken in response. The residential manager ensures appropriate action is taken to resolve and open disclosure has occurred.

Consumers and representatives said feedback and complaints are used to improve the quality of care and services. Management explained feedback and complaints are incorporated into the continuous improvement process. The service reception area has a board that displays feedback items and the actions taken to resolve to issues raised. Consumer feedback is part of management monthly quality audits and reporting. Any long-term actions as a result of complaint trends are tracked through the services continuous improvement system.

# 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

This Quality Standard has been assessed as compliant as five of the five specific requirements are compliant.

The Assessment Team found overall information collected by the Assessment Team supported that the workforce is planned to enable the delivery of safe care and services. Consumers and their representatives interviewed said there are enough staff to deliver and manage the care and services. A review of the shift allocation sheets showed the service did not have any unfilled shifts in a two-week period preceding the Site Audit.

Staff interactions with consumers were observed to be kind, caring and respectful of each consumers identity, culture and diversity. Consumers said staff are kind, respectful and highly professional.

Interviews with consumers and their representatives, observations and documentation reviewed showed the workforce is competent. Staff have the qualifications and knowledge to perform their roles. Staff interviewed were able to describe their roles and responsibilities and confirmed their qualifications.

The service is recruiting, training, equipping and supporting its workforce to deliver outcomes in line with the Quality Standards. Consumer’s and representatives confirmed staff at the service were providing care and services that they required. Staff said they felt supported to deliver outcomes required by the service and received the required training. The service provides annual mandatory training and has a system to track completions within required time frames. Consumers are involved in staff recruitment interviews.

The service regularly monitors and reviews staff performance. Staff interviewed and records confirmed they have annual performance appraisal discussions. Management said they use a range of methods to review staff performance, including observations during their daily walk arounds, assisting and partnering with staff when delivering care and services and formal performance appraisals that include consumer feedback, and refection on incidents that have occurred.

# 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

This Quality Standard has been assessed as compliant as five of the five specific requirements are compliant.

The Assessment Team found the service engages consumers to provide input into how care and services are developed, delivered and evaluated through surveys, feedback, resident/relative meetings and resident committees. The recent refurbishment of the memory support unit occurred after it was proposed at a resident meeting, and suggestions from consumers and their representatives were incorporated in the design. Consumers are involved in staff recruitment interviews.

The organisation’s governing body promotes a culture of safe, quality care and services and is accountable for their delivery. The organisation’s vision, mission and values and code of conduct reflecting the organisational culture, are covered in staff orientation, to guide the provision of care and services. Management stated when incidents are logged in the incident management system, alerts are provided to a range of executive staff who can access information related to the incident, and root cause analyses are completed where required.

The organisation demonstrated that it has effective organisation-wide governance systems in place. Consumers and their representatives said they were satisfied that they are provided with the information they require in a timely manner The service’s plan for continuous improvement draws on consumer and representative feedback, complaints, incidents, surveys and analysis of care and service data trends. The service has a system for the planning and management of its workforce and has effectively filled shift vacancies using its own workforce. The organisation has effective information management systems, including electronic care management and incident management systems. Management explained how the service monitors changes to aged care law at an organisational level which is communicated through to the service level. Feedback and complaints data inform the organisation’s continuous improvement plan. The service has a system for gathering and managing feedback and complaints which are actioned and escalated through the organisation when required.

The service was able to demonstrate that they have effective risk management systems in place to monitor high impact high prevalence risks, respond to abuse and neglect of consumers, support consumers to live their best lives and to manage and prevent incidents. These include but are not limited to, a consumer risk management system monitored by service management, that includes root cause analysis to identify strategies to mitigate future risks, a Serious Incident Response scheme (SIRS) reporting register, and a system for supporting consumers to take considered risks to live their best life.

The organisation has a clinical governance framework that includes person centred care, leadership, culture, workforce, clinical risk management, clinical practice. The organisation has a range of policies and procedures covering antimicrobial stewardship, restrictive practice and open disclosure, and staff were able to explain and answer questions related to them. The service has processes in place to minimise restrictive practices for individual consumers through the use of effective behaviour support plans.

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)