Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bupa Kyneton |
| Service address: | 2 Edgecombe Street KYNETON VIC 3444 |
| Commission ID: | 3876 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 24 October 2022 to 26 October 2022 |
| Performance report date: | 22 December 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 Kyneton (**the service**) has been considered by James Howard, 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 conducted from 24 October 2022 to 26 October 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.
* Other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 and representatives said consumers were treated with dignity and respect, could maintain their identities, make informed choices about their care, and live the lives they chose. Staff demonstrated an understanding of consumers’ care preferences and delivered care respectfully. Consumers’ care plans included cultural backgrounds, personal preferences, and spiritual needs.

Consumers and their representatives said the service provided care and services that were culturally safe. Staff provided examples of how they supported consumers’ cultural needs and backgrounds. Care plans documented consumers’ choices, including personalised information regarding cultural needs.

Consumers said they were supported to make decisions about their care and maintain relationships of choice. The Assessment Team observed consumers’ preferences being supported by the service. Care planning documents contained records of consumers’ choices as described by consumers, representatives, and staff.

Consumers said they were supported to take risks to improve their quality of life. Staff provided examples of consumers who wished to take risks. The Assessment Team sighted up to date dignity of risk forms for sampled consumers who took risks.

Consumers and representatives said the information they received was current, accurate, timely and communicated clearly. Staff described the various ways they provided information to consumers and representatives, such as activity schedules, informal discussions, formal case conferences facilitated by management, and consumer meetings. The Assessment Team observed activity schedules and menus on display around the service.

Consumers and representatives said they were confident their information was kept confidential. Staff described various ways in which they maintained consumers’ privacy when providing care. The Assessment Team observed staff practice respected the privacy of consumers.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 said they were involved in the assessment and care planning process and staff confirmed consumers and representatives were consulted to identify risks to the consumer’s health and well-being. Care planning documents included risks to consumers’ health and well-being and were used to inform the delivery of safe and effective care and services. Care planning included involvement from medical officers (MO) and other allied health professionals.

Consumers and representatives said the service identified their needs on an ongoing basis and had discussed their end of life (EOL) preferences. Staff described the needs and preferences of consumers, which aligned with consumer feedback and care planning documents on the electronic care management system (ECMS).

Consumers and representatives confirmed they were involved in assessment and care planning and were notified when changes occurred. Consumer files included input from MOs and other allied health professionals and showed consultation with consumers and their representatives in assessment and care planning.

Consumers and representatives recalled being offered copies of their care plans as part of the review process. Staff identified handovers and the ECMS messaging platform as frequently used options for communicating outcomes of assessments and reviews. Access to the ECMS was available for all staff, and external organisations where services and supports for daily living was shared, such as allied health professionals.

Consumers and representatives said they were notified when circumstances changed, or incidents occurred. Staff said consumers and their representative were included in regular reviews of care plans. Consumer files showed regular reviews occurred following changes in circumstances or incidents which impacted on the needs of the consumer.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 and representatives said their care and services were met and delivered in the way they chose. Staff practice was guided by the service’s policies on falls management, pain management, skin integrity management and psychotropic medication use. Care planning documents reflected safe and effective personal and clinical care which addressed specific consumer needs and optimised wellbeing.

Consumers and representatives were satisfied the service effectively managed high impact and high prevalence risks. There was evidence MOs and other allied health professionals provided input to effectively manage risks to consumers. Care plans of sampled consumers identified relevant high impact high prevalence risks and how these were managed and reviewed.

Consumers and representatives were satisfied that care was personalised to their needs, goals, and preferences and confirmed that staff discussed EOL preferences with them. Staff provided a detailed recollection of care provided in line with a recently deceased consumer’s preferences. Care documentation confirmed staff responded in a timely manner, involved representatives and ensured the consumer received effective palliative care.

Consumers and representatives said the service was responsive to deterioration and changes in conditions. Staff described how they identified and responded to changes, including escalating concerns and communicating changes through handover, in progress notes, incident reports and charting. The service had a procedure which guided staff practice if a consumer’s condition deteriorated.

Information relating to consumers’ conditions, needs and preferences was documented in care planning documentation which was accessible to staff, MOs and other allied health professionals on the service’s ECMS. Consumer files showed information about consumers’ care was documented and effectively communicated with staff, allied health professionals and representatives.

Consumers and representatives said they had access to MOs, allied health providers and external health organisations when required. Staff demonstrated an awareness of referral processes to address changes in a consumer’s condition. Care planning documents showed referrals to MOs and other health professionals as required.

Consumers and representatives provided positive feedback on the service’s processes to ensure infection related risks were minimised. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics. The service had an infection prevention and control (IPC) lead who conducted daily spot checks of personal protective equipment (PPE) use and hand hygiene practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 and representatives described how they were supported to engage in the things they want to do and how their individual preferences were respected. Staff described how the service supported consumers to maximise their independence, wellbeing, and quality of life. The Assessment Team observed care and lifestyle staff interacting with consumers both individually and in groups.

Consumers and representatives said staff supported their mental well-being and described activities they enjoyed at the service. Staff described how they addressed each consumer’s emotional and psychological wellbeing. Care planning documents included information on consumers’ individual emotional, spiritual, and psychological needs.

Consumers and representatives said the service offered services and supports that enable them to participate in the community, have relationships and do things of interest to them. Staff described how they supported consumers to do the things of interest to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on consumers’ interests and identified the people important to them.

Consumers and representatives felt confident that staff and other persons delivering their care and services were aware of consumers’ needs and preferences. Care planning documents reflected the needs and preferences of consumers and aligned with what staff described.

Staff described how the service worked in conjunction with external individuals and organisations to supplement the services and supports for daily living. Staff said the service engaged external service providers when the service could not provide specific activities the consumers wished to do. Care panning documents showed referrals to external organisations.

Consumers said meals provided were varied and of suitable quality and quantity, and confirmed they were involved in the planning of the menu. Staff demonstrated a shared understanding of the process for monitoring dietary requirements within the kitchen environment. Dietary requirements for all consumers were documented in the ECMS and catering staff confirmed they were informed of changes in dietary needs and preferences.

Consumers said equipment at the service was safe for use and well maintained. The Assessment Team observed that where equipment was provided, it is safe, suitable, clean, and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 comfortable at the service and were encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The Assessment Team observed comfortably furnished communal areas that optimised consumer interaction and engagement.

Consumers described the process of reporting any concerns in relation to maintenance and expressed satisfaction with the service delivery provided. Cleaning staff described their cleaning routine in accordance with consumers’ needs and preferences. Consumers were observed navigating freely both indoors and outdoors.

Sampled consumers and representatives said furniture, fittings and equipment in the service were clean and well maintained. The Assessment Team sighted both preventative and reactive audits of the service, which were up to date. The Assessment Team observed the furniture, fittings and equipment in the service were safe, clean and well maintained.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 encouraged and supported to provide feedback and make complaints. Staff described methods for providing feedback and making complaints, and the process for raising issues with them directly. Management explained various avenues for providing feedback, including consumer meetings and feedback forms.

Consumers said they were aware of how to make a complaint through various avenues. Staff described how they offered interpreter services to consumers and provided information on advocacy services when the need arose. Information on advocacy, external complaints avenues and interpreter services were displayed around the service.

Consumers and representatives said management promptly addressed and resolved their concerns following the making of a complaint, or when an incident occurred. Management discussed how open disclosure principles were incorporated into the service’s complaints and feedback and incident system. Staff confirmed the service provided open disclosure training to staff.

Management said the organisation trended and analysed feedback made by consumers and representatives and used the information to inform continuous improvement activities across the service. Consumer meeting minutes and the service’s plan for continuous improvement (PCI) demonstrated complaints, feedback and suggestions were documented and changes at the service were communicated with consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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, representatives, and staff reported some issues in relation to occasional staff shortages. However, there was no significant impact on consumer care reported or observed. Management advised there was ongoing recruitment and new staff commencing under sponsorship and traineeship arrangements in the weeks following the site audit. A review of the roster for the previous month confirmed registered nurses were allocated across a 24-hour period and there were strategies in place to cover staff on planned and unplanned leave.

Consumers and representatives said staff engaged with them in a respectful, kind, and caring manner. Staff knew sampled consumers’ needs, preferences, and backgrounds to assist in care delivery. Staff interactions with consumers were observed to be kind, caring and respectful.

Consumers said they felt confident staff are sufficiently skilled to meet their care needs. Management described recruitment and selection procedures that ensure staff have the required qualifications, credentials, reference checks and police checks.

Consumers reported they were confident with staff abilities and practices. Staff said they had mandatory and ongoing training delivered via online training tools, short toolbox training sessions and longer, face-to-face training sessions. Training records showed staff were up to date with their mandatory training and received a range of training relevant to their roles.

The service had a staff performance framework which showed appraisals were conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which included discussions of their performance and areas where they would like to develop their skills.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 said they provided ongoing input on how consumers’ care and services were delivered and confirmed that the service sought their input in a variety of ways. Staff confirmed the service kept consumers and representatives informed and engaged in the delivery of care and services. Documentation review showed consumers were meaningfully engaged in evaluation of services through consumer meetings and surveys.

Management outlined systems and reporting processes in place through which the governing body monitored the service’s compliance with the Quality Standards. Management discussed how the organisation supported the service in providing care and services through a range of committees, with a hierarchy of oversight and monitoring and the review process of key performance indicators, including comments, complaints, and feedback received by the service. The governing body trended data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective, organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service had an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints.

Management and staff described how incidents were identified, responded to, and reported in accordance with legislation, including the Serious Incident Reporting Scheme. The service had risk management systems which outlined the management of high impact or high prevalence risks. The service’s incident register showed incidents were managed and reported in line with the service’s risk management system.

Staff said they were aware of antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service demonstrated it had a clinical governance framework in place, which included antimicrobial stewardship, minimising the use of restraint and open disclosure.

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-1)