Performance

Report

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| Name: | Bupa Greenacre |
| Commission ID: | 2588 |
| Address: | 171 Boronia Road, GREENACRE, New South Wales, 2190 |
| Activity type: | Site Audit |
| Activity date: | 23 July 2024 to 25 July 2024 |
| Performance report date: | 28 August 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 959 Bupa Greenacre |

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

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit 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 Site Audit report received 16 August 2024
* other information and intelligence held by the Commission relating to the performance of the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and said their cultures and identities were valued. Staff explained they were trained in providing dignified care which respected consumers’ individual choices. Staff interactions with consumers were observed to be respectful and friendly, they used consumers’ preferred names and had knowledge of their individual choices and preferences.

Consumers said care and services were delivered in line with their cultural needs and preferences and therefore, they felt safe and respected. Staff were knowledgeable of consumers’ cultural backgrounds and identities and explained how care was tailored to meet cultural needs. Care documentation evidenced consumers’ cultural and spiritual backgrounds and the supports in place to meet those needs.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they were supported with new connections and relationships with people of importance to them. Staff gave practical examples of how they supported consumers to maintain relationships of choice, such as arranging celebrations for days important to couples. Care documentation evidenced consumers’ care needs and preferences, who was involved in their care and how they were supported to maintain relationships.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to spend time in the community. Staff explained where consumers wished to take risks, relevant health professionals were involved in the assessment, risks were discussed, and mitigation strategies implemented to promote consumers’ safety. Care documentation evidenced risk assessments and mitigation strategies were in place, with consumers and representatives having made informed decisions.

Consumers and representatives confirmed they received timely information which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained information was provided to consumers in person, via the community noticeboard and in ways which met their differing sensory needs. Noticeboards in communal areas promoted consumer meetings, scheduled activities and newsletters, whilst current menu options and the activities calendar were observed in consumers’ rooms.

Consumers gave practical examples of how their privacy was respected, such as staff did not disturb them when spending time alone, as per their request. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and ensuring doors and curtains were closed when providing care. Consumers’ personal information was observed to be kept confidential in secured nurses’ stations.

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. Risks associated with consumers’ care were identified during the entry process using validated assessment tools embedded in the electronic care management system (ECMS), following which staff and consumers discussed what care was needed to minimise those risks. Care documentation evidenced risks to consumers, such as falls, were identified during the assessment process and responsive strategies informed the delivery of care.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning, if they wished. Staff confirmed discussing end of life wishes with consumers during the entry process and these discussions were revisited during scheduled care reviews or when their needs or wishes changed. Care documentation contained consumers’ current needs, goals and preferences, as well as an advance care directive for consumers who had chosen to have one in place.

Consumers and representatives confirmed they and others, such as medical officers, participated in the assessment, planning and review of consumers’ care and services. Staff explained input from consumers, representatives and specialist practitioners and services was sought in the assessment and planning of consumers’ care. Care documentation evidenced the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, such as speech pathologists and physiotherapists.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives. Care documentation evidenced outcomes of assessment and planning were shared with consumers and representatives.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls, following which their changed needs were updated in their care plan. Staff said consumers were reviewed quarterly and explained incidents and changed circumstances may also result in a review of consumers’ needs. Care documentation evidenced consumers’ needs were reviewed as scheduled, and reassessment occurred in response to incidents and when their circumstances changed.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received tailored, effective personal and clinical care which optimised their health and well-being. Staff were knowledgeable about consumers’ individual personal and clinical care needs and understood restrictive practices, pain management and how to maintain consumers’ skin integrity. Care documentation evidenced consumers received individualised care in line with their care plan.

Consumers gave positive feedback about how the service managed risks associated with their personal and clinical care. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation evidenced risks to consumers such as falls, were identified and responsive management strategies were in place.

Care documentation, for a consumer receiving comfort care, evidenced they were supported by their representative, geriatric and palliative care specialists and they were kept comfortable through pain monitoring, symptom management and individual consumer’s wishes were met. Staff understood how to care for consumers nearing end of life to ensure their comfort and meet their needs and preferences, such as providing comfort care, emotional and spiritual support, as needed. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions, health or abilities, and responses were timely. Staff explained consumers were monitored for changes in their mobility, appetite, changed behaviours and cognition, with any changes documented and the consumer escalated to clinical staff or medical officers for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers confirmed they had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to other health professionals, such as dieticians, whose recommendations were included in their care plans.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed. Staff understood infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave positive feedback about the services for daily living and confirmed they were supported to pursue activities of interest, either by participating in group activities or spending time on solo interests. Staff had knowledge of consumers’ daily living preferences and explained individual leisure and lifestyle plans were developed and updated in consultation with consumers and representatives. Care documentation evidenced consumers’ individualised needs, goals, preferences and how they were supported to maintain their independence.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through receiving regular pastoral care visits. Staff described a range of ways consumers’ emotional and psychological needs were met, such as spending one-on-one time with them when their mood was low and facilitating connection with loved ones via video calls. Care documentation evidenced consumers’ emotional, spiritual and psychological needs and strategies to support their well-being.

Consumers gave practical examples of how they were supported to do things of interest and participate in the wider community, such as leaving the service independently to attend prayer groups and practice their faith. Staff explained they supported consumers to make social connections, such as arranging a baking competition with other consumers who lived at nearby services within the broader organisation. Consumers were observed providing musical entertainment for others during lunchtime and participating in activities with encouragement and support from staff, if needed.

Consumers gave positive feedback about how information was shared relating to their conditions, particularly as staff understood their needs and preferences. Staff explained changes in consumers’ care and services were communicated during shift handovers, by dietary lists, and they accessed care documentation in the ECMS. Care documentation evidenced consumers’ needs, preferences and their changed conditions, which was shared with others involved in their care.

Consumers gave practical examples of how they had been referred to other organisations and providers of care and services, such as receiving visits from volunteers with whom they could converse in their first language and spend meaningful time. Staff explained a volunteer service was engaged to provide consumers with social support. Care documentation evidenced referrals to other service and support providers were timely.

Consumers gave positive feedback about meals and said they were of good quality, varied and portion sizes were suitable. Staff said the menu was developed in consultation with consumers, who were encouraged to provide feedback during the weekly food committee meeting. Meal service was observed as welcoming, pleasant, the meals looked appetising and staff spent time talking with consumers as assistance was provided in a dignified manner.

Consumers said they had access to safe, clean, well maintained equipment and they sought support from maintenance staff if their equipment needed to be checked. Staff explained the maintenance process and documentation evidenced equipment was routinely inspected, with shared equipment cleaned after each use. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# Standard 5

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

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers said the service was welcoming and they felt at home, particularly as it was easy to find their way around, and staff treated them as family. The environment was observed to facilitate consumers’ independence and interaction as wayfinding signs assisted with navigation and communal areas were available for socialising with each other and visitors. Consumers’ rooms were personalised with their own belongings, and consumers were observed using communal areas to interact with each other and their families.

Consumers gave positive feedback about comfortability and cleanliness of the service and confirmed they felt safe and had access to all areas, including the outdoors. Staff described the cleaning schedule, including how it increased during infectious outbreaks to ensure high touch points were regularly cleaned, and documentation evidenced tasks were completed as required. Consumers were observed moving freely around, a safe and well maintained environment.

Consumers confirmed fittings and equipment were clean, well maintained and suitable for their use, with maintenance requests promptly actioned. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and maintenance attended to promptly. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for consumers’ use.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers confirmed they felt safe to provide feedback and make complaints and gave practical examples of feedback avenues available to them, such as speaking with staff, attending regular meetings and completing feedback forms. Management said they had an open-door policy, explained the complaints process and said consumers also provided feedback during their daily walk-through of the service. Complaints documentation, consumer meeting minutes and surveys evidenced consumers were encouraged and supported to provide feedback and make complaints.

Consumers understood how to access external complaints and advocacy and language services, whose contact details were included in the consumer handbook. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Pamphlets in different languages spoken by consumers, promoted access to the Commission, advocacy support and language services.

Consumers and representatives gave practical examples of improved laundry processes, as appropriate action taken in response to their complaints of clothing items not being returned after being washed. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced effective reporting processes and the use of open disclosure in complaints management.

Consumers said they were engaged in finding solutions to issues raised and gave practical examples of how their feedback resulted in the formation of a food committee and purchase of hotboxes, so meals were more appetising and served warm. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the plan for continuous improvement for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about staffing levels and confirmed their needs were promptly met. Management explained the roster was planned according to consumers’ care needs and matched staff competencies with those needs, and care minute targets were being met. Rostering documentation evidenced all shifts were filled and a registered nurse was always available.

Consumers said staff knew what was important to them and they were kind, caring and respectful when care was provided. Staff were familiar with consumers’ needs and preferences, which they learned from care documentation to facilitate an understanding of their individual backgrounds. Staff were observed interacting with consumers in a kind, caring and personable manner, and used their preferred names during conversations or when assistance was provided.

Consumers and representatives confirmed staff were suitably skilled, knowledgeable, efficient and competent in meeting consumers’ care needs. Management explained staff competency was determined through pre-employment checks, an orientation and buddy program, mandatory training which reflected the Quality Standards, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies and qualifications relevant to their roles.

Consumers and representatives confirmed staff were well trained and gave positive feedback about their skills when providing care, particularly when caring for consumers living with dementia. Management explained, and staff confirmed, mandatory training was completed in the Quality Standards, the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, antimicrobial stewardship and infection control, with additional training arranged at the request of staff. Training records evidenced all staff had completed mandatory training.

Management advised staff performance was assessed and monitored through probationary and annual performance reviews, with informal processes used for ongoing monitoring. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal, which staff described as collaborative, they could request training and were supported by management. Personnel records evidenced all formal performance reviews were completed.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers gave positive feedback about how the service was managed and said they were involved in the development, delivery and evaluation of care and services, particularly through regular meetings, where their feedback resulted in improved meal services and their input was sought when colour schemes were chosen for renovations. Management advised consumers contributed to evaluation through scheduled meetings, the feedback process and surveys. Meeting minutes evidenced consumers were actively engaged in providing feedback about aspects of their care and were supported in that engagement.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a range of committees, and it received regular reports on clinical indicators, operational matters and routine audits. Meeting minutes evidenced the board received regular reporting which supported oversight of the service’s performance against the Quality Standards.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Management and staff understood antimicrobial stewardship, restrictive practices and open disclosure and described how these were applied in care delivery. Documentation evidenced a clinical governance framework was in place and followed by management and staff.

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)