Performance

Report

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| Name of service: | Performance report date: |
| BUPA Kempsey | 21 June 2022 |
| Commission ID: | Activity type: |
| 2679 | Site audit |
| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd. | 17-19 May 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 Kempsey (the service) has been considered by Gill Jones, 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 undertaken 17-19 May 2022. 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 10 June 2022.
* the following information given to the Commission, or to the assessment team for the Site Audit of the service: The Assessment Team interviewed 21 consumers and 4 consumer representatives about care and services provided during the Site Audit.
* the following information received from the Secretary of the Department of Health (the Secretary): Department's Exceptional Circumstances determination to continue accreditation at Bupa Kempsey dated 1 December 2021.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

The service is able to demonstrate a culture of inclusion and respect and consumers are supported to maintain their identity. The service supports consumers to make informed choices about their care and services and to live the life they choose. The service is able to demonstrate consumer’s personal privacy preferences were met and their information is secured to ensure confidentiality.

Consumers/representatives sampled said staff treat them in a kind and respectful manner and value them as individuals. Staff interviewed spoke about consumers in a way which was respectful and demonstrated an understanding of the personal circumstances and lifestyle choices. Consumer’s care and services’ documents included information reflecting the consumers’ background, identity, cultural practices, individual preferences and choice. The Assessment Team observed staff speaking respectfully and kindly to consumers.

Consumers/representatives said staff support them to express their individuality without judgement. Staff described how individual consumer’s culture and background influences how they deliver care and services. Review of care documentation for consumers identifies the inclusion of specific cultural, spiritual and religious needs.

Consumers/representatives said they are supported by the service to exercise choiceand independence and to maintain relationships of choice. Care documentation for consumers identifies regular discussions with consumers and those they choose to have involved in their care.

Consumers/representatives sampled described how consumers are supported to take risks to do activities of their choosing and maintain their independence. Care planning documents described areas in which consumers were supported to take risks and strategies for managing risks were identified in the consumers care plans. Staff interviewed were able to identify the consumers who are supported to take risks and explained how the service supports them.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service is able to demonstrate consumers/representatives are involved when undertaking initial and ongoing assessments and planning for care and services. The service demonstrated assessment and planning is effective and these processes support staff to deliver safe and effective care.

The service demonstrated the assessment process identifies consumers goals and preferences, including advance care plans and end of life plans. When incidents impact upon a consumer or when circumstances change, care plans are reviewed, and changes implemented.

Consumers/representatives said they are assessed on entry to the service and reviewed regularly. Care planning documentation is individualised and includes identified risks to each consumer’s health and well-being. A review of consumers care plans identified consumers wishes and preferences, including end of life planning, is discussed with consumers/representatives. Representatives indicated the staff were very responsive and alerted them if there were any changes in the consumer’s condition. This included referring consumers to their Medical Officer or other health professionals for further review.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated consumers receive safe and effective personal and clinical care which is best practice and tailored to their individual needs. Staff demonstrated an understanding of restrictive practices and the appropriate use of psychotropic medications, including medications deemed chemical restraint. Behaviour management support plans identified assessments are completed and referrals are made to specialist services.

The service demonstrated effective management of high impact high prevalence risks associated with the care and support of consumers.

For the consumers sampled, care planning documentation described the key risks to those consumers and how they are managed.

The service demonstrated the needs and preferences of each consumer nearing the end of life is known to staff and they implement the appropriate care to ensure the consumer is comfortable and their dignity preserved. For the consumers sampled, care planning documentation and/or progress notes reflect the identification of, and response to, deterioration or changes in their condition.

A review of care planning documentation demonstrated progress notes, care and service plans and handover reports provide adequate information to support effective and safe sharing of consumer information to support care. Care planning documentation confirms the input of others and referrals where needed.

The service demonstrated effective infection prevention and control measures. The service implemented effective practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

**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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service is able to demonstrate consumers receive services and supports for daily living that meet their needs, goals and preferences enabling them to live a life of their choosing, and optimising their independence, health, well-being, and quality of life.

Sampled consumers said the service supports them to engage in activities of choice including activities outside of the service. Consumers were observed to be engaging in a variety of activities. Consumers said they are happy with the support they receive from the service to engage in spiritual activities.

Consumers said they are confident staff and other persons/organisations delivering their services and supports for daily living are aware of their condition, needs and preferences and they receive the care they need. Equipment was observed to be clean and well maintained.

Consumers said the food is of good quality and quantity, they enjoy the meals and like that they can have an input into the menu through feedback to kitchen staff and monthly consumer meetings.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The service environment is welcoming and easy to understand, and most consumers are able to move freely both indoors and outdoors. An issue was identified with a key padded doors which may have prevented some consumers moving freely as they may have been unable to operate the key pad. This issue was addressed with the Approved Provider on site and action was taken to address this issue immediately. In their response to the Assessment Team’s report dated 10 June 2022 the Approved Provider submitted further information stating they have subsequently re-assessed all consumers living in this part of the Service. Those consumers unable to operate the key pad now have the appropriate consents in place for environmental restraint, where applicable. The Approved Provider is strongly encouraged to include this issue in their assessment and care planning processes from now on.

Consumers said the service is pleasant, the environment is comfortable, the furnishings and mobility equipment is well maintained and they enjoy living at the service. The Assessment Team observed furniture, fittings, and equipment to be well maintained, clean and suitable for consumers use.

**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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated consumers/representatives are encouraged and supported to provide feedback and make complaints, and appropriate action is taken in response to complaints and open disclosure practices are utilised. Feedback and complaints are reviewed by the service and used to improve the quality of care and services.

Consumers/representatives said they feel encouraged, safe and supported to make a complaint or provide feedback to the service. Consumers/representatives were able to describe the external avenues available to them for raising a complaint. Consumers/representatives sampled who have made a recent complaint said management acknowledged the issue and involved the consumer/representative in the resolution process to achieve an outcome which satisfied them. Consumers/representatives said when they have provided feedback or made a complaint, the service has used this information to make improvements to the quality of care and services.

**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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers considered that they get quality care and services when they need them and from staff who are knowledgeable, capable, and caring. The service demonstrated workforce planning enables the allocation of the number and mix of staff to manage and deliver safe and quality care and services. Interactions between staff and consumers were kind, caring and respectful. Members of the service’s workforce have relevant qualifications, are competent and have the knowledge required to effectively perform their roles. They are trained, equipped, and supported to deliver care and services that meet consumers’ needs and preferences and the Quality Standards. The organisation has a process to monitor members of the workforce and conduct regular assessments and reviews of their performance.

**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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers are confident the organisation is well run and that they can partner in improving the delivery of care and services. Consumers said they have ongoing input in how care and services are delivered in a variety of ways including during care reviews, feedback and complaints processes, and consumer meetings.

The governing body is accountable for the delivery of quality care and services, and it promotes the delivery of quality care and services and a culture of safe and inclusive care.

Effective organisation wide governance systems are established within the service. Care and service staff are satisfied the organisation’s information systems provide them with current and accurate information that enables them to effectively perform their role. Opportunities for improvement are identified through a range of sources including complaints, feedback, consumer meetings, incident reports, audit reports, advice from external organisations and recommendations from the governing body.

The service demonstrated the organisation’s governance systems and risk management systems are effectively implemented. The organisation’s clinical governance framework has been implemented at the service and management and staff apply the principles of the framework when providing clinical care. The framework includes policy relating to antimicrobial stewardship, minimising the use of restrictive practice, and complaints including open disclosure.

The organisation has a documented risk management and governance framework. These frameworks cover consumer safety, risk management, clinical safety, and the escalation of critical incidents. The abuse and neglect of consumers is identified and responded to, consumers are supported to live the best life they can.

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