Performance

Report

**1800 951 822**

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| Name of service: | Bupa Caulfield |
| Service address: | 349 -351 North Road CAULFIELD SOUTH VIC 3162 |
| Commission ID: | 3606 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 September 2022 to 7 September 2022 |
| Performance report date: | 4 October 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 Caulfield (**the service**) has been prepared by V Stephens, 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 on 19 September 2022.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **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 requirement.

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

Sampled care planning documentation identified evidence of regular review, including when consumer circumstances change. Sampled care plans and assessments were up-to-date and reflected the involvement of allied health providers. The service conducts monthly care reviews, and consultation with consumers and their representatives was evident in care documentation.

# 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 |

Findings

In relation to skin and wound management, pain management and minimisation of restrictive practices, the service demonstrated that consumers are provided with personal care and clinical care that is in line with individual needs and preferences. For example:

* Care documents reflect detailed documentation of reviews and interventions used to support specialised care needs.
* Care documents for a sampled consumer demonstrated frequent review of pain and wound management by both general practitioners and a number of allied health professionals.
* Care documents for two sampled consumers who are subject to chemical restraint demonstrated regular review of prescribed medication, documented consultation with the consumer’s decision maker, and signed authorisations were in place. Both consumers had comprehensive behaviour support plans in place which provided a number of individualised interventions and strategies to manage responsive behaviours.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and/or representatives discussed how they are contacted by the service in response to feedback raised and provided examples of how this has led to improvements. The plan for continuous improvement and complaints documentation reviewed identified action taken by management and demonstrated how services are improved.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

Most consumers and representatives reported satisfaction with staffing levels, although some consumers reported occasionally long wait times for a call bell response. Some staff reported concerns regarding staffing levels, however, most said consumer needs are met. Management demonstrated awareness of staffing issues and call bell wait times and outlined a range of strategies in place to address these concerns.

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