Performance

Report

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| Name of service: | Performance report date: |
| Bupa Glenvale | 21 September 2022 |
| Commission ID: | Activity type: |
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| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd | 23 August 2022 to 25 August 2022 |

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 considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; 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 13 September 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers and representatives reported staff were kind and respectful towards consumers. Care planning documentation identified consumers’ backgrounds, personal preferences, identities, and cultural practices.

Staff demonstrated respect for consumers and an understanding of their identities and individual values. Consumers explained how the delivery of care and services demonstrated an understanding of their needs and preferences and ensured they were respected, valued and safe.

Consumers advised they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff provided examples of how they supported consumers to exercise choice and independence, which included decisions related to care and lifestyle choices.

Staff demonstrated an awareness of activities that included an element of risk to consumers and described the strategies in place to mitigate these risks. Consumers described the ways the service supported them to take risks, which enabled them to live the best lives possible.

Consumers and representatives stated they received up to date information about activities, meals, COVID-19 restrictions, and events happening in the service. The Assessment Team observed menus, monthly newsletters and activity calendars displayed within consumers’ rooms.

Staff outlined the practical ways they respected consumers’ personal privacy, such as knocking on consumers’ doors prior to entry and closing their doors during the provision of care. Consumers and representatives were confident all personal information was kept confidential.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Staff demonstrated an understanding of relevant risks to the health and well-being of each consumer and the strategies in place to mitigate these risks. Consumers and representatives advised the assessment and planning process included consideration of any risks and they had confidence in the care provided by staff.

Consumers and representatives advised advanced care plans were discussed upon admission to the service and were reviewed to ensure alignment with the consumer’s preferences. Staff and management outlined their approach to palliative care conversations with consumers and their representatives.

Care planning documentation demonstrated consumers and representatives were consulted throughout the assessment and care planning process and, when required, input was sought from health professionals. Management and staff described the involvement of other providers of care in consumers’ assessment and planning, and how these supports were reviewed.

The service demonstrated consumers and representatives were engaged in communicating the outcomes of the assessment and planning process and care plans were readily available to consumers and representatives. Care planning documentation showed individualised care planning information and regular communication with consumers and representatives about the outcomes of their assessment and planning.

Care planning documentation confirmed care plans were reviewed on a regular basis and when consumers’ circumstances changed, or incidents occurred. Representatives advised they were regularly informed of consumer care changes and when incidents occurred and were informed about consumers’ health and well-being needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers and representatives indicated consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated a shared understanding of consumers’ individual needs and preferences.

Care planning documentation showed staff identified high impact or high prevalence risks and these risks were effectively management by the service. Management and staff described the risks associated with the care of consumers and the strategies in place to mitigate these risks.

Staff described the way care was provided to consumers who were palliating and practical ways staff ensured the comfort of consumers. The Assessment Team noted policies and procedures in place to guide practices for end-of-life care.

Deterioration or changes in consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Management and staff articulated the process for identifying and reporting changes to, and deterioration in, consumers’ conditions.

Consumers and representatives were confident their care needs and preferences were well documented and effectively communicated between staff and other service providers. Staff described how information relating to the consumer’s condition, needs and preferences was documented in the service’s electronic care management system and communicated where responsibility for care was shared.

Care planning documentation showed timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff described the process for the referral of consumers to other health professionals and how this informed care and services provided for consumers.

Staff described their role in the event of an outbreak as well as the antimicrobial stewardship process and the strategies in place to minimise the unnecessary use of antibiotics.

Management advised antibiotic usage obtained from pharmacy reports and infection forms was reviewed monthly by the Medication Advisory Committee.

# Standard 4

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

## Findings

Consumers and representatives felt the service supported their daily living needs, goals and preferences, which supported their independence, well-being and quality of life. Staff demonstrated a clear understanding of the needs, goals and preferences of consumers; this information was consistent with care planning documentation.

Consumers advised the service provided supports for daily living which promoted their emotional, spiritual and psychological well-being. Care planning documentation identified individualised support strategies for consumers.

Care planning documentation included information about the interests of consumers and detailed the supports that assisted consumers to participate in their communities, both within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff provided examples of activities run by the service which were of interest to consumers, such as bus trips, cultural celebrations, church services and word games.

The service had processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including when the consumer’s condition changed. Consumers advised the service provided appropriate and consistent care and consumers did not have to repeatedly explain their care preferences to staff.

Care planning documentation showed the service worked with external providers of care to support the diverse needs of consumers. Staff provided examples of consumers being referred to other providers of care and services.

Consumers provided positive feedback regarding the quality and quantity of the meals provided by the service. The service had processes and systems in place which ensured consumers were able to provide input for proposed seasonal menus and could provide feedback on the variety, quality and quantity of meals as well as the dining experience as a whole.

Staff advised that equipment was regularly maintained and described the process for raising and reporting faulty equipment to the maintenance team. A review of maintenance documentation showed preventative maintenance occurred promptly and staff carried out routine maintenance regularly.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers felt at home within the service and stated they enjoyed living at the service. The Assessment Team observed the environment was clean and welcoming with supports in place to assist consumers with cognitive impairments.

Maintenance staff described the service's reactive and preventive maintenance schedules, which included a preventative maintenance log, which ensured formal and informal feedback was captured with regards to furniture, fittings and equipment safety, cleanliness and repair. The Assessment Team observed the service was safe, clean, well maintained and comfortable and consumers were able to move freely both indoors and outdoors.

The Assessment Team observed that the furniture, fittings and equipment were kept clean and were safe and suitable for use, and these observations were consistent with consumer and representative feedback. Staff advised they had access to equipment and resources which met consumers’ needs.

**Standard 6**

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives were aware of and felt supported to provide feedback and make complaints. Staff confirmed they could raise feedback and concerns with management and demonstrated the ways in which feedback could be provided.

The Assessment Team observed advocacy and language information displayed throughout the service and provided to consumers in the welcome pack. Consumers described various ways to raise feedback and make complaints.

Staff understood the principles of open disclosure, and management identified the steps involved in documenting and managing complaints in accordance with the service’s policies and procedures. The feedback and complaints register demonstrated the use of an open disclosure process and the timely management of complaints, including complainant feedback about actions taken.

Consumers and representatives confirmed the service used feedback and complaints to improve the quality of care and services. Management described how feedback and complaints were trended, analysed, and used to improve the quality of care and services, through the service’s plan for continuous improvement.

**Standard 7**

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| Human resources | | Compliant |
| 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

The service demonstrated its workforce planning system ensured the optimum mix of staff to ensure delivery of safe and quality care and services to consumers. Management confirmed they could provide direct care or supervision if required, and staff extended their working hours when staff on unplanned leave could not be replaced.

The Assessment Team observed staff interacting with consumers in a kind, respectful way, expressing interest in their well-being, and addressing consumers by name; these observations were consistent with feedback from consumers and representatives. Staff and management demonstrated a shared understanding of consumers’ identities, culture and diversity.

Management confirmed recruitment policies and work procedures were adhered to, including reference checks, and they ensured staff were comfortable to commence independent practice once buddy shifts were completed, and supervising staff were assured of competency. The Assessment Team observed electronic systems, monitored at multiple organisational levels, reported and monitored ongoing staff compliance with training, vaccinations, clearances and professional registrations.

Management advised there was a range of mandatory training available to staff, and additional training was provided based on an analysis of clinical indicators. Consumers expressed confidence in the competency of staff to perform their duties effectively and meet their care needs.

The service demonstrated the performance of the workforce was regularly assessed, monitored, and reviewed. Management stated a training needs analysis was performed annually, and feedback flowed through from department leads, practical skills assessments and assessments on the electronic management system to determine deficiencies.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers and representatives confirmed they were engaged in the development, delivery and evaluation of care and services and were supported in that engagement. The Assessment Team observed management engaging directly with consumers and obtaining feedback from consumers in response to questions about the service.

Management described the organisation’s governance structure, with distinct levels of management, and the Assessment Team reviewed the service’s strategic plan. Management advised information received through audits and surveys was reported and analysed at board meetings and other governance committee meetings.

There were organisation-wide governance systems which supported effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management advised there were multiple teams responsible for ensuring the service met its regulatory compliance requirements, including the compliance team, clinical team, legal team, and risk management team.

The organisation provided a documented risk management framework, including policies describing how to manage high impact or high prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers to live the best lives possible and how to manage and prevent incidents. Management confirmed staff undertook mandatory training in elder abuse, incident awareness, Serious Incident Response Scheme (SIRS) reporting and dignity of risk.

The service demonstrated clinical care practice was governed by a clinical governance framework, supported by policies pertaining to antimicrobial stewardship, restrictive practices, and open disclosure. Staff confirmed they were educated on these policies and provided practical examples of their relevance to their work and responsibilities.

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