Performance

Report

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| Name: | Bupa Caulfield |
| Commission ID: | 3606 |
| Address: | 349 -351 North Road, CAULFIELD SOUTH, Victoria, 3162 |
| Activity type: | Site Audit |
| Activity date: | 3 April 2024 to 5 April 2024 |
| Performance report date: | 14 May 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 5200 Bupa Caulfield |

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 P. Wallner, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* Other information held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives reported being treated with dignity and respect, with their identity, culture, and diversity valued. Staff understood consumers' background, identity and preferences, and adjusted care provision to meet their individual needs. Staff were observed treating consumers with dignity and respect in line with the organisations’ policies and procedures.

Consumers and representatives confirmed staff recognised, acknowledged, and respected their cultural identity and background. Staff explained how care was delivered with respect to consumers’ cultural needs and preferences. Care documentation reflected consumers' cultural needs and preferences, and staff were observed delivering culturally safe care and services.

Consumers and representatives said the service actively supported them to make independent choices about their care and services, choose who else was involved in their care, and maintain their chosen relationships. Staff described empowering consumers’ decision-making about their care and services, and supporting their important relationships. Care planning documents captured consumers' care choices and the significant people in their lives.

Consumers and representatives confirmed the service supported consumers in taking risks to improve their quality of life. Staff were aware of the risks taken by consumers and described helping them to understand the potential benefits and risks involved in their choices. Dignity of risk documentation outlined consumers' preferences regarding activities involving risks and strategies to mitigate these risks.

Consumer and representatives said they were kept informed about upcoming activities, events and other choices through newsletters, emails, verbal advice, and noticeboards. Staff explained how they provided current information about daily activities, events and other choices available to consumers. Information such as weekly lifestyle calendars, newsletters, and notice boards was displayed throughout the service.

Consumers and representatives affirmed that consumers' privacy was respected, and their personal information kept confidential. Staff outlined their practices for protecting consumers’ privacy during care provision and keeping their personal information confidential on password protected computers. The service had a privacy policy to guide staff practice.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the assessment and planning of care was effective, and risks were considered to keep consumers safe. Management described how the assessment and planning process identified risks and ensured the delivery of safe and effective care and services. Care planning documents reflected comprehensive assessment and care planning however, not all consumers subject to environmental restrictive practices were recognised and risk assessments had not been conducted. Refer to Requirement 3(3)(a).

Consumers and representatives said they were consulted about their current needs, goals and preferences, including advance care and end-of-life plans. Care planning documents included consumers’ advance care directives and end-of-life wishes, where applicable. Staff could access consumers’ advance care directive and end of life plans on the electronic care management system.

Consumers and representatives reported the service involved them, and others they wished to involve, in care planning discussions, along with other health professionals. Staff said care plans were formulated in consultation with consumers, representatives, medical officers and allied health professionals. Care documentation confirmed the assessment and care planning process was done in partnership with consumers, representatives and others they wished to involve in their care.

Consumers and representatives described how outcomes of assessment and planning were communicated to them, and most were aware they could have a copy of the consumer’s care plan, if they wished. Management and staff described how they documented and effectively communicated outcomes of assessments to consumers and representatives and offered a copy of care plans. Care planning documents showed timely updating and communication of any changes to consumers’ care needs.

Consumers and representatives confirmed that consumers’ care was reviewed regularly and reviewed when circumstances changed, or incidents occurred. Management and staff explained how care plans were reviewed regularly to evaluate effectiveness and reviewed when consumers’ health status or care needs changed. Care planning documents confirmed they had been reviewed regularly and following an incident or change in circumstances.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they were satisfied with the personal and clinical care provided which was safe, effective and tailored to consumers’ needs. Staff described how they delivered safe and effective personal and clinical care, tailored to consumers’ documented needs. The Site Audit report found some consumers had not been assessed for potential environmental restraint due to the keypad activated doors however, management addressed this during the site audit. Care planning documents reflected the delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer, and consistent with best practice.

Consumers and representatives said the high impact and high prevalence risks to consumers were managed well. Staff and management described how they identify, assess, and manage high impact and high prevalence risks. Care documents and performance indicator reports demonstrated the service was effectively monitoring and managing high impact and high prevalence risks to consumers.

Consumers and representatives confirmed consumers’ end of life needs, goals, and preferences had been discussed with them. Staff and management described the way care delivery changed for consumers’ nearing the end of life, and how their comfort and dignity was maximised. The service had written policies and procedures to inform staff practice in relation to palliative and end of life care.

Consumers and representatives staff recognised and responding appropriately to signs of deterioration or changes consumers’ condition quickly. Staff described being trained in recognising and responding to deterioration or changes in a consumer’s condition. Care planning documents confirmed clinical deterioration and changes in a consumer's condition were documented and responded to appropriately.

Consumers and representatives reported current information about consumers’ care needs and preferences was documented and effectively communicated between staff and others involved in providing care. Management and staff described how information about consumers’ current needs and condition was documented and communicated effectively within the organisation, and with others involved in their care. Care planning documents showed sharing of information between consumers/representatives, staff, and others involved in providing care and services.

Consumers and representatives said the service arranged timely referrals to appropriate other health professionals and providers of care. Staff described the processes for referring consumers to other health providers to support their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service. Staff confirmed they had received training in infection prevention and control and management of outbreaks. Management and staff described how they applied infection prevention and control measures and promoted antimicrobial stewardship. The service had 2 infection prevention and control leads and had documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and promoted their independence and quality of life. Staff described how they collaborated with consumers to assess and document the lifestyle supports needed by each consumer to meet their needs, goals and preferences for daily living. Care planning documents included information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing.

Consumers and representatives said the service comprehensively supported their emotional, spiritual and psychological well-being. Care planning documents included tailored information on supporting consumers' emotional, psychological and spiritual well-being. Staff provided examples of how they supported consumers’ emotional, psychological and spiritual well-being such as by providing a carer companion, religious services, or one on one visits.

Consumers said they were supported to participate in their community within and outside the service, keep in touch with people who were important to them, and do things of interest. Staff described how they supported consumers’ lifestyle interests and helped them participate in the wider community and maintain their relationships. Care planning documents detailed consumers preferred lifestyle activities, interests and important connections. Consumers were observed socialising and participating in activities of choice.

Consumers and representatives said current information about consumers’ condition, needs and preferences were effectively communicated between staff, and other providers of care. Staff described how they communicated current information about consumers’ condition, needs and preferences for daily living such as through shift handovers and by accessing the electronic care management system. Care documents detailed adequate information to provide suitable services and supports for daily living.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations providing care and services, if the service could not meet their needs. Management and staff described how they engaged with external individuals and organisations to provide additional services and supports to meet consumers’ needs. Care planning documents showed consumers had been referred to external providers of lifestyle supports and services to meet the varied needs of consumers.

Consumers and representatives were satisfied with the diversity, quality and quantity of the meals provided. Consumers had the opportunity to contribute to the menu and provide feedback on the food through monthly meetings. The service had processes in place to include consumers in the development of the menu provided. Staff described how they meet each consumer’s dietary needs and preferences, in line with their care documentation. The kitchen appeared to be clean, tidy and safe, with staff adhering to food safety and workplace health and safety guidelines.

Consumers and representatives expressed confidence the equipment provided was safe, suitable, clean, and well maintained. Staff described the processes in place for keeping the equipment safe, clean and well maintained. Records showed both scheduled and reactive maintenance was carried out according to established protocols. The equipment appeared to be safe, suitable, clean, and well-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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was warm, homely, and easy to navigate around. Consumers were seen personalising their rooms and utilising different areas to socialise and engage in activities. Staff explained how they supported consumers to access different areas of the service. The service environment was well illuminated with spacious dining areas, wide hallways, and clear signage to aid wayfinding.

Consumers and representatives said the service environment was clean, well-maintained and they could move around freely. Management and staff described the systems in place to ensure the service environment was kept clean and well maintained. Cleaning logs and maintenance schedules demonstrated these tasks were completed. Consumers were observed moving freely around the service both indoors and outdoors. While the main entrance doors were operated by a keypad code, consumers and representatives said reception staff were always very quick to open the doors, if needed, and all consumers/representatives said they were happy with this practice as they felt safer. Management initiated a Continuous Improvement Plan action to review their practices around potential environmental restrictive practices.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean and well maintained. Staff responses and maintenance records confirmed the furniture, fittings and equipment at the service were cleaned and well maintained. The furniture, equipment and fittings appeared to be safe, clean, well maintained, and suitable for 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives felt safe and supported to provide feedback and make complaints through various avenues such as talking to staff, using feedback forms and through the resident and relative meetings. Management and staff described ways they encouraged consumers to provide feedback and make complaints and the processes in place for managing complaints. Information about complaints processes and feedback forms were observed around the service. The service had a written feedback management policy to guide staff through the feedback and complaint processes.

Consumers were aware of advocacy and language services and external avenues to make complaints but said they felt most comfortable raising concerns with management and staff directly. Management and staff explained how they could assist consumers to access external resources such as interpreter, advocacy and complaint services. Information regarding alternative complaint avenues, the Commission, advocacy, and other services was displayed around the service. The consumer handbook contained information about advocacy and language services, and other avenues for resolving complaints.

Consumers and representatives said the service responded appropriately and resolved their complaints, using open disclosure. Management and staff confirmed open disclosure training was provided and described practicing open disclosure in responding to complaints and when things went wrong. Records showed complaints were resolved using open disclosure.

Consumers and representatives confirmed feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify opportunities for continuous improvement. The Continuous Improvement Plan showed feedback and complaints were used to improve the quality of 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were happy with the care provided and felt there were sufficient staff. Management and staff stated they had the resources needed to provide the right level of care to consumers. The organisation regularly reviewed staffing levels and used feedback from staff and consumers, as well as clinical indicators to ensure there were sufficient staff. Management confirmed registered nurses were on site 24 hours per day and explained the strategies used to replace vacant shifts due to unplanned leave and meet the care minute requirements.

Consumers and representatives said staff were kind, caring, and respectful when providing care and services. Management and staff were familiar with each consumer’s identity, culture and needs. Staff were observed interacting with consumers in a kind, caring, and respectful manner. The service had written policies and procedures to guide staff practice and behaviour.

Consumers and representatives said staff were knowledgeable and competent in their roles, and they provided the care and support they required. Management described how they ensured staff were competent and met the qualification, registration and security requirements before they could commence their respective roles. Staff confirmed they were well supported by management, and they received comprehensive orientation and ongoing training. Workforce records confirmed position documentation, qualifications, professional registrations and security checks were current.

Consumers and representatives said staff had the appropriate skills, training and support to deliver safe and quality care and services. Staff confirmed receiving initial and ongoing training and support to perform their roles effectively and delivery quality care and services. Management described the systems in place to recruit, train and support all staff members to deliver care in line with the Quality Standards. Records confirmed the service had effective processes in place to train and support staff.

Consumers and representatives confirmed they provided feedback to management regarding staff performance and the service acted accordingly. Management described how the performance of staff was continually monitored, assessed, and reviewed. Staff confirmed their performance was monitored through educational competencies and annual performance appraisals, which they had either scheduled or already undertaken. Records showed the service had effective systems in place to ensure staff performance was regularly assessed. The service had a suite of documented policies and procedures to guide the management of staff 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they could provide feedback to management about how the service provides care and services. Management and staff described how consumers were engaged in the development, delivery and evaluation of care and services through avenues such as care consultations, meetings, feedback and complaints processes and surveys.

Consumers and representatives said they felt safe in the service, which provided an inclusive environment with access to quality care and services. Management explained how the organisation’s governing body (the Board) promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The Board received regular reports from the service and various sub-committees on key performance measures which enabled the Board to monitor the performance of the service and ensure the Quality Standards were met.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The governance structure enabled the Board to satisfy itself the Quality Standards were being met. Management described how the governance systems and associated policies were effective and drive continuous improvement.

The organisation demonstrated they had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, preventing and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Management and staff could identify the main risks at the service and explained how the risk management policies and procedures were applied in practice.

The service had a documented clinical governance framework that included policies, procedures and staff training in minimising restrictive practices, antimicrobial stewardship, and open disclosure. Consumers and representatives confirmed the service used open disclosure when things went wrong. Management and staff described their roles within the clinical governance framework and understood their specific responsibilities.

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)