Performance

Report

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| Name of service: | Bupa Donvale |
| Service address: | 296-300 Springvale Road DONVALE VIC 3111 |
| Commission ID: | 4110 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 28 February 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Donvale (**the service**) has been prepared by C Spiller, 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; 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
* the provider’s response to the assessment team’s report received 17 February 2023

# 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** |

An unannounced Site Audit was conducted at the service from 23 January 2023 to 25 January 2023.

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

I have assessed this Quality Standard as I am satisfied all six Requirements in this Quality standard have been assessed as compliant.

Consumers said they are treated with dignity and respect by the staff. File reviews showed care plans that were individualised and reflected what was important to the consumer, including what their goals and values are. Consumers and their representatives said the care they received was culturally safe. Care planning documentation included references to the cultural background, customs and beliefs of consumers.

Consumers and/or their representatives said they are supported to make choices and decide how care and services are delivered to meet their needs. Risk minimisation strategies are implemented to encourage a positive self-identity and greater well-being. Overall, consumers and their representatives expressed satisfaction with the services’ processes of communication.

Consumers and their representatives were satisfied consumer privacy is respected, and information is kept confidential. Consumers described how staff practice maintains dignity and respect. Staff could describe various ways to ensure the privacy and confidentiality of consumers’ information is protected.

# 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 all five Requirements have been assessed as compliant.

The Assessment Team assessed 2(3)(a) as not met. The Assessment Team found the service did not consider risk within assessment and planning for one consumer, who was experiencing pain. I have reached a different finding and have assessed this Requirement as compliant.

In their response, the approved provider detailed a number of actions that have been taken since the site audit to reassess and optimise management of this consumer’s pain. I am satisfied that this was an isolated issue, that was complex and difficult to manage, and the Service has responded promptly. I am satisfied this consumer is now receiving appropriate management for their pain. In addition, they have reviewed all other consumers with a similar presentation.

For other consumers, assessment and planning did generally consider areas of high risk in relation to falls, pressure injuries, dysphagia and responsive behaviours. Documentation showed evidence of consumer and/or representative involvement and consumer representatives were able to confirm that consultation was occurring in relation to areas of high risk for their loved ones. Therefore, I find the service is compliant with this Requirement.

I am satisfied the remaining four Requirements in this Quality Standard Ongoing assessment and planning with consumers are compliant.

Documentation for consumers generally addressed the current needs, goals, or preferences of the consumer and was inclusive of advanced care directives. The Assessment Team noted some minor outdated or conflicting care information for sampled consumers; however, this did not significantly impact on consumer care. Assessment and care planning information was mostly updated in a timely manner to reflect the current care needs of consumers.

Consumers and/or their representatives said they felt comfortable contributing to care and services and had been involved in care plan consultations. The Assessment Team noted within the documentation, the involvement of other organisations and services where appropriate such as general practitioners, Residential In-Reach (RIR) services, dietitians, speech pathologists, geriatricians and physiotherapists. Interviews with allied health staff confirmed that they have ongoing involvement as required.

Overall consumers and/or their representatives were satisfied with how the outcomes of assessment and planning are communicated. All consumer representatives said that they were aware of care plans. Staff were able to explain circumstances in which they communicate outcomes to the consumer and/or their representative following assessment and planning and how this is documented. Clinical management explained that each month during the consumer spotlight process, staff speak with the representative about different areas of care

# 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

I have assessed this Quality Standard as compliant as I am satisfied all seven of the seven Requirements have been assessed as compliant.

The Assessment Team assessed Requirement 3(3)(a) as not met. The Assessment Team found the service was unable to demonstrate how they effectively managed pain requirements for one consumer resulting in them experiencing ongoing pain. I have reached a different finding and have assessed this Requirement as compliant.

The service was able to evidence principles of best practice within restrictive practices and skin integrity when caring for consumers. The service maintains a psychotropic register which correctly identified those consumers prescribed psychotropic medications and those subject to chemical restraint. Consent was documented and confirmed by representatives during interview and all consumers receiving psychotropic medications were appropriately reviewed. Those consumers identified at risk of developing a pressure injury had interventions planned and implemented; for example, the use of alternating pressure air mattresses and pressure relieving cushions.

In their response, the approved provider has described a number of actions that have been implemented since the site audit to reassess and manage this particular consumer’s pain. I am satisfied that this was an isolated issue, that was complex and difficult to manage, and the Service has responded promptly and comprehensively to address this consumer’s care. In addition, they have reviewed all other consumers with a similar presentation. I am satisfied this consumer is now receiving appropriate management for pain, therefore I find the service is compliant with this requirement.

I am satisfied the remaining six Requirements in this Quality Standard Personal care and clinical care have been assessed as compliant.

Consumers and/or their representatives confirmed that high risk care needs are well managed. The service was able to evidence they effectively manage high impact and high prevalence risks. Clinical management and care staff were able to identify consumers at particularly high risk when discussing falls management, chronic wound management, dysphagia management, oedema management, diabetes management and fluid restrictions.

Consumers and/or their representatives confirmed discussions had occurred with the service regarding their goals and preferences should their health deteriorate. The service demonstrated they were able to effectively support consumers who were nearing the end of their life in a respectful and dignified manner.

The Assessment Team found the service was responsive to the changing care needs of consumers, inclusive of referrals to external service providers where appropriate. All staff interviewed were aware of external referral processes.

Consumers and/or their representatives stated staff knew them and they generally did not have to repeat information often. For the consumer files reviewed, information was mostly accurate and updated in a timely manner to reflect any changes in care needs. The service demonstrated they have processes in place to ensure care needs of consumers are well communicated where appropriate. All staff were able to talk in detail about consumer care needs and preferences. Staff were observed to be providing care in line with documented care interventions.

Overall, the service was mostly able to demonstrate timely and appropriate referrals were completed in relation to consumer care.

The service was able to evidence they minimise infection related risks and promote principles of antimicrobial stewardship whenever possible. There is a detailed outbreak management plan to provide guidance to staff in the event of any infection related outbreak.

# 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

I have assessed this Quality Standard as compliant as I am satisfied all seven Requirements in this Quality Standard have been assessed as compliant.

Consumers could describe being assisted with hearing aids, dentures, and cleaning of spectacles to maximise their independence and engage within the service environment. File review by the Assessment Team showed consideration of risks to consumers and the implementation of strategies to minimise risks whilst optimising independence.

Consumers expressed satisfaction their emotional and spiritual needs were acknowledged and supported by the service. Care planning documentation included entries for ‘Lifestyle and Leisure’ as well as ‘Relationships’, and ‘Spiritual and Cultural’ considerations.

Consumers confirm they were able to choose the level of participation in activities within the service and were assisted to do the things of interest to them. Staff could describe the relationships and interests of consumers.

The service uses an electronic care planning system that documents essential information about the consumers’ condition, needs and preferences. The system generates handover documents specific to nursing staff, care staff or catering staff. Staff interviewed could provide examples of information communicated within the service.

Timely and appropriate consumer referrals to other organisations, individuals and providers of care and services were discussed with the staff during the site audit. Staff could demonstrate an awareness of relevant specialist services and the arrangements used to contact them.

Meals provided to consumers at the service are cooked in-house by a chef and catering staff. Overall, consumers commented ‘the food was good’ and agreed they had enough choice and variety. Catering and care staff were able to demonstrate they were familiar with the consumers’ likes/dislikes and any food allergies or texture modifications.

Staff were satisfied they had access to well-maintained equipment suitable for purpose. Staff are trained in using equipment and confirmed it is available and adequate. Consumers were observed to be mobilising using various gait support items or in wheelchairs that appeared clean and in good working order.

# 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 I am satisfied three of the three Requirements have been assessed as compliant.

Consumers stated they feel comfortable and safe and have been encouraged to personalise their rooms. Throughout the service, consumers were observed to be moving independently and using communal areas. The service was well-lit and has navigational aids to encourage consumers’ independence, ability, and enjoyment.

Consumers and or/their representatives stated they felt the service was cleaned satisfactorily. Cleaning staff were able to demonstrate how they follow policies and have a cleaning schedule. All staff interviewed were able to demonstrate the preventative and reactive processes for maintenance, cleaning, and repairs.

The Assessment Team reviewed service manuals and maintenance schedules, interviewed maintenance personnel, management, and care staff. Preventative maintenance programs are in place for furniture, fittings and equipment to keep them safe and clean. Observations of areas requiring attention made by The Assessment Team were acted upon immediately. Equipment is serviced routinely and was noted to be in good working order.

# 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

I have assessed this Quality Standard as compliant, as I am satisfied all four requirements are assessed as compliant.

Overall, consumers and their representatives said they feel comfortable raising issues and providing feedback to staff and management and agreed management is approachable and they do not fear retribution if they raise any issues. Staff could clearly articulate procedures for the receipt, management, and documentation of feedback and complaints.

Some consumers’ representatives said they were aware of avenues available to raise complaints and how to access advocates and language services, however, they advised they had not needed to escalate their concerns as they felt comfortable raising feedback with management. Staff described processes available to consumers and representatives to inform how to escalate complaints externally and informed of the location of displayed brochures and posters if interpreter or advocacy services were required.

Overall consumers and their representative’s confirmed feedback is responded to in a timely manner. Management and staff described the open disclosure process in place and stated only management and registered nursing staff are permitted to hold open disclosure conversations.

Some representatives raised concerns in reference to changes with physiotherapy sessions. Management advised they will present information at the next ‘resident and relatives’ meeting and plan to include the physiotherapist as a guest speaker to enable consumers and representatives to raise questions and concerns.

The Assessment Team observed, and staff confirmed all received feedback is entered into the incident management system. The service adds actions arising from complaints to the continuous improvement plan. Staff confirmed complaints are presented at staff meetings with discussions around actions to be taken considered.

# 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

I have assessed this Quality Standard as compliant as I am satisfied all five Requirements have been assessed as compliant.

Overall, consumers and their representatives said they feel there are enough staff to meet consumers’ needs. Management described the development of rosters to ensure staffing levels are aligned with the acuity of the consumers.

Consumers and their representatives described staff as mostly being gentle and kind. The Assessment Team observed staff interacting with consumers in a kind and respectful manner.

Consumers and their representatives said they were satisfied staff had the qualifications, knowledge, and skills to effectively perform their respective roles. The clinical care manager described processes in place to supervise, assess and monitor the performance of staff. Staff confirmed they complete annual competencies around medication administration, hand hygiene and documentation.

The organisation’s strategic plan includes actions to increase recruitment and retention including looking into a 4-year visa for international workers and conducting exit interviews to identify why the service is not an employer of choice. Mandatory training is completed annually face-to-face or on online. The service has a system in place to monitor compliance with the completion of mandatory training. Management advised they are working with a recruitment company to assist with the employment of new staff.

Management described the regular assessment and monitoring processes in place to complete annual staff performance appraisals. All staff interviewed confirmed they had participated in an annual staff appraisal within the last 12 months.

# 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

I have assessed this Quality Standard as compliant as I am satisfied all five Requirements have been assessed as compliant.

Consumers and/or their representatives said consumers are supported to make choices and decide how care and services are delivered to meet their needs. The service has an extensive catalogue of policies and work instructions to guide staff in the engagement, delivery, and evaluation of care and service provision to consumers. Overall consumers and their representatives provide feedback to management on care provision through the completion of satisfaction surveys, attendance at ‘resident and relative’ meetings, and verbal or written feedback to management.

Consumers and their representatives said they generally feel safe living in an inclusive environment and receiving quality care and services.

The service has an effective suite of governance systems applied across the service and the organisation to ensure the delivery of care meets best practice. The service has a strong incident reporting culture with incidents reported, investigated, and escalated to management for review.

Management described the organisation’s clinical governance framework and how it provides an overarching monitoring system for clinical care. The Assessment Team noted the framework addresses antimicrobial stewardship, open disclosure and minimising the use of restraint.

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-1)