Performance

Report

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| Name: | Bupa Clemton Park |
| Commission ID: | 1024 |
| Address: | 1 Tedbury Street, CLEMTON PARK, New South Wales, 2206 |
| Activity type: | Site Audit |
| Activity date: | 28 February 2024 to 1 March 2024 |
| Performance report date: | 10 April 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 19334 Bupa Clemton Park |

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 Katherine Richards, 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 consumers, representatives, staff, management, and others.

The Approved Provider submitted an email on 22 March 2024 stating they accepted all findings within the Site Audit report.

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

Consumers and representatives described staff as being kind, valuing consumers, and treating them with dignity and respect. Staff demonstrated familiarity with consumers’ backgrounds and cultures. Policies, procedures, and mandatory training modules ensure staff were aware of expectations to treat consumers with dignity and respect.

Consumers said care and services were delivered in line with cultural needs and preferences. Staff demonstrated understanding of consumers’ cultural backgrounds, character, and values. Care planning documentation outlined cultural and religious needs, informed through detailed assessments to understand consumers’ backgrounds and life history.

Consumers and representatives said they were supported to make choice and communicate about how and when care and support was provided, and to maintain relationships of choice. Staff explained how they supported decisions, and care planning documentation detailed consumer choices and identified when these changed. Policies and procedures supported consumer choice and independence.

Staff discussed how they supported consumers to take informed risks, ensuring they understood associated benefits and harm. Consumers described discussing activities with risk with staff, with risks and mitigating strategies explained. Care planning documentation included dignity of risk assessments to ensure risks are identified and demonstrated involvement of the consumer in finding mitigating strategies where possible.

Consumers and representatives said they received up-to-date information about activities, events, meals, visitor access and COVID-19 changes. Information was available through information board displays, and distribution of meeting minutes, activity calendars, and menus. Staff said they ensured changes to documented information was communicated verbally to ensure understanding.

Staff outlined how they maintained consumer privacy during care and ensured personal information remained confidential. Consumers and representatives said staff respect privacy, knocking on doors, seeking permission to enter their rooms, and ensuring conversations about personal matters were done quietly and privately. Management explained staff completed training on privacy and sign a confidentiality agreement each year.

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

Clinical staff outlined assessment and planning processes and how these were used to consider risks and develop management strategies. Care planning documentation evidenced a range of assessments using validated risk assessment tools were undertaken on entry and reviewed as required to understand, manage risks, and inform tailored care for consumers.

Consumers and representatives said they were consulted on needs, goals, and preferences within assessment and planning processes. Staff explained how they approached discussions about advance care and end-of-life planning during entry and within reviews. Care planning documentation outlined consumer needs and preferences in line with feedback, and recorded advance care directives and end-of-life wishes, and this information was included on written handover documentation.

Consumers described their initial and ongoing involvement in assessment and planning processes and were aware of other providers involved. Clinical staff explained the focus on consumer-centred planning processes, including other providers such as Allied health staff, Medical officers, and outreach services. Care planning documentation highlighted people nominated to be involved in planning and evaluation of care, and evidenced ongoing consultation and involvement of consumers, representatives, and other providers.

Consumers and representatives confirmed they were provided a copy of the care and services plans, and received verbal updates when changes were made. Staff detailed regular conversations were held with consumers and representatives to discuss changes, and they ensure a copy of the care and services plan is offered. Policies and procedures guide staff in communicating assessment and care planning outcomes.

Staff described how care and services were reviewed for effectiveness regularly or if incidents arose or changes in consumer condition or needs were identified, including through the monthly monitoring process. Care planning documentation demonstrated care conferences were held annually with consumers and representatives, or more frequently if required, and effectiveness of care and services considered following change of health or incident. Oversight was managed through weekly clinical meetings, with discussion of consumer needs to ensure reported changes triggered review of care and services.

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

Staff described personalised strategies to meet consumer needs and preferences in line with care planning documentation. Management explained specialist providers were engaged to ensure delivery of best practice care. Consumers advised their personal and clinical care needs were met in line with expectations and preferences. Care delivery and monitoring processes, such as wound care management and evaluation of pain, were evidenced within care planning documentation, aligning with best practice and tailored care strategies.

Consumers and representatives said consumer risks were well managed. Staff explained risks and management strategies relating to individual consumers. Care planning documentation identified high impact and/or high prevalence risks, and charting demonstrated use of monitoring processes. Policies and work instructions were available to inform staff on management of risks.

Staff outlined changes made to care delivery for consumers nearing end-of-life to maximise comfort, ensuring pain was managed, preserve dignity, and provide emotional and spiritual support. Staff practice was informed through policies and procedures and supported by palliative care services. Care planning documentation for a late consumer demonstrated timely commencement of end-of-life care in line with the consumer’s wishes, with frequent assessment for pain and discomfort.

Consumers and representatives reported deterioration or change of consumer health was responded to promptly. Staff explained processes to identify and escalate symptoms of deterioration, and management said they monitor documentation daily to ensure timely response. Policies and work instructions guided staff practice in management of acute deterioration.

Staff said they received updated information about consumers through written and verbal handover procedures, verbal updates, progress notes, and alerts on the electronic care management system. Care planning documentation included records of communication with consumers, representatives, Medical officers, and others involved in care. Consumers and representatives said information was effectively shared, as staff knew consumer needs.

Care planning documentation evidenced timely referrals to Allied health staff and other providers appropriate to identified consumer needs. Staff described referral processes, including obtaining consent from the consumer and/or representative.

Consumers and representatives described actions taken by staff to prevent and manage infections, including during periods of outbreaks, such as washing hands, wearing personal protective equipment, and undertaking screening for COVID-19. Staff said they received training on precautions to prevent and manage infections and could explain steps to reduce need for antibiotics. Staff were supported by Infection prevention and control leads, policies and procedures, and an outbreak management plan.

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

Consumers explained how staff understood and supported their needs, goals, and preferences. Staff explained assessment processes to identify needs, goals, and preferences and develop appropriate services and supports.

Staff explained available spiritual supports within scheduled activities, and explained consumers at risk of isolation or feeling low were provided additional emotional supports through one-to-one activities. Care planning documentation described emotional, spiritual, and psychological supports in line with consumer feedback.

Consumers said they felt supported to participate in activities and develop relationships within the service and greater community. Care planning documentation detailed people and activities of importance to consumers. Staff explained how scheduled activities considered consumer’s interests and relationships.

Consumers and representatives said staff were well-informed of consumers’ needs, goals, and preferences. Staff explained processes to communicate information about consumers and were informed of dietary needs and preferences aligned to care planning documentation.

Staff explained how they determined need for assistance through other individuals, organisations, or providers of care. Consumers advised referrals for external supports were timely and suitable for their needs, which was evidenced within care planning documentation.

Consumers and representatives gave positive feedback on the quality, quantity, and temperature of meals, and had input into the menu through surveys and feedback processes. The rotating menu is changed every 6 months, and considers consumer likes and dislikes in accordance with care planning documentation.

Equipment, such as mobility aids and call pendants, were observed to be clean and well maintained. Staff explained cleaning and maintenance processes for mobility devices and equipment used in lifestyle activities. Consumers said equipment was safe, clean, and suitable for needs.

# 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 compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming, and encouragement was provided to personalise rooms with pictures and belongings. Communal areas were observed to be well lit, accessed through wide hallways with signage to support independent navigation.

Consumers were observed moving freely through communal areas and gardens. Staff described cleaning and maintenance processes. Records of preventative maintenance activities and environmental and workplace audits were observed to be completed as scheduled.

Staff reported access to equipment suitable for consumer needs. Consumers and representatives described equipment, furniture, and fittings as clean and functional. Requests for repairs were recorded, checked regularly, and addressed in a timely manner, with equipment and furniture appearing to be clean and in good condition.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives reported feeling supported to raise concerns, provide feedback, or make complaints. Staff outlined processes for complaints, and how they would assist consumers raise concerns. A suggestion box with feedback forms was available, and consumer handbooks detailed feedback and complaint processes which was also reflected on flyers and posters displayed.

Consumers and representatives said they were aware of advocacy, complaint, and language services available to support them. Staff were aware of how to access advocacy and interpreter services, although management said consumers currently didn’t need translation support. Documentation, including the consumer handbook and pamphlets, informed consumers of contact details for available supports. Meeting minutes demonstrated attendance of advocacy groups to meet with consumers.

Staff said they received training about open disclosure and could explain when and how they would use it. Documentation demonstrated complaints were investigated, and appropriate action taken. Consumers and representatives said staff acknowledged complaints and kept them informed of actions being taken.

Management said they review feedback and complaints to identify potential improvements to care and services, in which case activities would be captured within the Continuous improvement plan. Consumers, representatives, and staff provided examples of how feedback had been used to inform changes, evidenced within completed actions in the Continuous improvement plan.

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

Consumers, representatives, and staff reported sufficiency of staff to meet consumer needs and respond promptly to calls for assistance. Management demonstrated rostering processes to ensure sufficiency of staff, with strategies enabling reduction of agency staff to the point none had been required in the 6 months prior to the Site Audit. Ongoing recruitment was being undertaken to ensure sufficient coverage for unplanned leave and comply with care minutes. Rostering documentation demonstrated shifts were able to be filled or covered in response to unplanned leave, with management undertaking monitoring and reporting to ensure enough staff to meet consumer needs in a timely manner.

Consumers and representatives described interactions with staff as kind, respectful, and caring. Expectations on staff were outlined within the staff handbook, explaining the organisation’s vision, values, philosophy, and commitment to care, and also the Code of Conduct. Staff received training on cultural inclusion and diversity, and interactions with consumers were observed to demonstrate familiarity and understanding of the individual.

Management explained how recruitment processes consider staff qualifications, experience, and competencies. Documented position descriptions outline key competencies and qualifications that are desired or essential for the role, and monitoring processes. Staff explained the onboarding and mandatory training processes to ensure they have sufficient understanding to perform their role.

Consumers and representatives said they were aware staff received ongoing training to perform their roles. Management explained processes to identify staff training needs and develop a training schedule. Training records demonstrated staff were compliant with all mandatory training, and the program included topics relating to the Quality Standards, mandatory reporting under the Serious Incident Response Scheme, infection control, and identification of elder abuse.

Staff demonstrated awareness of the performance review process, explaining management considers their performance against their position description in formal and informal processes. Management outlined monitoring of staff performance through observation, feedback, training attendance, audits, and clinical data, with regular performance review at end of probation and annually thereafter. Consumers said management seek feedback on staff performance. Documentation within performance reviews included goals, achievements, work satisfaction, and encouraged personal and professional development.

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

Consumers and representatives said their input was actively sought into improvements. Management explained progress towards establishment of a Consumer Advisory Body, although no consumers or representatives responded to the invitation to attend the first national meeting. Documentation reflecting consumer involvement included meeting minutes, food focus groups, feedback and complaints, and continuous improvement activities.

Management explained the series of meetings held to discuss issues, suggestions, and consumer information. Reports were developed using audit outcomes, clinical indicators, incident reporting, feedback, and risk assessments and shared with the Regional manager who reports to the governing body. Communication of operational changes and regulatory updates comes from the Board and is shared with management, who inform staff, consumers, and representatives as required. Meeting minutes for governance committees, such as the Quality care advisory board, demonstrated consideration and analysis of clinical data, risks, feedback and complaints. The Quality care advisory body is overseen by a person with clinical experience and supported by a Board member.

Responsibility for organisational wide governance and compliance is managed through subcommittees using available systems and processes. The Board oversees the service’s performance through the governance committee who effectively manage and utilises data from various service reports and work towards continuous improvement. Operational and capital budgets are planned annually by the Regional manager with financial performance reviewed monthly and processes for budgetary changes to support needs of consumers. Processes for monitoring regulatory compliance and legislative changes included updating policies and procedures and communicating changes.

Management explained how risks and incidents were analysed and inform improvement actions. Incidents, including those requiring reporting through the Serious Incident Response Scheme, were recorded within electronic systems, reviewed by management, the quality team, and governing body and also discussed through service and organisational meetings. Staff received training on incident reporting, identifying elder abuse, and risk management. The risk framework enabled consumers to take risks to support them to live their best lives.

Clinical governance was demonstrated through Board and subcommittees oversight of provision of clinical care through audits and analysis of clinical performance data. The documented framework outlines roles and responsibilities. Policies, procedures, training, and assessment of staff competency informed staff provision of clinical care.

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)