Performance

Report

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| Name of service: | Bupa Greensborough |
| Service address: | 264 Diamond Creek Road GREENSBOROUGH VIC 3088 |
| Commission ID: | 3677 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 7 July 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 Greensborough (**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. 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 Approved Provider’s response to the Site Audit Report received on 23 June 2023.
* other information and intelligence held by the Commission in relation.

# 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

Consumers said they were treated with dignity and respect, as staff respected their preferences. Staff described how they maintained consumers dignity and valued their diversity and culture. Care documentation contained information about consumers identity and culture to guide staff in the delivery of care and services.

Consumers said staff were aware of and supported their cultural background. Staff provided examples of how care and services were delivered in a culturally safe manner, including sensitive topics to avoid discussing. Staff had been trained in cultural awareness and diversity.

Consumers considered they were supported to exercise choice and independence, make their own decisions, and maintain personal relationships. Care documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

Consumers said they were supported to live the way they wished and to engage in activities of potential risk. Staff gave practical examples of how consumers were supported to do things with an element of risk. Care documentation identified different consumers’ risks, as well as strategies to mitigate risks and ensure consumer safety.

Consumers gave examples of the various ways in which information is given to them. Staff confirmed non-verbal communication techniques are used with consumers who are living with cognitive impairments. Newsletters, meeting minutes, activities program and menus were available in communal areas.

Consumers said their privacy was respected, and their personal information kept confidential. Staff practice was guided by a privacy policy and staff were observed knocking on doors prior to entering the consumers’ room.

# 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

Consumers and representatives confirmed risks to their health and wellbeing were assessed and strategies to minimise the risk were planned. Staff described using validated assessment tools to inform care planning. Care documentation evidenced risks to consumers had been identified and strategies to minimise those risks.

Consumers and representatives said the care plan included the consumer’s needs, goals and preferences, including for end of life care. Staff described discussing end of life care with consumers upon entry and routinely. Care documentation evidenced individualised needs, goals, preferences and advance care plans were recorded.

Consumers and their representatives said they were involved in assessment and planning on an ongoing basis. Care documentation evidenced consumer-centred assessment and planning, inclusive of medical officers, specialists and allied health professionals. Staff confirmed family consultations occur as part of the care review process.

Consumers and representatives confirmed they had or could access a copy of the consumer’s care plan. Staff confirmed accessing care plans using the service’s electronic care management system. Care documentation evidenced outcomes of assessment were communicated to consumers and their representatives.

Consumers confirmed their care is regularly reviewed. Staff demonstrated knowledge of review and reassessment process in response to incidents or changed needs. An assessment and care planning policy guided staff to routinely review care for effectiveness.

# 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

Consumers said they received personal and clinical care which was tailored to their needs and preferences. Policies and procedures guided staff in delivering personal and clinical care which was best practice. Care documentation reviewed identified restrictive practices were managed in line with legislative requirements, and skin integrity and pain management care effectively delivered.

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Staff were knowledgeable of individual consumer risks, such as pressure injuries and falls. Care documentation reflected assessments undertaken to identify risks and mitigation strategies in place.

Staff demonstrated knowledge of how care changed to ensure consumers were comfortable and free from pain when receiving palliative care. Care documentation evidenced consumers’ needs and preferences during the palliative process were met. Palliative care policies and pathways guided staff practice.

Consumers and representatives said changing needs were recognised and responded to in a timely manner. Staff gave practical examples of response to deterioration included completing observations, assessments, and referrals. Care documentation evidenced prompt identification of and response to changes, including consultation with allied health professionals.

Staff explained how information was shared through verbal and documented handover processes. Consumers and representatives said information was effectively communicated between those involved in the consumer’s care. Care documentation substantiated adequate information was shared regarding the consumers care needs.

Staff described processes for referring consumers to health professionals and allied health services. Care documentation identified timely referrals to medical officers, allied health therapists and other providers of care and services. Consumers and representatives confirmed referrals were undertaken as needed.

Consumers and representatives said infection control practices, especially during COVID-19 were effective. An Infection Prevention and Control Lead, policies and procedures were used to guide staff. Staff understood the service’s approach to minimising the use of antibiotics, including initiating non-pharmacological strategies first.

# 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

Consumers said they were satisfied with services and supports available for daily living and they were able to participate in activities they enjoyed. Staff described supporting consumers to engage in group or independent activities. A calendar reflected a range of activities tailored to consumers’ interests and abilities.

Consumers said staff were kind and provided emotional support when needed. Staff described supporting consumers well-being, by spending time with them and engaging in conversations. Care documentation included information regarding consumers’ spiritual, emotional, and psychological needs, and the supports they required

Consumers said they were supported to maintain social or personal connections important to them and to participate in activities, however some said more bus outings into the community were needed. Lifestyle staff confirmed bus outings were previously placed on hold but these were now resuming. Consumers were supported to participate in activities, regardless of cognitive or physical barriers.

Consumers said those responsible for the delivery of their care were aware of their needs and preferences. Staff described how information was shared information between themselves and allied health professionals, to inform daily living supports and services.

Staff indicated they had access to a range of service providers in which to refer consumers if needed. Consumers advised they had been referred to dementia and disability support services. Care documentation reflected the input of external agencies.

Consumers gave positive feedback about the variety, quality, and quantity of food. Consumers participated in the development of the menu. Staff were aware of consumers’ nutrition and hydration needs and preferences. Catering documentation confirmed food safety requirements were met.

Equipment which supported consumers to engage in lifestyle activities was observed to be suitable, clean and well maintained. Staff described the process for reporting faulty equipment. Maintenance documentation supported equipment was regularly checked and maintained.

# 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

Consumers said they felt welcome and at home at the service and were encouraged to personalise their rooms. The service had several areas for consumers to access and interact, including themed sensory stations for consumers in the Memory Support Unit. Consumers were observed moving freely throughout the service and enjoying outdoor areas.

Consumers and representatives the service was cleaned regularly, and consumers were free to move around as they wished. Staff said they follow a cleaning schedule, however, recording the completion of cleaning was identified. Policies, procedures and work instructions guide the completion of cleaning, maintenance and laundry services.

Consumers and representatives said equipment was well-maintained, safe and clean. Staff described the process in repairing and replacing faulty equipment. Maintenance documentation evidenced scheduled maintenance had been completed and new equipment had been purchased.

# 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

Consumers and representatives said they were comfortable providing feedback or making a complaint and were aware of relevant processes. Management and staff confirmed they supported consumer feedback and complaints through direct discussion, email or feedback forms. Consumer meeting minutes evidenced consumers were encouraged to provide feedback.

Consumers were aware of external avenues to raise a complaint, including through the Commission or an advocacy service. Staff knew how to engage language services, if needed. Posters on how to access advocacy, language and complaint agencies were displayed on noticeboards.

Complaints processes guided staff what to do if feedback or a complaint was received and using open disclosure when things went wrong. Documentation and consumer feedback confirmed, the service acted in a timely manner responding to complaints and an open disclosure process was applied.

Consumers provided positive feedback regarding improvements made in response to their feedback or complaints. Management described the Plan for Continuous Improvement was used to monitor their response to complaints and provided examples of improvements made for the benefit of consumers.

# 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

Consumers and representatives provided positive feedback regarding staffing numbers and confirmed their care needs were met. Staff said the service had the right number and combination of staff to deliver quality care. Rostering documentation evidenced workforce planning processes were used to allocate sufficient staff.

Consumers confirmed staff engaged with them in a respectful, kind and caring manner. Staff said they had never witnessed disrespectful language or behaviour towards consumers or their representatives. Staff practices were guided by a Diversity and Culturally Appropriate Care policy.

Consumers and representatives felt staff were well trained and met the needs of consumers. Members of the workforce said clinical staff and management were supportive in clarifying any information when asked. Employee records evidenced the service monitors professional registrations and police checks appropriately.

Management and staff said, and documentation confirmed, staff were trained and equipped to deliver outcomes required by the Quality Standards. The organisation identified staff training needs through staff performance reviews, staff meetings, feedback received from consumers or representatives, and incident and audit results.

Management said staff performance was continually assessed and monitored through ongoing supervision, identifying and addressing issues as they arise, and completing mandatory training. A review of the performance appraisal register confirmed all staff have completed their annual performance review.

# 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

Consumers and representatives reported they were engaged in the development, delivery, and evaluation of care and services. Management advised there were multiple avenues available for consumers to provide input to enhance the delivery of care and services, including resident meetings, surveys and feedback forms.

The organisation’s governing body promoted a culture of safe, inclusive care. The service submitted data to the Board from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery.

The service had effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation’s systems and processes complied with relevant legislation and the continuous improvement plan was monitored to ensure appropriate action in response to feedback and complaints.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

The Approved Provider has a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Members of the workforce had been educated about the policies and were able to provide examples of their relevance to their work.

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)