Performance

Report

**1800 951 822**

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| Name of service: | Bupa Baulkham Hills |
| Service address: | 4 The Cottell Way Baulkham Hills NSW 2153 |
| Commission ID: | 1014 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 20 April 2023 |
| Performance report date: | 26 May 2026 |

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 Baulkham Hills (**the service**) has been prepared by M. Nassif, 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.

# 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 is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, staff were aware of their needs and respected their preferences. Staff described how they maintained consumers dignity and valued diversity and culture. Care planning documents contained information about consumers identity and culture to guide staff in the delivery of care and services.

Consumers and representatives said staff were aware of and supported consumers’ cultural background. Staff explained how they delivered care and services in a culturally safe manner, such as using communication cards when providing care to consumers.

Consumers and representatives said consumers were supported to communicate their decisions and make and maintain relationships of choice. Staff provided examples of how they supported consumers to exercise choice and independence. Care planning documents noted consumers’ preferences relating to their care and services.

Consumers said they were supported to make choices, including those that involve risk, to live life the way they wished. Staff described how they supported consumers to do things with an element of risk. Care planning documents evidenced risks were assessed and discussed with consumers, with strategies in place.

Consumers provided examples of how information was provided to them to help make decisions. Information, including in different languages, was observed throughout the service environment to help consumers make informed decisions. Staff described how they communicated information in timely manner.

Consumers confirmed staff respected their privacy. Staff described how they maintained the confidentiality of consumers personal information, and maintained consumers privacy. Staff were observed respecting consumers personal privacy, such as knocking on a consumer’s door before entering.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Staff described the assessment and planning process which identified risks to consumers health and well-being, to inform the delivery of safe, effective care and services. Care planning documents were individualised and included comprehensive assessments and strategies to manage risks to consumers’ health and well-being.

Consumers and representatives said they were involved in discussions regarding advance care and end of life planning. Care planning documents detailed consumers’ current needs, goals, and preferences, including end of life wishes. Staff said advance care planning and end-of-life planning information is discussed with consumers and representatives on admission when the consumer wishes, and as the consumer’s care needs change.

Consumers and representatives said they were involved in assessment and planning on an on-going basis, consistent with care planning documents. Staff explained, and documentation confirmed, other providers of care and services were involved in the assessment and review of consumers care and services.

Consumers and representatives said they would be comfortable to request a copy of care and services plan if they wished to do so. Care planning documents were observed to be readily available to staff and visiting health professionals to assist with the delivery of care and services, as relevant to their role.

Consumers and representatives said care and services were regularly reviewed, including when circumstances changed and impacted the needs, goals, and preferences of the consumer, as evidenced in care planning documents. Staff explained the process for reviewing care and services on a regular basis and when consumers’ circumstances changed, such as completing charting, reassessment, and updating care plan strategies.

# 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 is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives considered consumers received the care they needed. Care planning documents reflected the delivery of clinical and personal care was safe and effective, tailored to the specific needs and preferences of consumers and aligned with bet practices. Staff demonstrated knowledge of each consumers’ personal and clinical care needs, and described how they supported consumers.

Staff identified high impact, high prevalence risks associated with the care of consumers, and how they managed risks. Care planning documents demonstrated risks were assessed and monitored, with strategies implemented, such as for pain management and wound care.

Consumers and representatives considered consumers would be supported with end of life care in a comfortable and dignified manner. Staff described how care delivery changed during end of life care, and outlined strategies consistent with a named consumer’s care planning documents, such as emotional support, oral care, hygiene, and pain management.

Care planning documents demonstrated changes to consumers function, capacity or condition were identified and responded to in an appropriate manner. Staff described how they identified and responded to changes in consumers’ health, as evidenced in care planning documents. Clinical work instructions and flow charts guided staff in recognising and responding to deterioration or changes in consumers’ condition.

Staff explained how information was shared within the service and with others responsible for care, such as through verbal and documented handover processes, as observed. Consumers and representatives were satisfied information concerning consumers was effectively communicated between staff and with others as relevant.

Care planning documents evidenced referrals were completed in a timely and appropriate manner, for various individuals, organisations and providers, consistent with consumer and representative feedback. Staff described processes for referring consumers, including consultation with consumers and/or representatives.

Consumers and representatives considered infection prevention and control measures were appropriately managed. Management and staff explained how infection related risks were minimised through the implementation of strategies, such as conducting COVID-19 testing and wearing personal protective equipment. An outbreak management plan was in place and accessible to all staff.

# 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 is compliant as 7 of the 7 Requirements have been assessed as compliant.

Consumers were satisfied with services and supports available for daily living, and were able to participate in activities they enjoyed. Consumers said staff were aware of their needs and preferences. Staff described how they collaborated with consumers to provide activities and events tailored to consumers interests. The service’s activities calendar showed a range of activities were offered to consumers.

Care planning documents included information regarding consumers’ spiritual, emotional, and psychological needs, and the supports that they required. Consumers said staff were kind and provided emotional support when needed. Staff described the ways they supported consumers well-being, such as engaging consumers in conversation, spending time with them, or completing referrals for other services.

Consumers said they were supported to participate within their community, have social and personal relationships, and do things of interest. Staff demonstrated knowledge of consumers interests and needs and described how they supported consumers to do things they enjoyed and maintain relationships.

Staff explained how they shared information about consumers through verbal and documented processes to inform the delivery of care and services, as observed.

Consumers and representatives provided examples which demonstrated timely and appropriate referrals were completed to meet consumers’ lifestyle needs. Staff explained how the service worked with external organisations to enhance consumers’ experiences at the service.

Consumers said they enjoyed and received enough the food at the service, and were able to request alternatives if they wished to do so. Staff said they ensured consumers received appropriate meals through dietary assessments, feedback and complaints mechanisms.

Consumers said, and observations confirmed lifestyle equipment was safe, clean, and well maintained. Staff explained the processes in place for ensuring equipment was safe and well maintained, and confirmed equipment was cleaned on a regular basis.

# 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 is compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers said the service environment was welcoming and they were able to find their way around. Consumers were observed navigating around the service environment independently, including with the use of mobility aids. The service environment was observed to be welcoming, well lit, and had various indoor and outdoor areas for consumers to socialise and use privately.

Consumers said, and observations confirmed, the service environment was clean and well maintained. Staff explained the processes in place to ensure the service environment was safe and clean for consumers, including identifying and logging hazards. Documentation demonstrated cleaning and maintenance was completed in a timely manner. Consumers were observed freely moving between indoor and outdoor areas, consistent with consumer feedback.

Consumers considered furniture, fittings, and equipment were clean and regularly checked. Staff described the cleaning schedule in place, and explained how maintenance relating to furniture, fitting, and equipment was actioned. Furniture, fittings, and equipment were observed to be clean and suitable for consumer use.

# 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 is compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers said they are encouraged and supported to raise concerns or provide feedback, such as completing a feedback form or providing feedback in meetings or directly to staff. Management and staff described the ways consumers were supported to provide feedback and complaints, consistent with information provided by consumers. Feedback forms and boxes were observed available throughout the service.

Consumers and representatives confirmed they were aware of how to access advocacy, interpreter, and legal services, and other methods to raise and resolve complaints. Staff demonstrated knowledge of services and supports available to assist consumers with providing feedback and complaints. Information was observed throughout the service environment to inform consumers of advocacy and language services and other ways to raise complaints and feedback.

Consumers and representatives reported the service responded to complaints in an appropriate and open manner. Management and staff described how they responded to complaints and feedback using an open disclosure process, and investigated matters to minimise reoccurrence. Documentation demonstrated complaints were resolved in an appropriate manner.

Consumers and representatives reported feedback and complaints were reviewed and used to improve the quality of care and services, as evidenced in documentation. Management provided an example of an improvement made to the service in response to consumer feedback.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers, representatives, and staff reported there were adequate staff to provide safe, effective care. Management explained the workforce management processes in place to enable the delivery of safe, quality care and services. Staff rosters demonstrated the service had sufficient staff to available to deliver safe, quality care, and processes were in place to cover unplanned leave. Documentation and observations demonstrated consumers calls for assistance were answered in a timely manner.

Consumers and representatives said staff were kind, caring, and respectful, and knew what was important to consumers, as observed.

Management explained how they determined whether staff were competent and capable in their roles, such as recruiting qualified staff, providing ongoing supervision and training. Consumers reflected staff knew what they were doing, and were skilled and knowledgeable. Documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Management and staff said, and documentation confirmed, staff were trained and equipped to deliver outcomes required by the Quality Standards. Documentation demonstrated the organisation identified staff training needs through staff performance reviews, staff meetings, feedback received from consumers or representatives, and incident and audit results.

Management and staff said staff performance was continually assessed and monitored through ongoing supervision, identifying and addressing issues as they arise, and completing mandatory training, as evidenced in relevant documentation. Documentation demonstrated all staff performance reviews were up to date.

# 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 is compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers and representatives reported they were engaged in the development, delivery, and evaluation of care and services. This was also evidenced in documentation such as meeting minutes. Management advised there were multiple avenues available for consumers to provide input to enhance the delivery of care and services, such as meetings, surveys, and feedback mechanisms.

Management explained the governing body was involved and accountable for the delivery of care and services though mechanisms such as a clear organisational structure, meetings, audits, and reviewing service performance, trends, and clinical data indicators. Documentation evidenced the governing body was involved in, and maintained oversight of, the service’s compliance with the Quality Standards.

Policies, procedures, observations, and management feedback demonstrated the service has effective organisation wide governance systems in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. For example, management described the approval processes in place to seek changes to budget to meet consumers’ changing needs.

The risk management framework outlined the service’s commitment to identify and understand current and emerging risks, potential consequences, and steps to manage risk. The framework established clear ownership and accountability for risk. Documentation demonstrated the service monitored incidents and high prevalence, high impact risks through quality checks, internal audits, feedback, and reports. Staff described how they would identify and respond to abuse and neglect, such reporting incidents to the Commission under the Serious Incident Response Scheme. Consumers were supported to live their best life through risk based assessments as evidenced in care planning documents, and the service’s dignity of risk policy.

The service had a clinical governance framework which was supported by policies, procedures, training on antimicrobial stewardship, minimising use of restraint and open disclosure. Staff provided examples of how they implemented antimicrobial stewardship, minimised the use of restraint, and practiced open disclosure consistent with procedures.

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)