Performance

Report

**1800 951 822**

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| Name of service: | Bupa Clemton Park |
| Service address: | 1 Tedbury Street CLEMTON PARK NSW 2206 |
| Commission ID: | 1024 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 6 June 2023 to 7 June 2023 |
| Performance report date: | 5 July 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 Clemton Park (**the service**) has been prepared by Katrina Platt, 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 30 June 2023 including updated plan for continuous improvement.
* the Performance Report dated 15 November 2022 for the Site Audit undertaken from 11 October 2022 to 17 October 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **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 5** Organisation’s service environment | **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 and 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 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 |

Findings

Requirement 1(3)(a) was found non-compliant at a Site Audit conducted from 11 October 2022 to 17 October 2022. An Assessment Contact occurred on 6 June 2023 to 7 June 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives interviewed said they were treated with dignity and respect and said staff valued their identity, culture and diversity. Consumers were observed to be well groomed and well-presented and staff were observed to acknowledge consumers in common areas, with gentle, kind and respectful interactions. Staff interviewed described learning about consumers and what is important to them and management discussed staff were supported with coaching and training. Care planning documentation included consumer histories and backgrounds like place of birth, culture, religious affiliation, family members and previous occupations.

# 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 was found non-compliant at a Site Audit conducted from 11 October 2022 to 17 October 2022. An Assessment Contact occurred on 6 June 2023 to 7 June 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

The Assessment Team found a suite of clinical assessments were completed for all consumers on admission, with information from consumers, consumer representatives, medical officers and external providers used to inform assessments. Risk assessments considered risks to consumer health and well-being and included falls, pain, behaviours, swallowing screening pathway/nutritional, medication, continence and personal care, skin risk assessment, mobility, mental/cognition and complex nursing care. Case conferences were conducted to address changes in care needs and determine strategies for implementation. Review of clinical documentation confirmed care plans were tailored to individual needs and developed in consultation with consumers and consumer representatives. Dignity of risk documentation for consumers included strategies to support consumer choice and were recently reviewed.

Consumers and consumer representatives interviewed were satisfied with the care planning and end of life planning experience and discussed their contributions to care plans and advanced care directives. The Assessment Team noted advanced care directives were in place for the majority of consumers, with reasons captured for some undecided consumers. Staff interviewed had a good understanding of consumer needs, goals and preferences for palliative and end of life care, and discussed support provided by the management team and local palliative care outreach team. Clinical documentation reviewed by the Assessment Team demonstrated current consumer needs and preferences and included dietary needs, physiotherapy needs, behavioural management and lifestyle choices. Palliative care plans were individualised and reflected consumer goals, preferences and end of life wishes.

The Assessment Team reviewed progress notes and mobility and falls management plans for 4 consumers who experienced frequent falls, which confirmed consumers, consumer representatives, medical officers, physiotherapists and lifestyle coordinators were involved in care assessments. For 6 consumers with behaviours of concern, recommendations from psychogeriatricians and Dementia Services Australia were incorporated into behaviour support plans. Clinical documentation included discussions and communication with consumer representatives and allied health professionals when changes in consumer care were required. Other documentation evidenced in consumer care and services files included hospital transfers, physiotherapy reviews, podiatrist assessments, speech pathology recommendations and dietician reviews.

Consumers and consumer representatives confirmed their involvement in assessment and planning and were offered copies of their care plans, with regular communication provided in person, through email communication, phone calls and text messages. Clinical documentation confirmed case conferences were conducted and included discussions on changes in consumer conditions and medications, referrals to other health providers and care changes requested by consumers and consumer representatives. Review of 3 consumer care plans confirmed effective communication with consumers and consumer representatives, evidence of consumer care goals and needs and palliative pathway planning.

Consumers and consumer representatives interviewed confirmed their care and services plans were regularly reviewed including after hospitalisation and incidents. Consumer representatives confirmed being consulted after medical officer reviews and for hospitalisations. Staff interviewed described ongoing monitoring of care and services through review of progress notes, incident reports, observations of care provision and feedback from consumers and consumer representatives. Clinical documentation evidenced reviews by specialists, Dementia Services Australia and allied health professionals.

In the response to the findings from the Assessment Team, the Approved Provider noted care managers are completing daily reviews of progress note entries to confirm incidents are reported in a timely manner, with management undertaking monthly incident trending and analysis to ensure thorough investigations are completed, documented and actioned. Education, coaching and mentoring of staff will be provided to ensure consistency of practice is maintained.

# 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)(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)(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

Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(g) were found non-compliant at a Site Audit conducted from 11 October 2022 to 17 October 2022. An Assessment Contact occurred on 6 June 2023 to 7 June 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives were satisfied with provision of their personal and clinical care. Non-pharmacological strategies were utilised for consumers with chemical restraint consistent with behaviour support plans, and strategies were reviewed for effectiveness. Consumers experiencing pain were managed effectively, with appropriate monitoring, assessment and specialist strategies implemented. Consumers needing continence management received appropriate care according to recommended practice and care directives. Staff were aware of individual consumer preferences for personal care provision. Staff described management of consumer needs in accordance with their care plans or through consumer discussions, with changes or concerns escalated to clinical staff when necessary. Clinical documentation reviewed by the Assessment Team reflected personal care needs consistent with consumer choice.

In response to the findings from the Assessment Team, the Approved Provider discussed ongoing monitoring of recording and documenting to ensure accuracy through care manager reviews of progress notes and trending and analysis by management. Education, coaching and mentoring of staff will be provided to ensure consistency of practice.

The Assessment Team found effective systems evidenced for management of high-impact and high-prevalence risks including behaviours, falls, wounds, pain, weight loss and complex care management. The behaviour support plan for one consumer demonstrated individualised interventions and strategies for behaviour management, with referrals to medical officer or allied health professionals evidenced when required. Fall management plans were in place for consumers experiencing falls, incidents were investigated and falls prevention and risk reduction strategies implemented after medical officer and physiotherapist review. Clinical documentation for 4 consumers with existing pressure injuries showed strategies and interventions were in place for risk prevention and reduction, which included scheduled pressure area care, continence care and use of supportive equipment.

For one consumer requiring wound management, clinical documentation showed wound management in accordance with wound directives and effective management which promoted healing of wounds and associated skin conditions. Consumers with unplanned weight loss and swallowing risks were reviewed by dieticians and speech pathologists, with appropriate nutritional supplements and food textures recorded in care plans. Complex care needs were managed effectively, and clinical notes detailed staff observations, monitoring and care provision in accordance with care directives.

Consumers and consumer representatives noted staff responded to changes in consumer conditions and incidents, and communications were enacted immediately. Consumers experiencing falls underwent medical officer and physiotherapist review post hospitalisation, and fall management strategies were assessed for effectiveness. Staff discussed policies and procedures in place to guide clinical practice and noted excellent supports services for identification and management of consumer deterioration were available through the local district outreach team. Clinical documentation confirmed identification of deterioration in consumer cognitive and physical health, with investigation and referrals to medical officers, specialists and hospital review evidenced when appropriate.

The Assessment Team observed relevant and accurate consumer information in clinical documentation, with input demonstrated from staff and visiting professionals such as dieticians, podiatrists, outreach team members and dementia specialists. Care plans were regularly updated and progress notes evidenced regular communication between consumers, consumer representatives, staff, allied health professionals, medical officers and specialists. Care conferences were conducted regularly.

Consumers and consumer representatives provided positive feedback about infection management, and were satisfied with the timely response to symptoms. Clinical documentation reflected appropriate antibiotic use and consumer engagement when long-term use was required. Staff demonstrated sufficient knowledge about minimisation of infection-related risks, explained antimicrobial stewardship consistent with best practice and described working with medical officers for infection prevention. The Assessment Team observed adherence to infection control procedures, which included proper handwashing techniques and correct usage of personal protective equipment.

# 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

Whilst Requirement 4(3)(f) was found compliant at a Site Audit conducted from 11 October 2022 to 17 October 2022, the provision of suitable meal quality was reviewed during the Assessment Contact conducted on 6 June 2023 to 7 June 2023 to ensure consumer nutrition and hydration requirements were being met.

Consumers and consumer representatives interviewed said the quality and quantity of the meal service was appropriate, with 2 consumers noting there was sufficient choice and variety. Catering staff confirmed consumer food preferences were accommodated and the head chef discussed the availability of additional sandwiches and milkshakes at any time. Dietary changes for consumers were monitored by the head chef through electronic diet analysis reports, which were distributed weekly to catering staff to ensure dietary changes were implemented. The chef explained consumer feedback was regularly sought through food focus meetings and the food postcard system.

# Standard 5

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| Organisation’s service environment | |  |
| 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 |

Findings

Requirement 5(3)(b) was found non-compliant at a Site Audit conducted from 11 October 2022 to 17 October 2022. An Assessment Contact occurred on 6 June 2023 to 7 June 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers and consumer representatives said the overall service environment was safe, clean and well maintained and were generally satisfied with the cleanliness of their rooms. Consumers and consumer representatives confirmed they moved freely between indoor and outdoor areas, either independently or with support provided, which was consistent with observations by the Assessment Team.

The Assessment Team observed the service environment was clean and tidy, free of malodours and trip hazards, with adequate space available for consumers and consumers noted to be assisted by staff to navigate safely around furniture and through passageways. Consumers and staff confirmed maintenance requests were actioned promptly, with escalation protocols in place and preventative maintenance schedules evidenced. No general concerns were raised about laundry services. However, one consumer representative noted their consumer’s laundry was repeatedly missing, which staff confirmed was confined to one particular community. To address this issues, personalised laundry bags were being introduced.

In response to the findings of the Assessment Team, the Approved Provider detailed steps taken with the property team to maintain the cleanliness of the external courtyard area and outdoor furniture. Daily monitoring will occur, with pressure washing as required and regular cleaning scheduled. The Approved Provider also provided an update on the personalised laundry bag initiative, noting the project is underway.

# 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)(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)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Requirements 7(3)(a), 7(3)(c) and 7(3)(e) were found non-compliant at a Site Audit conducted from 11 October 2022 to 17 October 2022. An Assessment Contact occurred on 6 June 2023 to 7 June 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

Consumers interviewed confirmed they were well cared for and staff were meeting their care needs, with call bells responded to in reasonable time periods. Staff interviewed confirmed their duties are completed within their shifts, and one staff member noted double shifts were no longer required. Management discussed ongoing monitoring of staffing levels and mix of staff through clinical data review, call bell responses, and consumer and staff feedback and observations. Management noted staffing levels were increased to meet specific demands when needed, for example during COVID-19 outbreaks. Casual staff were utilised for roster filling and permanent part-time staff were offered extra hours when required.

The Assessment Team found staff were competent and possessed the required knowledge to perform their roles. An ongoing education program was evidenced, which included new staff induction and orientation, annual mandatory training on essential topics, online training programs, toolbox talks and training provided by external providers and suppliers. Nursing staff registration was monitored and staff competency assessments were completed for medication administration, hand washing, manual handling, and personal protective equipment donning and doffing. Records confirmed all competency assessments were completed by active staff. Staff confirmed receipt of sufficient training and effectiveness of training was monitored through review of incident reports, clinical data and trend identification.

The Assessment Team found staff were required to undergo annual performance review and assessment. Informal review of staff performance was also demonstrated through review of clinical notes, incident reports, feedback from consumers and staff and through supervision and observations made by senior staff and management.

# 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 |
| 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

Requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) were found non-compliant at a Site Audit conducted from 11 October 2022 to 17 October 2022. An Assessment Contact occurred on 6 June 2023 to 7 June 2023, and I acknowledge there have been some continuous improvement actions undertaken by the Approved Provider following the Site Audit to address the non-compliance.

The Assessment Team found several initiatives introduced by the board demonstrated accountability and promotion of a culture of safe, inclusive and quality care and services. These initiatives included implementation of an electronic clinical documentation system, software upgrades for efficient oversight of clinical care, integration of the incident reporting process into the clinical documentation system and increased management resources for oversight and timely response to care delivery. The board oversees clinical data and performance indicators, reports from the Serious Incident Reporting Scheme and received regular updates from the managing director about the delivery of care and services.

Information systems were demonstrated and staff interviewed described having the information they need for appropriate care and services delivery to consumers. Continuous improvement was monitored at a local and organisational level and the plan for continuous improvement confirmed improvements were registered, implemented and evaluated. Consumers were consulted on improvements, with feedback from consumers informing initiatives like the ‘open breakfast’. Financial governance reviews were completed regularly for budget and spending and management stated resources were available for care delivery.

The workforce was monitored at both the service and organisation level, and workforce planning and management was informed by ongoing review of consumer needs, clinical data and consumer and staff feedback. Regulatory compliance was monitored through legislative updates from the industry peak body and government departments, with policies and procedures updated by the quality team and communications and training provided to staff for new regulatory requirements. Feedback and complaints informed continuous improvement through complaint trending and regular consumer surveys.

The Assessment Team found effective risk management systems were in place, with risk monitoring undertaken by management through ongoing review of clinical documentation, review of incidents, weekly clinical risk meetings and collection and analysis of clinical data. Medication incidents reduced when new medication trolleys were purchased for centralised medication storage. Strategies for management of high-impact and high-prevalence risks, including falls and injuries from falls, infections and behaviours of concern, were discussed at weekly clinical risk meetings and targeted staff training was provided. Incidents under the Serious Incident Response Scheme (SIRS) were reported in accordance with legislative requirements, with review and analysis undertaken at clinical risk meetings.

The Assessment team found a clinical governance framework was evidenced. Clinical care oversight by the leadership team and regional quality manager included review of clinical documentation, weekly clinical risk meetings and collection and analysis of clinical data. Work instructions guided staff in clinical care delivery and included antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff received training for antimicrobial stewardship and when interviewed, described the minimisation of inappropriate use of antibiotics. Antimicrobial stewardship was discussed at quarterly medication advisory committee meetings, with infection rates and antibiotic use monitored by management. Staff received training on minimising the use of restraint and the register of restraints maintained by the service confirmed the use of restraints in accordance with legislative requirements. Open disclosure was demonstrated and supported by written work instructions.

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)