

**Performance Report**

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| Name: | Bupa Maroubra |
| Commission ID: | 2585 |
| Address: | 288 Maroubra Road, MAROUBRA, New South Wales, 2035 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 12 November 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd Service: 956 Bupa Maroubra |

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 Maroubra (**the service**) has been prepared by Micheal Cooper, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers and representatives, staff and others.
* the provider’s response to the assessment team’s report received on 4 December 2024.

# Assessment summary

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| 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 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 |

Findings

Consumers and representatives confirmed care provided is tailored to the consumers’ needs and preferences. Care planning documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being.

Staff described individual consumers’ care needs and strategies in place to support their care. The Assessment Contact report contained information in relation to consumers subjected chemical restrictive practice.

All care and clinical staff interviewed demonstrated strategies they use to minimise changed behaviours for individual consumers. Registered staff said they always ensure staff have tried non-pharmacological strategies before implementing any chemical restrictive practices is utilised.

Management said the service has a culture of reducing the use of chemical restrictive practices and provided details of consumers who have recently had the chemical restrictive practice ceased related to strategies implemented for named consumers.

The service demonstrated clinical and personal care is delivered safely and effectively which is best practice and tailored to consumers’ needs.

I have considered the information within the Assessment Team report, and I am satisfied the organisation ensures each consumer receives safe and effective personal and clinical care which is best practice, tailored to their needs and optimises their health and wellbeing.

It is my decision Requirement 3(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living |  |
| 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 |

Findings

Consumers and representatives said they were supported to participate within their communities, have social and personal relationships, and do things of interest to them.

Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as planned activities, both group and individual.

Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and identified the people important to the individual consumer. The service has a wellness program which ensures the needs of the consumer is catered for with 5 lifestyle pillars, which include ‘active minds, community and family, themes/social events, gender specific, physical/individual emotional’. Management said the consumers have ownership of the lifestyle program and the activities offered, which consumers confirmed.

I have considered the information within the Assessment Team report, and I am satisfied the organisation ensures the services and supports for daily living assists each consumer to participate in their community within and outside the service environment, have social and personal relationships and do things of interest to them. This is reinforced by the overall positive feedback from consumers, their representatives and staff regarding assistance with activities of daily living.

It is my decision Requirement 4(3)(c) is Compliant.

# 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 |

Findings

Overall consumers and representatives interviewed confirmed that staff are meeting the care needs of consumers in a timely manner. They reported the service is adequately staffed, call bell requests were responded to in a reasonable timeframe, and they were satisfied with the quality of care provided.

Management demonstrated how they monitor the care needs of consumers to determine the number and mix of staff to deliver safe, quality care and services. They described ways they ensure the workforce is maintained, such as strategies around unplanned leave, including accessing staff from within the organisation.

While the service has registered nurses on-site and on-duty 24 hours a day, 7 days per week, they are not currently meeting their targeted registered nurse minutes and total care minutes. Management described strategies to ensure the care minutes are met soon including the introduction of a new master roster and ongoing recruitment.

Management explained there has been a thorough review of the roster to determine the best mix of members of the workforce to meet consumers’ needs and the care minute targets. They said there has been ongoing recruitment to fill the new master roster and explained the roster is adjusted according to consumer needs, occupancy and staff competency. The new roster commenced prior to the assessment contact and management said they are still progressing to fill the new shifts with newly recruited staff.

I have considered the information within the Assessment Team report, and I am satisfied the organisation ensures a workforce capable of delivering and managing safe and quality care and services. This is reinforced by the overall positive feedback from consumers, their representatives and staff regarding the delivery of care and services and the additional support established by the service to ensure any concerns are escalated and addressed in a timely manner.

It is my decision Requirement 7(3)(a) is Compliant.

# 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 |

**Findings**

In relation to Requirement 8(3)(b)

Consumers and representatives confirmed they are provided with an opportunity to provide feedback and this feedback is taken into consideration by the service.

Staff interviewed said they feel valued and are supported to provide the consumers with safe, inclusive quality of care, through effective communication and the service offers incentives to staff who excel in their role.

The service’s management advised they have systems and processes in place to ensure accountability for the delivery of care and services, through interviews and documents they demonstrated how the organisations governing body promotes a culture of safe quality care and services.

Management advised to promote a safe and inclusive environment ensuring consumers receive quality care and services there are several processes this includes the talent acquisition team and the auditing of care and services with results discussed at staff meetings including a clinical risk meeting each week. Management said they continually seek feedback from consumers in relation to services provided and complete a 6 monthly survey with consumers and facilitate a monthly consumer meeting.

In relation to Requirement 8(3)(c)

Effective organisation wide governance systems were demonstrated in relation to information systems, continuous improvement, financial governance, workforce governance and feedback and complaints.

However, the Assessment Team recommended Requirement 8(3)(c) Not Met finding the service has deficits in relation to regulatory compliance and were not meeting their targeted mandatory care minutes.

The service has not achieved compliance with the total direct care minute targets which came into effect on 1 October 2023. Management reported they have registered nurses on site and on duty 24 hours a day, 7 days per week, however are not yet achieving their targeted registered nurse care minutes or their total direct care minute target.

The organisation in their response described the actions taken to address the non-compliance, including the implementation of a workforce strategy, in which the master roster has been updated to include additional shifts lines for both registered nurses and care staff hours. The master roster reflects additional hours commenced on 2 December 2024. The updated roster reflects 234 care minutes (47 registered nurse hours and 187 care hours) which indicates the service will meet the mandatory care minute target (inclusive of registered nurse minute targets) in the future.

The organisation reports an increase in recruitment in 2024 with 38 new staff members commencing in the last 12 months. A new role of care therapist has been implemented to support the wellness hub at the service which facilitates a coordinated approach to support consumers requiring allied health.

I have considered the organisations response and overall, staff demonstrated awareness of regulatory compliance relating to mandatory care minutes and the documented strategies the organisation has implemented and it is my decision these actions are effective and sustainable.

It is my decision this Requirement is Compliant.

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