

**Performance Report**

**1800 951 822**

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| Name: | Bupa Coburg |
| Commission ID: | 3620 |
| Address: | 24 Sutherland St, COBURG, Victoria, 3058 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 6 November 2024 |
| Performance report date: | 9 December 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 2707 Bupa Coburg |

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 Coburg (**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.
* the provider’s response to the assessment team’s report received on 27 November 2024.

# 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 services policies, procedures including its escalation and referral pathways. 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 these systems.

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 ensure preferences are captured and recorded to guide staff in meeting those needs. Care documentation demonstrated the service is identifying and recording consumers’ individual preferences and interests to guide staff in meeting their daily living needs. Consumers were observed participating in various activities of interest to them throughout the assessment contact.

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. Management described strategies the service utilises to ensure the workforce deployed is effective to optimise the health and wellbeing of consumers including shift extensions and use of labour hire staff where appropriate. Staff provided positive feedback in relation to the deployment of staff and said they meet consumer’s care needs and are supported by the organisation to complete tasks.

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 and strategies the service evidenced to ensure care sufficiency.

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 the quality of care and services delivered and said they feel supported by the organisation. Staff explained they feel supported by the service in meeting consumers’ care needs and are encouraged to provide feedback regarding operational processes. Care documentation and interviews with staff and management evidenced processes in place to promote a culture of safe and quality care and service including 6 monthly satisfaction surveys and a weekly consumer meeting.

In coming to my decision for Requirement 8(3)(b) I have considered the information outlined in the assessment contact report and I have placed weight on the positive feedback provided by consumers, representatives and staff, and organisational processes in place to promote a culture of safe, inclusive, and quality of care and services.

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

Care documentation and interviews with staff and management evidenced processes in place to ensure information is shared with those who share care responsibilities. Staff provided positive feedback in relation to the service’s information management processes and confirmed they have access to relevant information including policies and procedures to guide the delivery of safe care and services.

Management described ways the service identifies continuous improvement including regular analysis of complaints, feedback, audits, and incidents. The services plan for continuous improvement evidenced risk mitigation strategies are being implemented within a timely manner to support organisational improvement.

Management demonstrated financial processes in place to budget the needs of consumers residing in the service, and processes to obtain additional funds to address consumer’s needs.

Service documentation and interviews with management evidenced ways the service monitors the skills and abilities of the workforce including professional background checks and review of professional registrations and qualifications.

The service demonstrated systems in place to monitor regulatory legislative requirements including review and monitoring of departmental resources and guidance. Service documentation evidenced all staff have received education in relation to mandatory reporting requirements under the serious incident response scheme. Service documentation including the services incident management register evidenced incidents are investigated and effective mitigation strategies are implemented within a timely manner.

Service documentation evidenced the service is compliant with its 24/7 registered nurse requirement, however, is currently not meeting its mandatory care minute target. The approved provider, in response, submitted documentation demonstrating the service has increased its care minute target. The response submission outlines the service has increased its recruitment strategy resulting in the onboarding of approximately 14 new employees. The approved provider explained processes in place to monitor its workforce strategy plan including weekly workforce governance meetings and weekly recruitment meetings.

Service documentation 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.

In coming to my decision for Requirement 8(3)(c) I have considered the information in the assessment contact report and approved provider’s response. I have placed weight on positive feedback provided by consumers, representatives, and staff in relation to the operational processes in place to ensure care and services delivered is safe and effective. I have placed weight on service documentation including the service’s workforce strategy plan that supports a positive direction in complying with mandatory legislative requirements including the service’s mandatory care minute obligations.

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)