

**Performance Report**

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| Name: | Bupa Glenvale |
| Commission ID: | 5017 |
| Address: | 357 McDougall Street, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 27 November 2024 |
| Performance report date: | 17 December 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd Service: 3374 Bupa Glenvale |

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 Glenvale (**the service**) has been prepared by Jodie Earnshaw, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others,
* the provider’s response to the assessment team’s report received 10 December 2024.
* other information known to the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

A Food, Nutrition, and Dining Assessment contact conducted on 31 October 2024 raised potential deficiencies in relation to consumer dignity not being respected during the dining experience.

The service immediately updated the plan for continuous improvement and commenced remediation actions including providing staff with information on the provision to consumers with appropriate assistance with eating.

An Assessment contact was conducted on 27 November 2024 to assess the service’s quality of care practices in relation to the Food, Nutrition and Dining experience of consumers under this requirement.

Consumers reported being treated with dignity and in a respectful manner and advised that staff know the dietary needs, goals and preferences of consumers, particularly in relation to menu and dining preferences. Staff were able to describe consumers’ dietary preferences and care documentation guided staff practice.

The service monitors consumers satisfaction with foodservice through consumer satisfaction surveys and consumer/representative feedback and complaints.

Consumers provided positive feedback regarding food service and how their choices are respected, for example; one consumer who is prescribed a modified diet, advised registered staff of their preference to eat a normal diet. Staff described how a speech pathology assessment was organised for the consumer and the consumers choices implemented and documented in care documentation.

Consumers said they have a choice about where they eat their meal and that they do not feel rushed at mealtimes. Staff said, and documentation demonstrated staff receive training on treating consumers with dignity and the service has a diversity policy in place.

Staff were observed referring to the consumer dietary profiles, engaging with consumers and providing meal assistance for consumers in various areas throughout the service.

Staff were observed to be responding to calls for assistance in a timely manner and interacting with consumers in a respectful and dignified manner.

Three consumers/representatives reported consumers experience delays in response times to calls for assistance for continence care, for which they made a complaint to the service. In response to this feedback, management said they identified a trend in the complaint data about delayed continence care and assistance response time and have provided education to all staff about the importance of timely responses.

The service has a plan for continuous improvement and training records, demonstrating education was provided to staff. The plan for continuous improvement was updated to include an action to ensure the provision of continence care in line with each consumers care plan.

The Assessment Team report brought forward information of consumers providing positive feedback in relation to assistance call response time, the provision of continence care and the expression of confidence in the service addressing the matters raised.

# Standard 3

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| Personal care and clinical care |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

A Food, Nutrition, and Dining Assessment contact conducted on 31 October 2024 raised potential deficiencies in relation to:

* Management of unplanned weight loss.
* Allied Health referrals.
* Consumers receiving meals which did not align with their dietary care plan.

The service immediately updated the plan for continuous improvement and commenced remediation actions including:

* Provide training to staff on thickened fluids.
* Monitoring during mealtimes to ensure dietary needs are consistently provided.
* Ensure two diet/texture appropriate meal options are available for consumers on level 6 soft and bite sized diets.

An Assessment contact was conducted on 27 November 2024 to assess the service’s quality of care practices in relation to the Food, Nutrition and Dining experience of consumers under these requirements.

The service demonstrated the delivery of care with consideration to high impact, high prevalent risks in relation to food and nutrition and making timely and appropriate allied health referrals where required.

Consumers reported satisfaction in how the service is effectively managing high impact and high prevalence risks. Consumers said, and documentation demonstrated that consumers have been assessed by a dietitian where weight loss has occurred.

Staff described individualised consumers’ approaches undertaken to mitigate high impact high prevalent risks including for unplanned weight loss and choking.

The service conducts monthly clinical trending and analysis to identify trends and implement strategies to minimise risk to consumers. Staff advised the service’s high impact and high prevalence risks related to food service management includes the monitoring of consumers for unplanned and significant weight loss, or as guided by treating health professionals. Staff described the processes for clinical intervention and escalation which is guided by the service’s policies.

Consumer care documentation demonstrated where a consumer is identified as at risk of choking, they are assessed by a speech pathologist to assess swallow function and for applicable diet recommendations.

Staff described how and documentation demonstrates, registered staff amend diets within their scope of practice and are further guided by allied health assessments.

The Assessment Team report described one instance of recommendations from an occupational therapist relating to specialised cutlery to assist a consumer to eat independently, having not been followed. Management acknowledged the recommendations had not been implemented and created a new referral for assessment. The service updated their plan for continuous improvement to capture the actioning of allied health recommendations and for increased management visibility of allied health recommendations.

The service demonstrated timely referrals and attendance of health professionals in relation to weight loss, dietary preferences, food, and nutrition.

Consumers/representatives reported that consumers are referred to allied health professionals, such as a speech pathologist or dietitian in a timely manner when the consumers’ needs or condition changes. Care documentation demonstrated the attendance of speech pathologists and dietitians for the provision of assessments and directives as necessary.

Staff described the referral processes to other organisations; and how the input of other health professionals informs decision-making on care and service delivery. Care documentation demonstrated input from other health services in line with each consumers’ needs.

# Standard 7

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| Human resources |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |

Findings

A Food, Nutrition, and Dining Assessment contact conducted on 31 October 2024 raised potential deficiencies in relation to:

* Impacts to consumers’ dining experience, general social connections, and their ability to make choices due to staffing levels.
* Staff not following dietary care plans.

The service immediately updated the plan for continuous improvement and commenced remediation actions including staff training and monitoring of food service delivery and support to consumers.

An Assessment contact was conducted on 27 November 2024 to assess the service’s quality of care practices in relation to the Food, Nutrition and Dining experience of consumers under this requirement.

Whilst some consumers/representatives reported delays in response to calls for assistance, overall consumers/representatives reported the service is sufficiently staffed and staff respond to any requests in a timely manner.

Staff said they have adequate time to undertake their allocated tasks and provide care and services in accordance with consumers’ needs and preferences.

Management described how a mix of staff skill is determined for staffing needs with consideration to consumers care needs and preferences, and care minutes requirements. Mechanisms were in place to replace staff when unplanned leave occurred.

Calls for assistance data is monitored and analysed weekly to determine changes in rostering to ensure consumers’ services and care needs are met.

Consumers provided examples of how they are supported and assisted with their meal preferences and needs. One consumer with Parkinson’s disease, who wishes to remain as independent as possible, said staff cut up the consumer’s food, and assist the consumer to eat if they request the assistance.

The Assessment Team observed staff responding promptly to requests for assistance from consumers.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)