Performance

Report

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| Name: | Bupa Echuca |
| Commission ID: | 3964 |
| Address: | 7 Fehring Lane, ECHUCA, Victoria, 3564 |
| Activity type: | Site Audit |
| Activity date: | 9 July 2024 to 11 July 2024 |
| Performance report date: | 8 August 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 8026 Bupa Echuca |

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 Echuca (**the service**) has been prepared by G. Harbrow, 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.
* the provider’s response to the assessment team’s report received 25 July 2024.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives described being made to feel respected and valued as an individual by service staff and the Assessment Team observed staff speaking and interacting with consumers in a respectful manner. Staff demonstrated an understanding of each consumers’ individual choices and preferences as reflected in consumer care planning documents. The service has policy to provide staff guidance on treating consumers with dignity and respect. The Assessment Team observed service’s notice boards displayed information relating to consumer rights and diversity.

Consumers and representatives provided examples of the service demonstrating respect for consumer culture. Care planning documents reflect care and service provision is culturally safe and outlines strategies to support consumers to engage in activities of cultural importance.

Consumers and representatives advised the service supported consumers to exercise choice and make decisions about how their care and services are delivered to meet individual needs. Staff described how they best support consumers to make decisions by ensuring all consumers have choice and by encouraging independence. Observations made by the Assessment Team confirmed staff assist consumers in maintaining relationships with their friends, families, and other consumers within the service.

Consumers and representatives said service staff respect consumer choices and preferences that may involve risk. Staff described ways they minimise consumer risk and tailor solutions to help consumers live the life they choose. Management identified and care documentation confirmed processes to support consumer independence and choice, including supporting consumers to take risks.

Consumers and representatives were satisfied information received from the service is accurate and timely and enables consumers to exercise choice. Staff described adapting communication to consumer needs to facilitate understanding, and processes are in place to communicate with consumers who are living with cognitive impairment or who have communication difficulties.

Consumers and representatives were confident the service maintains confidentiality of consumer personal information. Consumers indicated their personal privacy and privacy of personal information is respected by staff involved in care provision, confirmed by staff with the provision of numerous examples.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

The service demonstrated consumer assessment and planning is considerate of risks to consumer health and well-being to inform the delivery of safe and effective care and services. Management and staff described assessment and care planning processes to include consideration of a variety of risks, confirmed in consumer care planning documents. The service has a policy in place to guide staff in these processes.

Consumers and representatives confirmed the service identifies what is important to them, their needs, and preferences, including advanced care planning. Consumer care documentation evidenced comprehensive, individualised care plans detailing consumer needs and preferences, including advanced care planning and end-of-life care wishes where appropriate.

Consumers and representatives advised of being involved in the planning of consumer care. Clinical staff described and documentation confirmed a collaborative approach to consumer care planning, involving consumers, representatives, and other providers of care and services.

Consumers and representatives were satisfied with service communication, informing the outcomes of assessment and care planning. They confirmed being provided a copy of planned care and being informed and involved in any change. Management described a monthly process to ensure staff offer care plans to consumers and representatives. All staff described available and easy access to consumer care plan information through the service’s electronic care system.

Consumers and representatives were satisfied with the service’s process of care and service review following changes in consumer condition or circumstance. Clinical staff advised of reassessment of consumer care needs following any change or incident. Care documentation and demonstrated a process for scheduled monthly and annual care plan review, in alignment with service policy.

# 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 am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives were satisfied consumers are receiving care responsive to their individual needs and circumstances. The service demonstrated consumer personal and clinical care tailored to individual needs and preferences that optimises consumer health and well-being. Care documentation demonstrated delivery of care aligned with consumer needs, goals and preferences and management and staff were able to describe application of best practice principles in consumer care.

The service demonstrated processes to manage restrictive practices inclusive of evidencing and reviewing informed consent for use of restrictive practices, documenting behaviour support plans with appropriate strategies, and monitoring and regularly reviewing needs of consumers who are subject to restrictive practices.

Care documentation evidenced effective wound management in line best practice with wound specialists consulted on the management of complex wounds. The service has policy and provides education to facilitate effective wound management by staff.

Consumer pain management demonstrated effective and appropriate pain management plans and charting.

Consumers and representatives were satisfied the service provides safe care. The service demonstrated that high-impact and high-prevalence risks are effectively managed through regular monitoring and analysis of clinical data and implementation of suitable risk mitigation strategies for individual consumers, as evidenced in care planning documentation.

Consumers and representatives confirmed staff provided consumers, comfortable and dignified end-of-life care. Staff explained and documentation confirmed, the needs, goals, and preferences of consumers nearing end of life were recognised, with comfort, and dignity preserved.

The service demonstrated and documentation confirmed, consumer deterioration or change in condition is recognised and responded to promptly by service staff. Consumer documentation shows appropriate actions taken in response to deterioration or changes in a consumer’s health and well-being. The service has policy documents and assessment tools to guide staff to recognise and respond to changes in consumer condition.

A range of consumer care documentation evidenced effective communication about consumer condition, needs, and preferences, to those involved in consumer care. Staff described specific care needs and preferences of consumers, and how information is shared within the service and or with other individuals and organisations as required. The Assessment Team determined consumer files were accessible to general practitioners, allied health staff, and visiting services through the service’s electronic information management system.

Consumers and representatives were satisfied with referral to individuals and external specialist health services when required. Management described and documentation confirmed a process of timely consumer referral to a range of care and health service providers.

Consumers and representatives were confident service staff take appropriate actions to minimise consumer infection-related risks. Staff described their understanding of how to prevent and or minimise the spread of infection and demonstrated the use of standard precautions. Staff understanding included the promotion of antimicrobial stewardship. The service has an infection prevention and control (IPC) lead staff member and a current outbreak management plan.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives confirmed services and supports received, meet their needs and goals to optimise consumer independence. Consumers said they enjoyed the wide range of activities on offer at the service. Each consumer has a well-being care plan, identifying their life story, what is important to them and their goals.

Consumers and representatives were satisfied the service supports consumer emotional, spiritual, and psychological well-being. Consumer care plans are individualised and include information on emotional, spiritual, and psychological needs. Staff could identify individual consumer emotional and spiritual needs and the support provided. The service advised external services are accessible to support consumer well-being.

Consumers were satisfied the service provides adequate support to maintain relationships, participate in the community and do things of interest to them. The service demonstrated consumers supported to participate in community, within and outside the service, and to maintain and develop social and personal relationships.

Consumers and representatives were satisfied with the communication between those involved in consumer care, including the sharing of consumer condition, needs and preferences. Communication between the service and external care providers was evidenced in the electronic information management system.

Consumers and representatives expressed satisfaction with referrals to other organisations when needed. Staff outlined processes to engage with other organisations and providers of daily living support for consumers to promote independence and well-being.

Consumers advised the service provided meals were of good quality with a variety of available options. The service provides meals freshly cooked on site. Assessments and care planning documents reflected consumer dietary needs, dislikes, allergies, and preferences and staff were observed to check the dietary requirement list and offer available options to consumers.

Consumers were satisfied equipment provided by the service, was suitable for their needs and well maintained. The Assessment Team observed service equipment to be clean and well maintained with a maintenance schedule managed by maintenance staff.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

Consumers and representatives described the service as welcoming, easy to navigate and advised of consumers supported to personalise their rooms. Management confirmed features of the service environment design to support wayfinding and comfort for consumers. The Assessment Team observed clear signage throughout the service with personalised doors to support wayfinding for consumers and observed consumers socialising in communal areas.

Consumers were satisfied with the cleanliness of the service environment and advised of unrestricted movement inside and outside the service. Staff identified cleaning schedules and a process of hazard identification and management. The Assessment Team observed the service to be clean and well maintained, and outdoor areas tidy.

Consumers described service furniture, fittings, and equipment as well maintained and clean. Staff confirmed access to cleaning equipment and identified a process of reactive equipment repair and maintenance. The Assessment Team observed the service to have suitable furniture to accommodate a range of consumer mobility needs, and observed consumers using a range of clean furniture, fittings, and equipment.

# 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 am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

Consumers described being supported by the service to provide feedback and make complaints. Management and staff described and documentation confirmed numerous avenues for consumers and representatives to provide feedback.

Consumers were aware of available advocacy and language services and staff were able to identify complaints and advocacy services available to consumers. Relevant information is provided to consumers on admission and was observed on display throughout the service.

Consumers and representatives were satisfied with the service’s management of complaints. Staff and management described a process of complaints resolution which management identified to include the practice of open disclosure. The service has a feedback and complaints policy that incorporates the use of open disclosure. Documentation evidenced appropriate action taken by the service in response to complaints.

Consumers and representatives were confident feedback and complaints inform improvements to the quality of care and services provided. Management confirmed improvements to care and service delivery in response to consumer feedback as reflected in the service’s plan for continuous improvement.

# 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 am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

Consumers were satisfied the service employs enough staff to provide care and support required by consumers, and staff agreed staffing numbers as adequate.

Consumers described staff as kind, caring and respectful and staff provided examples of ways this is demonstrated in the provision of care to consumers. The Assessment Team identified staff and management to interact respectfully with consumers throughout the Site Audit.

Consumers were satisfied with the skills and competency of service staff and staff were confident their experience and knowledge enabled them to meet the care needs of consumers. Management described a process of onboarding to determine staff have relevant qualifications and knowledge specific to their role.

Staff described an onboarding and orientation process, which included completion of competencies and mandatory education related to outcomes required by the Quality Standards.

Consumers were satisfied with staff performance and staff identified their performance is reviewed throughout the year. Management described a process of ongoing and scheduled, informal and formal, staff monitoring and performance appraisal.

# 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 am satisfied based on the Assessment Team’s observations and recommendations, and the provider’s response agreeing to the assessment team’s report received 25 July 2024, that the service complies with the Requirements and complies with this Standard.

Consumers advised involvement in the development and evaluation of service provision is encouraged by the service. The Assessment Team found the service requested expressions of interest for involvement in a national ‘resident experience and community engagement’ committee with the minutes tabled at Board level. Management confirmed the service seeks opportunities to involve consumers in all areas of service delivery and evaluation.

Consumers and representatives advised feeling included and safe within the service. Management and staff described how the organisation’s governing body demonstrates accountability for the delivery of safe, inclusive, and quality care. The organisation has policies and procedures to support and guide management and staff in the provision of safe and inclusive consumer care.

The Assessment Team found the service to demonstrate effective organisation wide governance systems related to management of information, continuous improvement, finance, workforce, regulatory compliance and feedback and complaints.

* The service has processes in place and staff guidance documents to ensure consumer information remains secure and accessible only to those providing and managing care.
* The service demonstrated a process of identifying and informing continuous improvement activities through various mechanisms of feedback and response.
* Management outlined processes in place to ensure sound financial governance with financial performance reports reviewed at executive and Board level.
* Workforce governance is effectively demonstrated at corporate level through a human resource department.
* Management advised of maintaining currency with regulatory and legislative changes through the organisation’s corporate office, with access to and communication from industry and sector peak bodies and regulators.
* The service has systems and processes to capture and review complaints and feedback to inform a plan for continuous improvement.

The Assessment Team identified the service has an effective risk management framework for the management of high-impact or high-prevalence consumer risk. Staff are provided education relating to identification and management of consumer risk and the service has an incident management system in place. All incidents are reviewed and risk rated by management for ongoing monitoring and response.

The Assessment Team identified the service has a clinical governance framework which incorporates anti-microbial stewardship, the use of restraint and open disclosure. Staff have received training regarding anti-microbial stewardship, restrictive practices, and open disclosure. Staff demonstrated an awareness and understanding of the service’s policies and procedures including open disclosure and antimicrobial stewardship and restrictive practices.

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)