Performance

Report

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| Name of service: | Bupa Barrabool |
| Service address: | 55 Barrabool Road BELMONT VIC 3216 |
| Commission ID: | 3635 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 9 November 2022 to 11 November 2022 |
| Performance report date: | 5 December 2022 |

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 Barrabool (**the service**) has been prepared by D, McDonald, 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 5 December 2022
* other information and intelligence held by the Commission in relation to the service

# 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

Consumers said they were treated with respect and dignity, with their identity and diversity valued. Staff interactions with consumers were observed to be respectful and kind. The service had documented policies and procedures which incorporated consumers’ rights.

Consumers said the service provided care and services which were culturally safe. Staff explained and provided examples of how they supported consumers’ needs, ensuring all consumers individual and cultural needs were met, including celebrating birthdays according to the consumers preferences. Care planning documents reviewed described consumers’ individual requirements.

Consumers said the service supported them to exercise choice, independence, and decision-making about how care and services were delivered to meet their needs. Staff described how they supported independence by ensuring all consumers were given the opportunity to exercise choice. Staff were observed assisting consumers in maintaining relationships with their friends and families.

Consumers said the service had supported them in taking risks to enable them to live the best life they could. Staff understood and provided examples of how consumers took risks and their role in supporting the consumer to take those risks. Risk assessments were carried out to ensure consumers understood the potential harm when making decisions about taking risks and included details on the risk being taken and strategies to support the consumer to mitigate the risk.

Consumers received information, which was current, accurate, timely and communicated in a clear and easy way to understand. Staff described ways in which they kept consumers informed of what was going on in the service and stated they reminded consumers about the activity of the day as well as the meals for the day. Activity calendars and menus were displayed on whiteboards throughout the service.

Consumers stated they were confident their information was kept confidential. Staff described how they maintained consumers’ privacy when providing care, including knocking on doors, and seeking permission to enter and keeping computers locked and using passwords to access consumers’ personal information. Staff were observed to respect the consumers privacy.

# 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

Consumers confirmed their involvement in the assessment and care planning process had resulted in the provision of care which was right for them. Assessment and planning were completed to inform, and to support the delivery of safe and effective care, including consideration of individual consumer risks. Staff described consideration of risks and how they delivered safe and effective care for each consumer in line with their care documentation.

Consumers said the service regularly demonstrated its awareness and support of the needs and preferences of consumers. Consumers confirmed the service has discussed and documented their preferences for their end-of-life care. Staff demonstrated knowledge of the consumer’s needs and preferences of consumers, which aligned with consumer feedback and care planning documentation. Assessment and care planning documentation reviewed were individualised to consumer needs, reflecting their preferences for care.

Consumers confirmed they provided input into the assessment and care planning process, through formalised conversations and regular feedback. Staff reported ongoing communication with consumers and representatives to ensure consumer consultation and partnership. Care documentation reflected the inclusion of multiple health disciplines and services into assessment and planning.

Consumers and representatives were engaged in communication regarding the outcomes of assessments, planning and care. Staff confirmed they had easy access to consumer care documents. Care documentation reviewed contained entries reflecting communication with consumers and representatives, a copy of the care plan was offered and was readily available.

Consumers confirmed staff regularly reviewed their care and they were provided opportunity to give feedback or discuss changes to their preferences. Staff said consumers and representatives were included in regular reviews and where an incident occurred. Care documentation reflected regular monthly customer care plan reviews and evaluations.

# 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

Consumers felt they were receiving care which was safe and right for them and optimised their health and wellbeing. Staff were guided by documented systems and processes for falls management, pain management, skin integrity management and psychotropic medication use. Care documentation reflected consumers were receiving individualised care, which was safe, effective, and tailored to their specific needs and preferences.

Consumers said high impact or high prevalence risks were effectively managed. Staff identified individual consumer's risks and the mitigation strategies in place. Policies and procedures were available to staff in relation to high impact or high prevalence risks including falls prevention, medication management, nutrition and hydration, pain management, weight management and wound care. Care documentation reflected high impact and high prevalence risks were identified and interventions had been implemented.

The service had policies and procedures in place to inform staff practice in relation to palliative care and clinical deterioration. Care documentation reviewed, confirmed staff responded in a timely manner, involved representatives regularly, and consumers received effective palliative care, with symptoms well controlled. Staff provided a detailed description of care provided which aligned with the consumer and representatives’ preferences.

Consumers said staff recognised and reported changes in their health and responded in a timely manner when the consumer experienced a fall or were feeling unwell. The service had procedure and practice standards which guided staff response when a consumer’s health condition deteriorated. Several avenues were used to communicate changes, including handover, progress notes, scheduled reviews, incident reports and clinical charting.

Consumers provided positive feedback on the staff’s understanding of their care needs and preferences. Care documentation reflected input from staff and external organisations on the consumers’ condition, treatment, upcoming appointments, and care interventions. Staff reported information relating to consumers' conditions, needs and preferences was documented in the electronic care management system and communicated via handover, messaging, and verbal communication.

Consumers said they had access to their medical officer, allied health providers and external health organisations when required. Care documentation reviewed reflected referrals to a range of services and providers. Policies and procedures reviewed informed staff practice in relation to internal and external referrals.

Policies and procedures were in place underpinning infection prevention, and control processes, including a COVID-19 outbreak management plan. Staff described practices to minimise infection related risks such as hand hygiene and wiping down equipment. Staff could describe practices to minimise infection related risks such as hand hygiene and wiping down equipment and were observed following required protocols.

# 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

Consumers said they felt supported by the service to do the things of interest to them, which included participating in activities as a part of the service’s lifestyle program and/or spending time on independent activities of choice. Staff described individual consumer’s life stories and their leisure and lifestyle preferences. Care plans identified needs and preferences of consumers.

Consumers said they felt supported to maintain social, emotional, and religious connections important to them. Staff described taking account of consumer’s social, emotional, and religious needs in the way they provided care. Planning documents described the support provided to consumers, including one on one time spent with them when they felt anxious.

Consumers described the ways they were supported to do things within and outside the service and how they kept in touch with people important to them. Staff described support provided and how it aligned with information in care plans. Care documentation reviewed, reflected the supports for daily living for each consumer.

Consumers said information about their condition was effectively communicated and staff understood their needs. Staff described consumers’ condition, needs and any changes, referring to care plans to identify a consumers’ needs and preferences. Care documentation identified consumers conditions and their needs and preferences.

Consumers confirmed timely and appropriate referrals were made to individuals, other organisations and providers of other care and services. Staff were aware of the referrals process. Referrals to other organisations, including pastoral care or specialist support services, were reflected in care documentation.

Consumers said they were happy with the variety, quality and quantity of food currently being provided. Staff members said they knew the consumers well and knew their preferences. The dining experience was observed to be peaceful with consumers engaged in conversation with each other and staff engaging respectfully with consumers. Meals were generally provided in line with consumer documented preferences.

Consumers said equipment provided was safe, suitable, clean, and well maintained. Staff said the service conducted regular inspections on all equipment to ensure operational integrity and safety. Mobility aids such as walking aids and wheelchairs, which enable consumers to mobilise and attend lifestyle activities within and outside the service, were observed to be clean and maintained.

# 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

Consumers said the service environment was open and welcoming and they felt at home. Consumers rooms were observed to have been decorated with personal belongings, photos and artworks. The service environment was observed to be quiet, and light filled, and the outdoor area accommodated consumer gardens which individuals could tend to or work on together, as part of a gardening club.

Consumers said they can easily find their way around, move freely and independently, both indoors and outdoors and stated they felt the cleaners did a good job. The service was observed to be safe, clean, well serviced, and maintained at a comfortable temperature. Maintenance and cleaning logs demonstrated cleaning, repairs and maintenance requests were completed promptly with consumers confirming maintenance requests were completed swiftly and to a high standard.

Consumers and representatives confirmed equipment provided met their needs and was safe, clean, and operational. Staff described processes in place to ensure equipment is safe, hygienic, and suitable for use. The reactive maintenance log was reviewed and demonstrated it was actively utilised by staff.

# 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

Consumers indicated they were comfortable in raising concerns and feedback with management and staff at the service. Staff described their role in supporting consumers and their representatives to provide feedback. Information on internal and external complaints avenues and feedback mechanisms were observed to be accessible throughout the service. Secure lodgement boxes for feedback forms were located in each wing and the reception area of the service.

Consumers were aware of avenues to raise complaints and provide feedback. Staff described how offered interpreter services to consumers and provided information on advocacy services when the need arose. Information on advocacy, specialist support services and interpreter services were observed to be available throughout the service in a range of languages relevant to the consumers.

Consumers who had raised concerns indicated management had or were in the progress of responding to their concerns. Staff discussed what open disclosure meant to them and how they practiced this when addressing consumer and representative feedback or when things had gone wrong for consumers. Management described how open disclosure principles were incorporated into the service’s complaints, feedback, and incident system.

Consumers and representatives indicated the service listened to any feedback they provided, and improvements occurred as a result of the feedback. Management discussed how feedback and complaints were collected, reviewed, and trended to assist in improving care and services. Management documents feedback with trending occurring. Documentation confirmed actions were taken to improve care and services.

# 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

Consumers said there were enough staff at the service to provide safe, quality care and services to meet their care needs. Staff reported they had sufficient time to complete their duties each day. Management discussed how the roster had, at times, been minimally impacted by unplanned staff leave, however strategies, such as accessing an agency staff supplier, were put in place to increase capacity of staff.

Consumers said interactions were positive and most staff understood the consumers, including their needs and preferences. Staff were observed kindly assisting consumers at mealtimes, engaging in jovial conversations in corridors and participating in lifestyle activities with consumers in ways to support them in enjoying the activities. Documented policies and procedures guided staff in respecting diversity and the provision of inclusive care.

Consumers said staff performed their duties effectively, they were confident staff were trained appropriately and were competent and skilled to meet their care needs. Staff described the initial training they completed, the annual mandatory training, and how any additional requirement for training is accessed. Employee records demonstrated the service monitored professional registrations and vaccination records were maintained.

Consumers were confident in the abilities of staff in delivering care and services, staff were well trained and equipped to perform their roles. Staff described the training, professional development, and supervision they received during their orientation and on an ongoing basis. Annual mandatory training and competency assessment schedules were in place, including fire training, infection control training, the use of personal protective equipment, and medication competencies.

Consumers stated they were happy with the quality of staff employed at the service. Staff confirmed their performance was monitored during probationary period and annually. Documented staff performance management policy guided management on staff performance monitoring and management of staff when issues were identified in performance.

# 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

Consumers said they were partners in improving the delivery of care and services. Staff confirmed the service kept consumers and representatives informed of changes in care or when things went wrong, to ensure effective communication and engagement. Meeting minutes reviewed, including consumer focus group meetings, identified consumer feedback was considered, and changes were made in response.

Management described the involvement of the governing body in the promotion of a culture of safe, inclusive, and quality care and services, describing the ways the Board was kept informed by the service, including regulatory updates and changes communicated via the organisational management structure, and through clinical safety alerts and associated memos.

Governance processes were in place to monitor information, continuous improvement, financial governance, regulatory compliance and feedback and complaints. Staff stated they knew how to access information and policies and procedures via electronic systems and accessed consumers information in the service’s electronic care management system. Documented clinical guidelines, policies and procedures guided staff in their practice, as well as financial guides for expenditure.

Staff described how they used the services policies, procedures, and practices to minimise risk to consumers including falls, infection prevention, restrictive practices, and reporting to SIRS. Staff were guided in practice by a documented risk management framework, including policies, procedures, and the SIRS register. Documentation reviewed showed the monitoring system was effective

The organisation provided relevant documentation including a Clinical Governance Framework to support, policies on antimicrobial stewardship, minimising restraint, and open disclosure. Staff demonstrated an understating of these policies and could describe their application to their practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)