Performance

Report

**1800 951 822**

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| Name of service: | Bupa Merrimac |
| Service address: | 3 -5 GLENHAVEN Court MERRIMAC QLD 4226 |
| Commission ID: | 5368 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 28 February 2023 |
| Performance report date: | 27 March 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 Merrimac (**the service**) has been prepared by K. Reed, 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
* the provider’s response to the assessment team’s report received 09 March 2023
* other information and intelligence held by the Commission in relation to the service
* the site audit report for the site audit conducted 17 May 2022 to 19 May 2022
* the performance report completed 20 June 2022
* the assessment monitoring record completed 23 March 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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

This Requirement was found to be Non-compliant at the site audit conducted 17 May 2022 to 19 May 2022. Deficiencies included falls risks not being mitigated in accordance with the service’s policies. The service has taken actions to address this deficiency and an Assessment contact was conducted on 28 February 2023 to assess these actions for effectiveness and to follow up on other information held by the Commission in relation to the service.

Consumers and representatives were satisfied in the service’s management of falls, including the service’s ability to identify and mitigate falls risks. Consumers who were at risk of falls were identified and falls risks and risk mitigation strategies were implemented and documented as per the service’s policies. Staff demonstrated a shared understanding of the service’s falls management processes and identified consumers at risk of falls, along with the individualised strategies used to minimise the risk of falls for those consumers. Care documentation identified appropriate fall risk assessments were conducted on entry to the service and following falls.

A Monitoring Assessment contact was completed on 23 March 2023, the purpose of the monitoring visits was to gain additional feedback from consumers’ representatives in relation to the care and services their loved one received, particularly after falls or incidents. Six consumer representatives were contacted and provided positive feedback in relation to care provided. Examples of feedback included the appropriate level of support and contact between the consumers’ families and the service following incidents. Other feedback included changes to medication having a positive effect to a consumer’s mobility level.

The service’s clinical indicators and clinical meeting minutes conducted between November 2022 and January 2023 evidenced a decrease in the number of falls, from 34 incidents in November 2022 to 28 incidents in January 2023 and falls risks and risk mitigation strategies were identified and discussed at clinical meetings.

The service’s Plan for Continuous Improvement included actions to address the previous non-compliances relating to falls management. These actions included the checking of sensor equipment daily to ensure it was installed and operational. A review of three named consumers identified as at a high risk of falls identified appropriate falls prevention strategies were documented and staff shared an awareness of the individual strategies.

Medication management was explored further at the Assessment contact as it was identified as a high prevalent risk for the service.

Consumers’ representatives expressed confidence in the service’s ability to mitigate the risk of medication incidents and were satisfied in the service’s response to the medication incidents involving their loved ones. Staff demonstrated a shared understanding of the service’s medication management processes including, identifying when medications are due to be restocked and the processes for administering controlled medication. The service had documented procedures outlining medication administration to guide staff and provided education in administering controlled drugs.

The service’s clinical indicator analysis evidenced a decrease in medication incidents from 17 incidents recorded in November 2022 to 14 incidents recorded in January 2023. Actions taken by the service to reduce the risk of medication errors included the provision of education to clinical staff relating to medication re-stocking and correct administration of controlled medication. Management committed to observations of medication rounds and auditing of medication stock. Clinical staff audited medication stock each shift to identify low stock or medication errors and ensured medication administration incidents and near misses were reported.

The service’s processes relating to vaccination was considered at the Assessment contact following a complaint received by the service in relation to consent not provided for the provision of a COVID-19 vaccination. Documentation supported the consumer had capacity to provide consent for their vaccination.

Based on the information above, it is now my decision this Requirement is now 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)