Performance

Report

**1800 951 822**

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| Name of service: | Bupa Bellarine Lakes |
| Service address: | 30 Resort Boulevard MOOLAP VIC 3224 |
| Commission ID: | 4318 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 September 2023 to 7 September 2023 |
| Performance report date: | 10 October 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 Bellarine Lakes (**the service**) has been prepared by D. Fekonja, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 27 September 2023 where the provider stated they were satisfied with the recommendations in the assessment team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(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 |

Findings

Although 2 consumers were not satisfied with staff communication and the length of time to answer their call bells, this did not lead to compromised care for these consumers. Staff demonstrated knowledge of the consumers’ care needs and the interventions planned to provide safe and effective care. Care documents reflected individualised and effective strategies to manage skin integrity, wound management, consideration of pain, and minimising the use of restrictive practices. A comprehensive suite of assessments identifies risks for each consumer and informs the care plan, including strategies to reduce risk in consultation with the consumer.

There is strong clinical oversight and appropriate processes and systems in place to ensure consumers are receiving the care they require to optimise their health and well-being. Charting reflected that consumers are being provided the personal care and continence care as planned and where consumers decline personal care, charting and progress notes reflect the staff re-approaching and offering assistance at a time the consumer is ready to accept. Staff have been provided education on how to manage resistive behaviours when personal care is being attended to, which they stated has helped them.

The service demonstrated robust processes to manage consumer risks and files documented appropriate identification and action in response to personal and clinical care risks for each consumer. Senior clinical staff monitor incidents and consumer files to ensure changes or risks to consumers have been identified and managed effectively. Staff are trained and aware of high prevalence risks in relation to consumers and the appropriate actions to take. Staff make referrals to medical and/or allied health in a timely way. Falls are effectively managed and consumers are provided care according to the organisation’s falls policy and procedures.

The service partners with the consumer and their representatives to ensure the provision of comfort care and pain relieving measures in line with dignified care to meet their needs and preferences when they are nearing the end of life. There was positive feedback on the dignified palliative care provided to a recently deceased consumer, with staff ensuring communication was ongoing with the family during the end of life stage and support provided during their bereavement.

The service is currently transferring advance care directives to a new template and this has provided it an opportunity to review each consumer’s goals, needs, and preferences for palliative care. Discussions are also held during the consumers' three monthly care reviews where goals needs and preferences are discussed.

Most consumers and representatives were satisfied with the service’s response to deterioration or a change in a consumer’s health. One consumer and their representative were not satisfied with the response to the consumer’s deterioration but the service was able to demonstrate they had provided effective care and will continue to work with the consumer to ensure their needs are met.

The service has policies and processes to manage consumer deterioration and staff are aware of the steps to take if a consumer deteriorates including completing a ’see something, say something, do something’ tool and reporting changes to the registered nurse on duty. There is a daily review of consumers and care notes and huddles are conducted. The information included in handover, observation, and discussion with consumers provides further guidance to staff.

Although some consumers had concerns about the way the service provided their care, I find no evidence this had a negative impact on the care provided. The service is working with the consumers to understand how they can better meet their needs.

Based on the information I find the service compliant with requirements 3(3)(a), 3(3)(b), 3(3)(c), and 3(3)(d).

# Standard 4

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

Findings

Consumers were mostly satisfied with the food provided, however, 2 consumers although satisfied with the quality and quantity of the food, would like to see more variety on the menu. The seasonal menu is prepared by the service with input from the consumers and dietary needs are incorporated as required. Consumers have a choice of 2 hot options for lunch and dinner and also a salad option. Sandwiches are available at both mealtimes if the choices offered are not to the consumers liking. The chef will also prepare a meal to meet a consumer’s meal request that is outside of the menu options.

The dietary information of consumers is updated on the care system by the registered nurse and this information is accessible to all staff who work in the kitchen. Where there is a change of dietary requirement recommended, an email from the care manager informs the kitchen staff of the change.

Based on the information in the assessment contact report as summarised above I find the service compliant with this requirement.

# 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)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

Most consumers were satisfied that the number and mix of staff is adequate for their needs and safe and quality care is provided. Two consumers were not satisfied with the staffing numbers as they felt they waited too long for a response to their requests for assistance. The recent reports in relation to call bells document that most requests for assistance are responded to in under 12 minutes. There was no major adverse impact on those 2 consumers in relation to the delay in their requests for assistance.

The service has recently initiated a recruitment drive and has onboarded over 50 staff across a range of work streams and is liaising with a number of organisations to continue recruiting staff. This includes arranging student placements and offering traineeships for personal care staff.

The roster reflects a suitable allocation of staff with a range of skills to allow the delivery of safe and quality care. Where there are unexpected vacancies in the roster staff are reallocated where there is greater need and is generally covered by recently recruited staff, with the use of agency staff reduced.

Consumers are satisfied that staff have the necessary training and are supported by the service to provide quality care and services. Some consumers felt that newer staff were more task-oriented and lacked customer service skills. Staff were satisfied they receive the training they require to perform their roles effectively and have access to further training if they request it.

New staff are provided ‘Care home induction’ training which includes discussion on the organisation’s values, consumers’ choice and dignity, Aged Care Quality Standards, Serious Incident Response Scheme (SIRS), elder abuse, and restrictive practice. Staff were able to describe their reporting responsibilities under SIRS. Further training has been provided on Dementia care and responsive behaviours.

The service identifies training needs for staff based on identified trends during clinical risk reviews, clinical incidents, and feedback from consumers and complaints lodged to the Commission. A registered nurse stated they provide training to staff in the memory support unit on how to provide care for consumers living with dementia and build rapport with them to provide safe and effective personal care.

Based on the information provided in the assessment team report as summarised above I find the service compliant with requirements 7(3)(a) and 7(3)(d).

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