Performance

Report

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| Name: | Bupa Croydon |
| Commission ID: | 4279 |
| Address: | 122-124 Maroondah Highway, CROYDON, Victoria, 3136 |
| Activity type: | Site Audit |
| Activity date: | 2 January 2024 to 4 January 2024 |
| Performance report date: | 31 January 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 2801 Bupa Croydon |

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 Croydon (**the service**) has been prepared by Denise McDonald, 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 staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the performance of 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff treated them with dignity and respect. Staff gave practical examples of how they demonstrated respect and were observed to implement these strategies when caring for consumers. Care documentation contained consumers’ personal circumstances, life history and cultural backgrounds.

Consumers said staff respected their cultures and adapted care to meet their individual needs. Most consumers’ care documentation included information about their cultural needs, and while some did not, staff demonstrated knowledge of how to provide care in ways which were important to them. Policies and procedures guided staff on providing person centred care and delivering culturally appropriate care.

Consumers said they exercised choice and independence in how their care was provided and described how they maintained contact with their families and friends. Staff said they follow consumers directions when providing care to ensure their choices were met. Care documentation evidenced consumers had nominated their preferred representative and the medical officer who they wanted to be involved in their care.

Consumers said they were supported to take risks such as eating foods of choice and refusing implementation of falls prevention equipment. Consumers confirmed risks for their chosen activities had been discussed with them and they understood the potential harm. Staff demonstrated knowledge of which consumers had made risk-based choices and understood their support needs to ensure their safety.

Consumers said they received up-to-date information about their care, lifestyle activities, menu options, and special events, though some were unaware they could attend a monthly meeting. Staff described various ways used to disseminate information to consumers and how these were adjusted to compensate for hearing or vision impairment. Leisure programs and menus were observed to be on noticeboards and available in consumer rooms.

Consumers said staff respected their privacy, such as awaiting consent to enter after knocking on their door. Staff described consumers’ privacy was maintained through closing doors and curtains were closed when assisting with personal care. Nurses’ stations and computers were observed to be locked when not in use to ensure the confidentiality of consumers personal information.

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

Consumers and representatives said assessments undertaken identify risks such as falls, and strategies were documented in a care plan to inform the delivery of care. Staff confirmed a formalised process using validated assessment tools was used to ensure all consumers were assessed against key care areas and their care plan finalised within 30 days. Care documentation evidenced assessments and care planning was completed as scheduled.

Consumers said their current needs, goals and preferences including for end of life (EOL) care had been discussed with them during the assessment process. Staff demonstrated knowledge of consumers’ needs and preferences, which aligned with care documentation. Consumers’ care documentation included copies of their advance care directive, where this had been completed.

Consumers said the assessment and planning of their care was a partnership between them, staff and external service providers. Staff confirmed care consultations were conducted monthly and they involved consumers and representatives in decision making processes. Care documentation evidenced regular and ongoing consultations with representatives, medical and allied health professionals.

Consumers and representatives said consumers’ assessment outcomes and a copy of the care plan were shared with them. Care documentation evidenced the outcomes of assessment and planning, along with changes, updates were discussed with consumers and their representatives. Care plans was observed to be readily available through the electronic care management system.

Consumers said their care and services were regularly reviewed and staff informed them of changes to their care. Staff explained how incidents may trigger a reassessment or review of consumers’ care needs, following which care documentation was updated. Consumers’ care documentation showed their care and services were regularly reviewed for effectiveness or when incidents impacted their needs, goals and preferences.

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

Consumers said they received personal and clinical care which was safe, right for them and supported their health and well-being. Staff demonstrated knowledge of consumers’ individual needs and preferences and described how these were met in line with care documentation. Care documentation evidenced staff delivered care in accordance with the consumers care directives and followed clinical management policies and procedures including for restrictive practices, wound and pain management.

Consumers and representatives said high-impact and high-prevalence risks such as pressure injuries, were effectively managed. Staff demonstrated knowledge of and explained the strategies in place to manage risks to individual consumers. Care documentation showed consumers with diabetes and catheters, were receiving care as directed, with their care overseen by senior clinical management.

Staff explained how they cared for consumers nearing EOL, which included following guidance from a palliative care team, when involved. Representatives said consumers’ receiving EOL care were kept comfortable. Care documentation supported EOL pathways were used to guide staff on delivery of comfort measures.

Consumers said and care documentation evidenced when consumers were unwell, or their condition changed, this was identified quickly, and they were reviewed in timely manner. Staff described the escalation process should they notice a change in consumers’ conditions. Policies and procedures guided staff practice in the management of clinical deterioration.

Consumers said information about their conditions, needs and preferences were documented and shared with staff. Staff were aware of consumers’ needs and preferences and said they received current information about these during the shift handover process. Care documentation was observed to include sufficient information to support the consumers’ care needs and preferences were effectively shared.

Consumers said they were referred to medical and allied health professionals when needed and this was done quickly. Staff described how consumers were referred to medical and other health care professionals, whose input informed consumer care. Consumers’ care documentation showed referrals had been made to allied health professionals, specialists and medical officers.

Consumers said, and staff confirmed, they were trained in infection prevention and control procedures including strategies to reduce the need for antibiotics. Staff were observed implementing strategies to reduce infection transmission such as handwashing and wearing personal protective equipment. Policies, procedures and plans guided staff in management of infections, outbreaks and reducing antimicrobial resistance.

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

Consumers said they were supported to do things of interest to them by participating in the lifestyle program or spending time on independent activities of their choice. Staff explained how they partnered with consumers to gather information about their leisure likes and dislikes, and social, emotional, cultural and spiritual needs and traditions, which informed the activities scheduled. Consumers’ care documentation included their daily living needs, goals and preferences.

Consumers said their emotional, spiritual and psychological needs were supported and they stayed in touch with friends for comfort and support. Staff explained information about consumers’ emotional and spiritual needs were recorded during entry and updated over time. A consumer welcome pack included information about available spiritual and religious supports.

Consumers said they were supported to participate in activities within the internal and external community and could pursue their individual interests. Staff described consumers were supported to participate in the community, by ensuring they were ready when family visited to take them on outings. Care documentation identified consumers activities of interest and people of importance to them.

Consumers said information about their daily living choices was effectively shared as staff understood their needs and preferences. Staff said the shift handover process was effective as it kept them updated about consumers’ needs and preferences. Care documentation included consumer’s conditions, needs and preferences and was available through the ECMS.

Consumers said if they were confident, they would be referred to an appropriate provider, if required. Staff said the service engaged external organisations to provide activities which were of interest to consumers, such as entertainers and religious practitioners. Care documentation evidenced consumers were referred to support services, as needed.

Consumers said, and consumer surveys evidenced, food served was enjoyable. Staff said, as food is cooked onsite, consumers could choose their meals and if something was not to their liking, a different meal could be requested, with snacks, also available outside of mealtimes. Staff confirmed the menu rotates 6 weekly so consumers are served a variety of meals.

Consumers gave positive feedback about equipment they used, which they said was clean and well maintained. Staff said equipment was regularly maintained and described the process for raising a maintenance request. Maintenance records showed consumers’ personal mobility aids and equipment was regularly checked and maintained.

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

Consumers said the service environment was welcoming, easy to navigate, felt homely and they personalised their rooms with their own belongings. Staff said they assisted consumers to move around the service and did not restrict where they could go. Consumers were observed socialising with their families and other consumers and participating in activities held in communal areas. Consumers’ rooms were observed to be safe and uncluttered.

Consumers said their rooms and communal areas were clean and they were able to move around, both indoors and outdoors, as they wished. Staff said they were trained to assist consumers to access outdoor areas, whilst others with more independence left the service to access the community. Maintenance and cleaning records were up-to-date and all areas of the service were observed to be clean and tidy.

Consumers said their rooms were well maintained and fittings were promptly fixed when broken. Staff explained how to record maintenance issues, whilst maintenance staff were observed checking, cleaning and repairing equipment used by consumers. Information for consumers about how to request maintenance support was outlined in the consumer handbook.

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

Consumers said they were aware of how to make complaints and provide feedback and were supported to do so. Staff explained how they assisted consumers to raise concerns, by completing feedback forms on consumers’ behalf, if required. Consumer survey results, meeting minutes and the Charter of Aged Care Rights were displayed to encourage consumer feedback.

Consumers and representatives were aware of and had access to advocates and external complaints mechanisms but preferred to raise concerns with staff. Staff understood the internal and external complaints and feedback mechanisms and were aware of language translation services. Information about how consumers could discuss their concerns independent of the service was available in multiple languages throughout the service.

Consumers gave positive feedback about the service’s complaints process and said staff took appropriate action in response to their concerns. Staff described actions taken in response to consumers’ complaints and understood open disclosure, such as apologising when things went wrong. Policies and procedures guided staff in complaints management and the use of open disclosure.

Consumers and representatives said their feedback and complaints provided was generally used to improve the quality of care and services. Staff gave practical examples of improvements made, to reduce noise levels, when consumer raised this as an issue. Complaints documentation showed feedback was trended, analysed, shared with relevant parties and used to inform the service’s 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were sufficient staff to deliver consumer’s care and staff were prompt to answer call bells. Staff said they worked well as a team and strategies were used to fill unplanned leave. Management said the roster was developed based on consumers care needs and was regularly reviewed to ensure sufficient staff were available.

Consumers said staff treated them with respect, were caring and considerate. Management said a culture of respect was promoted through training and other resources. Staff were observed treating consumers with care and respect during activities, meal services and general interactions.

Consumers and representatives said staff were effective in their roles and in providing care. Staff complete annual competency assessments in medication management, manual handling, and infection control practices. Position descriptions guided staff on their key responsibilities, essential qualification and professional registration requirements.

Management said staff were recruited using a formal process which included interviews, reference and security checks, and qualifications were verified. Staff described their orientation included training specific to their roles with modules on serious incidents, open disclosure and the complaints process. Education records evidenced high rates of completion and training was completed in a timely way.

Management said new staff participated in a performance appraisal after their 3 month probationary period ended and then annually thereafter. Staff confirmed their participation in performance appraisals, which included evaluating their own performance and identifying additional training needs. Policies and procedures guided appraisal and performance management processes.

# 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

The Quality Standard is assessed as Compliant as 5 of the 5 specific requirements were assessed as Compliant.

Consumers and representatives said they provided feedback about consumers’ care and services during consumer and care planning meetings and when surveyed. Management said consumer and representative feedback was used when evaluating and improving the quality of care and services. The results of a consumer survey taken in September 2023 showed an overall satisfaction rate of 96% with how the service operated.

The organisation’s board of directors (the board) was accountable for the care and services consumers received. The organisation’s governance structure included sub-committees of the board which focused on clinical governance and the development of policies and procedures to support the delivery of safe, quality care. The board had additional oversight of care and services through analysis of reporting on operational matters, clinical and quality indicators, critical incidents, feedback and complaints, SIRS notifications and continuous improvement.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The framework included policies, procedures and systems to guide staff practice. The board received a range of reports which were used to determine if the Quality Standards were being met.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Consumers said they were supported to take risks which enabled them to live their best lives. Risks to consumers were recorded in the risk register, following which information was shared with management and the board who identified opportunities for improvement.

The service’s clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Staff described how the service’s clinical governance policies were applied in the delivery of care. Documentation showed staff attended training in antimicrobial stewardship, the minimisation of restraint and the use of open disclosure.

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)