

**Performance Report**

**1800 951 822**

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| Name: | Bupa Clayton |
| Commission ID: | 3859 |
| Address: | 12 Burton Avenue, CLAYTON, Victoria, 3168 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 23 October 2024 |
| Performance report date: | 25 November 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 6494 Bupa Clayton |

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 Clayton (**the service**) has been prepared by Micheal Cooper, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# 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** |
| **Standard 8** Organisational governance | **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 |

Findings

Consumers and representatives provided positive feedback in relation to the clinical and personal care consumers receive. Service documentation evidenced organisational systems, policies and procedures to guide staff in the delivery of safe and effective care and services. Staff demonstrated knowledge and understanding of the service’s incident and escalation protocols to support consumers. Care documentation evidenced the service is safely managing consumer’s care needs and providing care that is best practice, tailored to consumers’ individual care needs to optimise their health and wellbeing.

I have considered the information in the assessment contact report, and I have placed on the information provided including evidence of effective organisational systems to guide the delivery of safe and effective care and services, and staff knowledge of consumer’s individual care needs.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers and representatives provided positive feedback in relation to supports for daily living and said they are supported to maintain relationships with those who are important to them. Staff demonstrated knowledge of consumers lifestyle and daily living needs and described ways they support consumers to participate in activities of daily living within and outside the service. Service documentation evidenced processes to capture consumers lifestyle and daily living interests. Staff were observed supporting consumers to participate in activities to support their daily living needs and preferences.

I have considered the information provided in the assessment contact report and I have placed weight on effective systems in place to support consumers to participate in their community, maintain relationships with individuals who are important to them, and to participate in activities of interest to them.

It is my decision Requirement 4(3)(c) is Compliant.

# 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

Consumers and representatives provided positive feedback in relation to consumer care and services, and said staff meet their care needs within a timely manner. Service documentation evidenced processes in place to manage and replace unfilled shifts when unexpected or unplanned leave occurs. Service documentation demonstrated processes in place to monitor the needs of consumers including daily monitoring of call bell response times.

I have considered the information within the assessment contact report, and I have placed weight on the information including the positive feedback from consumers and representatives interviewed, strategies the service evidenced to ensure care sufficiency and staff knowledge of consumers’ care needs as outlined in Requirement 3(3)(a).

It is my decision Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

**Findings**

Consumers and representatives provided positive feedback in relation to cultural safety promoted by the service. Staff explained they are supported to deliver care that is culturally safe and said they feel valued by the organisation. Service documentation evidenced staff have received education to promote a culturally safe environment for consumers.

I have considered the information in the assessment contact report, and I have placed weight on the positive feedback provided by consumers and representatives, and systems in place to ensure staff are supported to deliver culturally safe quality care and services.

It is my decision Requirement 8(3)(b) is Compliant.

The service demonstrated processes in place to share information with those who share care responsibilities. Service documentation including policies, meeting minutes, clinical reports were available to staff, consumers and others who share care responsibilities. The service demonstrated systems in place to identify areas for continuous improvement and service documentation evidenced the implementation of strategies to support continuous improvement. Management demonstrated financial processes in place to budget the needs of consumers residing at the service, and processes to obtain additional funds to address consumer’s needs. The service evidenced processes in place to ensure the workforce is skilled and qualified to meet the needs of consumers including initial assessments and ongoing review of qualifications, regular performance reviews, and implementation of mandatory education. Service documentation evidenced the service is meeting its legislative requirements and demonstrated processes to capture complaints and seek feedback to inform areas for improvement based on feedback. Service documentation demonstrated risk mitigation strategies are implemented within a timely manner as feedback or complaints are raised.

It is my decision Requirement 8(3)(c) is Compliant.

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)