Performance

Report

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| Name: | Bupa Coburg |
| Commission ID: | 3620 |
| Address: | 24 Sutherland St, COBURG, Victoria, 3058 |
| Activity type: | Site Audit |
| Activity date: | 2 January 2024 to 4 January 2024 |
| Performance report date: | 8 February 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 Kate Roulston, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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; and
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives said they were treated with dignity and respect, and their culture and backgrounds are valued. Staff were able to demonstrate their understanding of the consumers’ preferences and were observed delivering respectful care. Care documentation included information on how the care is tailored to each consumer to align with their preferences and cultural needs, whilst preserving and maintaining their identity.

Consumers said staff respect their culture and background, and the care they receive is culturally safe. Staff confirmed they had undertaken training in delivering respectful and culturally safe care, which had increased awareness in the importance of delivering culturally appropriate care. Care documentation reflects the consumers’ cultural backgrounds, and evidenced how care delivery was changed to accommodate different needs, including adjustments to meals for religious and cultural reasons.

Consumers said they are supported to maintain independence and make choices about the care and services they receive. Furthermore, consumers said they were provided with the opportunity to maintain relationships with people they choose, and to communicate their decisions to staff. Staff described strategies for supporting consumers to exercise choice and independence, including offering choice for individual showering times, room sharing and participation in cultural activities of interest. Care planning documentation reflects information about consumers’ individual preferences and detailed how to involve the people important to them.

Consumers said they were supported to take risks, which enabled them to live the best life they can. Staff and management were able to discuss areas in which consumers wanted to take risks, and how consumers were supported to understand the benefits and possible harm. Care planning and organisational documentation identified risk mitigation strategies were captured to ensure safety for consumers who have chosen to take risks.

Consumers confirmed the service regularly provided information about the care and services available to them, enabling them to make informed decisions in relation to their care needs. Consumers said the information they are provided with is clear and easy to understand. Care documentation reflected individualised consumer needs for communication. Staff were able to describe the various communication channels with consumers. Posters and pamphlets were displayed in the service’s foyer and in each wing, which provided information relevant to consumer needs.

Consumers said their privacy is always respected. Staff described how they ensured the confidentiality of consumers’ personal information, by ensuring consumer information under the electronic care management system is password protected, and by not leaving consumer documents unsecure in open areas. Staff were observed knocking on doors and waiting to be invited into consumer rooms, and both bedroom and bathroom doors were shut while consumers were receiving care. The organisation has a privacy framework which is used to guide staff practice.

Based on the evidence above, I find the Provider Compliant with Standard 1 Consumer dignity and choice.

# 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

Staff and management described the assessment and care planning process, which included the identification of risks, and how this informs the delivery of care and services. Care planning documentation demonstrates consideration of potential risks to consumers’ health and wellbeing. The service follows an established assessment schedule for new consumers, using validated risk assessment tools. Policies and procedures are available to guide staff practice in the assessment and planning process.

Consumers and representatives said they felt supported to discuss consumers’ care needs and preferences, including developing plans for advance care and end of life wishes. Staff described how advance care planning is conducted in partnership with the consumer and their representative, when they are comfortable discussing this, and the conversation is revisited during care plan reviews. The service has a work instruction and procedure which guides staff practice in undertaking assessment and planning, including advance care planning and an end of life pathway.

Consumers and representatives confirmed they are involved in assessment and planning discussions, in partnership with other health professionals where required. Staff provided examples of how they access and engage with external providers to support consumer care and described the importance of consumer-centred care planning. Care planning documentation clearly identified an ongoing partnership with the consumer and others involved in their care.

Consumers and representatives were aware they could request an electronic or hard copy version of their care planning documentation. This was confirmed by staff, who further explained consumers and representatives are informed of all assessment outcomes. The outcomes of assessment and planning were observed to be documented in the electronic care management system, and accessible to staff and visiting health professionals.

Consumers and representatives said when change occurs, an assessment and planning review is undertaken, and consumers are informed of any changes. Staff described the 3-monthly care plan review schedule and explained what may prompt a review. Care planning documentation identified regular reviews occurred in line with organisational procedures.

Based on the evidence above, I find the Provider Compliant with Standard 2 Ongoing assessment and planning with consumers.

# 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

Consumers and representatives said they receive care that is tailored to their needs and preferences. Staff provided examples of how they deliver care in line with each consumer’s personal and clinical needs and preferences. Care planning documentation reflects individualised care that is safe, effective, and tailored to the specific needs of the consumer.The service has policies and procedures to guide staff practice in the delivery of care in line with best practice principles.

Consumers and representatives are satisfied with how the service effectively manages high impact and high prevalence risks specific to consumers’ health and wellbeing. Staff and management could demonstrate how they identify, assess, and manage these risks. The service also demonstrated effective processes to guide the management of these risks, by providing up to date, best practice work instructions, guidelines, and decision-making tools.

The service completes a palliative assessment and has a palliative care work instruction and procedure, guiding staff when a consumer requires end-of-life care. Staff demonstrated an understanding of the way the delivery of care changes for consumers nearing end of life. Care planning documentation identified needs, goals, and preferences of consumers are captured, recognising the importance in preserving dignity, focusing on comfort, and minimising symptoms. Policies and procedures guide staff practice in providing end of life care.

Consumers and their representatives stated the service responded to changes in consumers’ health and condition in a timely manner. Management and staff described how they identified the deterioration of a consumer and understood escalation pathways if these signs were detected. Staff confirmed training is provided on recognising and responding to clinical deterioration, in line with the relevant procedures.

Consumers said their conditions, needs and preferences were effectively communicated between staff. Staff described how a consumers’ information is recorded and shared and were observed communicating changes to care plans during a handover. Care documentation identified input from a range of external providers, such as allied health professionals, and staff were able to describe processes for escalation if additional care was required.

Consumers said they have access to other health professionals as required and referrals are made in a timely manner. Staff described the referral process used to engage various external health professionals and care planning documentation identified the input of these services in the review and assessment of consumers.

Consumers stated they were satisfied with the measures in place for the minimisation of infection-related risks. Staff demonstrated an understanding of precautions required to prevent and control infection. Two appointed infection prevention and control leads were identified and a vaccination program for influenza and COVID-19 is in place for all staff and consumers. Procedures guide staff on antimicrobial stewardship and contribute to the minimisation of antibiotic usage.

Based on the evidence above, I find the Provider compliant with Standard 3 Personal care and clinical care.

# 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

Consumers explained how services and supports were available to meet individual preferences. Staff demonstrated an understanding consumer’s needs, goals, and preferences aligned to care planning documentation. Consumers were observed attending activities, with lifestyle staff actively supporting consumers to participate, and visiting the consumers who chose to remain in their rooms.

Consumers said they are offered emotional, spiritual, and psychological support. Staff described how a change in mental health and/or wellbeing is identified and managed. Staff were also aware of consumers’ religious beliefs and their preferences to attend the weekly church services. Care planning documentation contained information about the emotional, spiritual, or psychological well-being of each consumer, and listed additional support strategies.

Consumers gave examples of the things they enjoy doing, explaining how they were encouraged to participate in group activities, but also supported to undertake preferred individual activities too. Staff described how they tailor the activities program to cater for consumer interest and facilitate connections. Care planning documentation contained information on individual consumer interests and identified the people important to them.

Consumers and their representatives felt their health and wellbeing information was effectively communicated between staff, and those who provided their care understood their individual needs. Staff and management explained how they are informed of changes to consumer needs and preferences, through efficient and effective communication channels.

Consumers confirmed referrals are made in a timely manner and are appropriate to their needs. Management detailed the organisations who work in partnership with the service to ensure appropriate services were available to consumers. Care planning documentation evidenced collaboration with external services to support diverse care needs, such as for counselling services, religious organisations, and volunteers from the Community visitor’s scheme.

Consumers stated they are satisfied with their meals, their food preferences are met, and alternative choices are available to them. Staff were observed assisting consumers with their meals, offering choices and could describe the various ways they meet consumers’ dietary needs and preferences. The menu is designed in consultation with consumers and processes are in place for consumers to provide feedback on meals.

Consumers and representatives confirmed equipment, were safe, clean and well maintained. Consumers stated they were comfortable raising issues with equipment and confirmed items were repaired or replaced quickly, when required. Maintenance documentation evidenced reactive and preventative maintenance for all equipment used by consumers.

Based on the evidence above, I find the Provider Compliant with Standard 4 Services and supports for daily living.

# 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

Consumers said the environment is welcoming with adequate lighting, easy to read signage and communal areas had adequate space and seating for consumers and their guests. Consumers’ rooms were observed to be decorated with personal effects including furniture and photos. Staff said they respect the environment as the consumers’ home and are happy to assist with personalisation of their space. Staff were observed warmly greeting visitors and consumers at the entry doors and on passing in the hallways.

Consumers said the environment was clean, well-maintained, comfortable and they felt safe. Staff detailed how consumers were able to move freely between their rooms, into the communal lounge and dining room, and doors were observed to be unlocked. Cleaning staff explained consumer rooms are cleaned daily and their and bathrooms are deep cleaned on a regular basis. Procedures were available for staff and provided guidance on the correct practices for cleaning and waste management.

Consumers said the equipment provided by the service is well-maintained, safe and clean. Staff advised the furniture, fittings and equipment are assessed for suitability prior to purchase, to ensure it meets the personal and clinical needs of consumers. Maintenance staff confirmed all equipment is maintained, and a review of maintenance records identified servicing schedules were up to date for the current calendar year. An observation of communal areas identified furniture and fittings were clean and in good condition.

Based on the evidence above, I find the Provider Compliant with Standard 5 Organisation service environment.

# 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

Consumers and representatives stated they are encouraged and supported to provide feedback about their care and services. Consumers and representatives were aware of the various channels to make a complaint, including using feedback forms, meetings, or raising concerns directly with staff. Staff and management were able to detail the feedback and complaints process. Feedback forms were observed to be available for consumers to use, in addition to a suggestions box.

Consumers said they were aware of the advocacy and language services available to them and were able to explain how to provide feedback and make complaints. Staff detailed how to access advocacy and interpreter services on behalf of consumers and management explained a translation application is installed on all staff tablets. Information about advocacy and translating services was displayed in reception, included in the handbook, and details available to staff in the staffroom.

Consumers and representatives who have provided feedback or raised complaints said they were satisfied with the outcomes. Staff and management demonstrated an understanding of open disclosure and explained how they took appropriate action in response to complaints. A review of documentation identified complaints were responded to within a reasonable timeframe and included proposals for resolution and outcomes were evaluated for satisfaction.

Consumers stated feedback and complaints were reviewed, acted on promptly and used to improve the quality of care and services. A continuous improvement plan and accompanying complaint documentation were reviewed and several plans of action were identified. Staff and management detailed how the information resulted in improvements for consumers and a continuous improvement policy is available.

Based on the evidence above, I find the Provider compliant with Standard 6 Feedback and complaints.

# 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

Consumers and representatives stated they receive the care and support required in a timely manner and call bells are answered promptly. Management confirmed any call bells answered outside of an acceptable timeframe are investigated. Staff stated the current rostering structure is working well and there is sufficient time to deliver care to consumers.

Consumers said staff were kind, caring and gentle when delivering care. Staff demonstrated their knowledge of consumers and interactions were observed to be kind, caring and respectful. A review of policies identified frameworks which guide staff in supporting consumers’ identity, culture, and diversity.

Consumers felt staff had the appropriate skills, qualifications, and knowledge to meet their needs. A review of documentation evidenced policies which ensured qualified staff were hired, and position descriptions set out the required qualifications for each role. Personnel records confirmed staff were qualified to perform their duties and staff expressed confidence they could meet consumers' needs.

Staff described how they were trained, equipped and supported to deliver care consistent with the Quality Standards, as part of their induction and on an ongoing basis. Training records evidenced the mandatory and additional training staff received, and confirmed the training was completed within a reasonable timeframe. A review of training records also identified staff participated in monthly, in-house educative sessions.

Management described how workforce performance is monitored through informal and formal assessments, with new staff appraised after 6 months, and established staff annually. Management outlined the process for addressing poor performance and how they work with staff to address concerns.

Based on the evidence above, I find the Provider compliant with Standard 7 Human resources.

# 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

Consumers said they were confident to provide feedback and suggestions which contributed to improvements to the care and services offered to them. Management reported consumer feedback was obtained in various ways, including through meetings, feedback and complaint processes, case conferences, and described how their feedback resulted in change. A consumer advisory body has been formed to represent the voice of the consumer and the Board.

Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services, by monitoring and reviewing reports and analytics relating to consumer experience and clinical indicators. This data is used to benchmark each service within the organisation, identify and address wider trends, and mitigate risks to consumers. A review of governance documentation identified mechanisms for direct feedback through all levels of leadership, escalating to the governing body, which ensures the performance of the service is managed. Furthermore, the Board has channels available to communicate changes to policies and procedures.

A review of documentation identified organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints management. Staff confirmed they had appropriate access to information relating to consumers’ care needs, policies and training material via the electronic consumer file system and intranet.

Management and staff outlined the process for managing high impact and high prevalence risks to consumers, including systems to manage incidents, prevent neglect and support consumers to live their best lives. Staff explained the process to report and escalate risks for management review. Management confirmed the analysis of incidents feedback is used to identify issues and trends, and are reported to sub-committees, the leadership team and governing body. Management also detailed the establishment of a risk advisory body, which meets quarterly with consumers. Staff were able to demonstrate their reporting responsibilities and accountabilities in relation to elder abuse and neglect and were familiar with incident reporting processes.

A review of governance documentation identified clinical governance frameworks and systems which guide staff when providing care to consumers. The framework promotes minimising restrictive practices, implementing antimicrobial stewardship, and open disclosure. Management explained antimicrobial stewardship and clinical incidents are discussed at a monthly clinical meeting, attended by the pharmacist and Medical Officer. A clinical governance framework and minimisation of restrictive practices policy guides staff in minimising the use of restraints, with management undertaking monitoring practices. Staff confirmed receiving open disclosure training and were able to explain the principles and elements of open disclosure.

Based on the evidence above, I find the Provider compliant with Standard 8 Organisational governance.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)