Performance

Report

**1800 951 822**

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| Name of service: | Bupa Greenacre |
| Service address: | 171 Boronia Road GREENACRE NSW 2190 |
| Commission ID: | 2588 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 22 August 2023 to 23 August 2023 |
| Performance report date: | 21 September 2023 |

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

**This performance report**

This performance report for Bupa Greenacre (**the service**) has been prepared by M.Wyborn, 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 - Site; the Assessment Contact - Site 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 15 September 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **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 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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

Since the Site Audit undertaken from 27 to 30 September 2022 where this Requirement was found non-compliant, the service has provided relevant communications to all staff reminding them of consumer privacy and dignity needs, as well as provided targeted training opportunities. The service has provided staff with education on open disclosure, choice, privacy, dignity, and respect. The service also implemented daily spot checks with staff to monitor their application of consumer privacy and dignity needs, and the service now displays relevant posters as a reminder for staff to knock on doors before entering and to close bathroom doors when in use.

In response to the Assessment Contact undertaken from 22 to 23 August 2023, consumers and representatives advised that staff treat them with dignity and respect, and the Assessment Team observed staff interacting and treating consumers with dignity and respect, and understanding and applying consumers’ individual choices and preferences. The service demonstrated that consumer care planning documentation appropriately reflects what is important to each consumer to maintain their identity. Staff consistently spoke about consumers in a respectful manner and demonstrated an understanding of each consumer’s personal circumstances. The Assessment Team observed doors closed with signage, indicating appropriate care and consideration is being undertaken.

With these considerations, I find the service compliant in Requirement 1(3)(a).

# 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)(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

Following a Site Audit undertaken from 27 to 30 September 2022 where Requirements 2(3)(a) and 2(3)(e) were found non-compliant, the service has provided relevant education to registered nursing staff on completing consumer assessments for falls risk and palliative/end of life care, as well as education on attending to consumer reviews on the service’s electronic care management system. The service also implemented a process of reviewing weekly reports from the electronic care management system to monitor completion of consumer assessments and reviews.

In response to the Assessment Contact undertaken from 22 to 23 August 2023, consumers and representatives advised that assessment and planning includes appropriate consideration of risks to consumer health and well-being, and the Assessment Team observed that consumer care and services documentation reflected this. Further, the Assessment Team reported that clinical documentation included risks and restrictions as per NSW Department of Justice, as well as care-related mitigation strategies and interventions for relevant consumers, such as scheduled charting of visual observations, behaviour support plans, and behaviour huddles. Staff demonstrated understanding of risk assessments, monitoring of risk(s) and mitigation strategies. The Assessment Team observed clinical staff interacting with the local palliative care team and further observed registered nursing staff updating assessments (including risk) and care plans to reflect the change in consumer condition.

With these considerations, I find the service compliant in Requirements 2(3)(a) and 2(3)(e).

# 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)(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 |

Findings

Following a Site Audit undertaken from 27 to 30 September 2022 where these Requirements were found non-compliant the service has implemented several actions to address the issues identified, including:

* Providing reminders to registered nursing staff to ensure that following administration of a PRN (as needed) medication, consumers are reassessed for effectiveness.
* The service’s Clinical Care Manager reviews a PRN (as needed) effectiveness report to ensure that any PRN medications have been reviewed and monitor documentation.
* Service management monitor completion of bowel charting to ensure they are completed each shift.
* Providing education to clinical staff regarding consumer incident management.
* The service’s Clinical Care Manager is reviewing completion of observations in line with the service’s falls prevention and management procedure to monitor correct completion of observations when reviewing falls.
* The service reviewed all consumer mental health assessments to identify risk and to ensure strategies are current and effective.
* The service reviews all consumer assessments to ensure diagnosis are consistently documented.
* The service ensures that contact details for mental health support services are accessible for staff to utilise and provided education to registered nursing staff to ensure they are aware of services and referral processes to support a timely referral if necessary.

In response to the Assessment Contact undertaken from 22 to 23 August 2023 the service demonstrated effective identification, assessment, management and evaluation of consumers’ clinical care, diabetic management, pain management and restrictive practices.

Consumers who have received PRN (as needed) medication were observed for effectiveness and strategies were trialled before the medication was administered. Consumers who are identified at high risk of pressure injuries and require regular repositioning have guidance for staff documented in their care plan and repositioning charts in place. Consumer bowel charts show staff are monitoring and recording the consumer’s bowel movements and effective bowel management is in place. The Assessment Team reported that consumer care planning documentation identifies effective management of high impact and high prevalence risks, including weight loss, falls, behaviour and wound management.

A review of consumer care plans and staff handover meetings demonstrate there is effective communication between registered nurses and care staff about the condition, needs and preferences of consumers. Allied health services have access to consumer electronic clinical files where they can add progress notes or conduct assessments as appropriate, and representatives advised that consumer needs and preferences were being effectively communicated between staff. Representatives advised that staff are familiar with their consumer’s care needs and are aware when care needs change. Representatives also advised that staff notify them of any changes in their relative’s health immediately. Care staff confirmed they are informed of changes to a consumer’s condition through appropriate progress notes, verbally from the registered nurse or at shift hand over, and the Assessment Team observed a staff handover discussion where each consumer’s current condition and any incidents that occurred, or follow-up required was discussed.

The service demonstrated timely and appropriate referrals are made for consumers as needed, and the results of assessment and recommendations are updated in the consumer’s care plan. The dietician explained that referrals are made via email and consumer review and contact is generally undertaken within a week of the referral being made, and the speech pathologist advised the Assessment Team that their services are provided to consumers within five days of the referral being made.

With these considerations, I find the service compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(e) and 3(3)(f).

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |

Findings

Following a Site Audit undertaken from 27 to 30 September 2022 where these Requirements were found non-compliant the service has implemented several actions to address the issues identified, including:

* Engaging the organisation’s regional lifestyle partner to provide support and assistance to the service’s internal lifestyle team, including providing education on documentation requirements.
* Supporting lifestyle staff to better utilise the electronic care management system to document consumer participation and attendance records for all activities.
* Introducing a consumer lifestyle assessment to the consumer’s monthly spotlight process to be completed by the recreational activities officer and used to review all consumers’ activity plans.
* Providing a review of the service activity calendar, including consultation with consumers in the development of revenant activities.
* Provided relevant education to all staff on the electronic management system, ensuring understanding and accessibility of consumer information at point of care via mobile devices.
* Adopting different communication methods to inform staff of a consumer’s condition, needs and preferences including the use of framed names on doors containing visual representations of the consumer’s likes and dislikes and the use of symbols to indicate specific conditions for a consumer.
* Providing a comprehensive review of all consumers who would benefit from referral to a volunteer service and ensure a referral is in place.
* Ongoing invitation to the volunteer service to talk at consumer and representative meetings and staff meetings to introduce the service.

In response to the Assessment Contact undertaken from 22 to 23 August 2023 the service demonstrated a comprehensive process for documenting consumers’ participation in activities and meaningful engagement provided by staff that is reflective of individual consumer care needs. Further, the service demonstrated effective communication regarding consumers’ conditions, needs and preferences within the organisation and with others where care responsibility is shared.

Appropriate referrals to other organisations to assist in the provision of emotional and psychological support are made in a timely manner and lifestyle staff explained other organisations regularly provide services to support the wellbeing of consumers. These services include spiritual support with visits from local ministers and social support through the National Disability Insurance Agency (NDIA). The service recently commenced ‘Resparkle’ (previously known as ‘Move and Groove’), an initiative which plays music chosen by consumers on a set of Bluetooth headphones to provide emotional and psychological support to consumers. The Assessment Team observed multiple consumers engaging in this music therapy throughout the Assessment Contact. Management advised they are actively seeking engagement from other external providers, such as a local pet therapy provider, to assist in the provision of emotional and psychological support for consumers.

With these considerations, I find the service compliant in Requirements 4(3)(b), 4(3)(d), and 4(3)(e).

# Standard 7

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| Human resources | |  |
| 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 |

Findings

Following a Site Audit undertaken from 27 to 30 September 2022 where Requirements 7(3)(b), 7(3)(c) and 7(3)(d) were found non-compliant the service has implemented several actions to address the issues identified, including management emailing staff to provide a focus on maintaining consumer privacy and dignity, and providing all staff with education regarding consumer dignity and respect, code of conduct, and person-centred care. Management have adopted observations and spot checks of staff and consumer interactions during daily walk rounds throughout the service, and have actively sought feedback from consumers and representatives at resident/ relative meetings. The service also undertakes regular audits regarding consumer experiences in the service.

The service targets education sessions on identified gaps in knowledge and has developed an education and training plan and schedule, as a result of comprehensive training needs analysis and evaluations. The service has targeted education on the Quality Standards including anti-microbial stewardship and open disclosure. The service has undertaken an audit on outstanding staff training requirements and management have oversight to confirm training is translating to practise.

In response to the Assessment Contact undertaken from 22 to 23 August 2023 the service demonstrated that staff interactions with consumers are respectful, engaging and kind. Consumers advised that care and interactions with staff was ‘very good, marvellous, and excellent, couldn’t ask for better’. Staff advised they refer to current information in consumer care plans regarding each consumer’s care preferences and they ask consumers how they want things done. Staff also said management conduct regular rounds and speak with consumers and staff. Staff are provided education regarding service expectations for consumer care and communication at orientation, staff huddles, and at staff meetings.

The Assessment Team’s review of the service’s 2023 education calendar and training attendance records highlighted focus sessions were conducted on topics including, behaviour management, managing responsive behaviours, skin integrity, falls prevention and positive communication with residents. Care staff appropriately described recent training they attended including a session on vital signs, and staff who administer medications are required to complete annual competency assessments. Medication competent care staff confirmed they complete an online theory-based component for the annual medication management training before being assessed on their competency by a senior member of the clinical team. Cleaning staff confirmed they had received training on infection control and completed competency-based assessments on donning and doffing and hand hygiene. The service also demonstrated an effective pre and post training evaluation process that provides an opportunity for participants to rate their knowledge prior to and after an education session.

Management demonstrated an increase in the training, education and knowledge of staff relating to behaviour management, antimicrobial stewardship, open disclose and risk management. The service’s education calendar also highlighted targeted sessions were conducted on behaviour management including managing responsive behaviours, behaviour support plans and anti-microbial stewardship and Serious Incident Reporting Scheme (SIRS).

With these considerations, I find the service compliant in Requirements 7(3)(b), 7(3)(c) and 7(3)(d).

# Standard 8

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| Organisational governance | |  |
| 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)(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

Following a Site Audit undertaken from 27 to 30 September 2022 where Requirements 8(3)(b), 8(3)(c) and 8(3)(e) were found non-compliant the service has implemented actions to address the issues including better consumer risk assessment process and mitigation strategies, reviewing and updating each consumers’ records in the service’s electronic care management system, and introducing the ‘Spotlight’ process with consumers which provides a comprehensive monthly review of their needs, preferences, and any changes to be addressed. The service provides a routine monitoring, reporting and review of care and services for all consumers as part of analysis of trends, and continuous quality improvement processes to ensure consumer care and needs are appropriately addressed by both the service and organisation. The service effective utilises the organisation’s communication systems to message all staff, consumers and representatives about important information. Further, a program of staff education and assessment, auditing, regular review is now a part of continuous improvement to ensure staff capability and consistent quality of care for consumers.

The service has sought consent from consumers and their representatives to trial the ‘airtag’ devices with four consumers living with dementia who are at risk of absconding from the service. In addition, the service has changed the position of the button to open the front doors so it is out of sight.

Routine auditing of consumer care documentation and charts by management is undertaken to ensure consumer care is current, and documentation is reflective of organisational expectations, and of the current concerns, care needs, goals and preferences of consumers. Management undertake daily walk arounds which include observation of consumer and staff practices and interactions. Daily ‘staff huddles’ are used to update staff on any issues arising, changes or other key information, and email and newsletters are used by the organisation to communicate important information to staff, families and consumers. The organisation has also introduced an App to communicate with staff, consumers and representatives.

The organisation provides greater analysis of educational needs and identification of staff knowledge and skill deficits, and has developed an effective staff education program which includes clinical governance/risk framework, open disclosure, anti-microbial stewardship, behaviour management, and minimising restrictive practice for all staff. The organisation’s Medical Advisory Committee reviews trends and analysis of antibiotic usage, comparison of prescribing and specimen collection/ results done or not, and also reviews the service’s infection report. All incident reports include documentation of the open disclosure process used by staff when informing representatives and consumers of an incident, and these are reviewed by management for compliance and as part of the communication process with families and consumers. The organisation ensures regular review and trending on the use of restrictive practices and management completes spot checks, reviews and observes restrictive practices in use in the environment and has purchased equipment such as king single beds, alarms and sensor mats.

In response to the Assessment Contact undertaken from 22 to 23 August 2023 the organisation demonstrated effective processes to assess and manage risk to promote a culture of safe and inclusive care and services for each consumer. Management explained how the service reports clinical indicators and consumer incidents to the Board routinely, and highlighted that the organisation has a schedule of meetings and feedback mechanisms to share information, discuss issues, update and communicate with service and regional managers about organisation-wide matters.

The organisation demonstrated an effective information system after transitioning to the electronic care management system (ECMS), and the Assessment Team’s review of consumer records highlights daily use of the ECMS by staff and management for all aspects of consumer care, from care planning and assessment to clinical oversight of wounds, weights, care plan currency and staff completion of documentation in charts, progress notes and incident reports.

Staff and management demonstrated appropriate awareness of their obligations within the clinical governance framework. Staff advised they have had education concerning restrictive practices which is ongoing for behaviour management and there are regular huddles provided on the topic. Staff had also attended education about antimicrobial stewardship and open disclosure processes.

With these considerations, I find the service compliant in Requirements 8(3)(b), 8(3)(c) and 8(3)(e).

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