Performance

Report

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| Name of service: | Bupa Maroubra |
| Service address: | 288 Maroubra Road MAROUBRA NSW 2035 |
| Commission ID: | 2585 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 29 May 2023 |
| Performance report date: | 13 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 Maroubra (**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.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

The service demonstrated timely and effective continuous improvement following the site audit conducted from 13 to 15 July 2022. The service has provided appropriate education to staff on consumer incident management and identification of high impact high prevalence risks, and behaviour management.

The Assessment Team observed that all consumers receiving psychotropic medications prescribed as a chemical restraint have authorisations recorded in their care plans and receive regular review related to the chemical restrictive practice. Consumer care plans include individual consumer triggers and clearly record appropriate and effective strategies to manage these triggers.

The service demonstrated effective dignity of risk by highlighting their clinical risk register. The Assessment Team observed that all consumers and consumer care plans are reviewed to identify and assess individual consumer clinical risks. Further, consumer care plans clearly identify those who require a dignity of risk assessment. Where necessary, dignity of risk assessments and plans are integrated into the consumers’ care plan.

Since the site audit in July 2022, the service has implemented their ‘Partnerships in Care’ program to ensure family members or others who want to help with consumer care, such as feeding, are educated to do so safely. Management advised that registered staff discuss partnership in care and also provide education to the designated partner in care. The Assessment Team observed appropriate progress notes regarding discussion and education about safe feeding.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated timely and effective continuous improvement following the site audit conducted from 13 to 15 July 2022. The Assessment Team reported that the service demonstrated effective risk management systems, including effective practices in managing high impact and high prevalence risks, identifying and addressing abuse and neglect of consumers, supporting consumers to live their best life, and managing and preventing consumer incidents.

The service’s clinical risk register is used to identify consumer clinical risk(s) and supports the service to conduct weekly and monthly clinical meetings to track clinical quality indicators. An analysis of clinical data is performed by the quality education manager to identify trends and initiate risk mitigation strategies. The general manager and quality education manager perform daily rounds to relevant consumers to monitor and manage clinical care.

The quality education manager provides ongoing education to support staff knowledge of consumer behaviour and staff application of organisational policies and processes. Allied health professionals are involved in consumer assessments such as pharmacists, geriatricians, general practitioners, speech pathologist, psychologists, and nurse practitioners. The quality education manager liaises with family members who are involved in developing strategies for risk mitigation for consumers with areas of concern. The governing body monitor high impact and high prevalence risks through a digital alert system and are involved in risk updates and outcomes. The Assessment Team observed that staff training is aligned with agreed risk mitigation strategies for individual consumers and feedback is provided by staff whether individual consumer strategies are successful.

The organisation’s governing body provides policies and processes to safeguard consumers from abuse and neglect through identifying and reporting incidents according to legislative requirements. The governing body provides guidance to support regular education and training based on serious incident response scheme (SIRS) policies and processes. These incidents are analysed by the management team to implement prevention strategies and drive continuous improvements.

The Assessment Team reported that consumer documentation highlights that incidents are investigated and actioned, and SIRS reporting is managed effectively. Staff confirm they have received and understand SIRS policies and processes. Registered nursing staff report all incidents to the clinical care manager who conducts an initial investigation and forwards investigation outcomes and details to the quality team, who in turn provide a final submission to the Aged Care Quality and Safety Commission and legislative bodies. The quality team provide a report of the incident submission to the clinical care manager and to the governing body.

Management use feedback from consumers and representatives to identify and support consumers to live their best life. Risks are discussed and explained with consumers and representatives and mitigation strategies are discussed to evaluate ways that are agreeable and practical to manage for both consumers and staff.

The Assessment Team observed that the organisation’s governing body and management team regularly review staff training and education in relation to incidents and use incident data to inform training and education. All incidents are assessed by the management team to determine reporting requirements and how to implement prevention and improvement strategies. Staff demonstrated to the Assessment Team how they effectively respond to, manage and report incidents and confirmed they have received training and education in SIRS and incident management. Policies and procedures are provided by the organisation’s quality team who ensures best practice is embedded in all policies and processes.

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)