Performance

Report

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| Name of service: | Bupa Mildura |
| Service address: | 514 Deakin Avenue MILDURA VIC 3500 |
| Commission ID: | 3947 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 9 January 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 Mildura (**the service**) has been prepared by M. Nassif, 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; 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.

# 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

Consumers said that they are treated with dignity and respect. Care planning documents identified consumers’ individual preferences and people important to them. Staff demonstrated knowledge of the consumers’ needs and preferences and were observed treating consumers with respect.

Staff provided examples of how they ensure all consumers individual and cultural needs are met. Consumers and representatives said the service provides care and services that are culturally safe. Care planning documents described consumers’ individual requirements.

Staff described how they support consumers to make connections inside and outside of the service and to maintain relationships. This was consistent with care planning documents. Consumers said they are supported to exercise choice and are encouraged to be independent.

Consumers said they are supported to take risks to enable them to live the best life they can. Staff described their role in supporting the consumer to take their chosen risks. Risk assessments undertaken included details on the risk being taken and strategies to support the consumer to mitigate the risk.

Consumers said they were provided with current, timely and accurate information presented in a way that is easy to understand. Staff described how they keep consumers informed. Information such as activity calendar and weekly menu was observed displayed throughout the service.

Consumers felt their privacy is maintained and their information is kept confidential. Staff were observed knocking on doors before entering consumers' rooms, closing the door if they were attending to care. Staff described how they maintain a consumer’s privacy when providing care.

# 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

Care planning documents demonstrated assessment and care planning was undertaken to identify the risks to each consumer’s health and well-being listing risk mitigation strategies and interventions developed in response. Staff described the risk assessment process, and how it informs the delivery of safe and effective care. Consumers and representatives provided positive feedback on the assessment and care planning process, which has resulted in the care the consumers consider right for them.

Staff described consumers’ needs and preferences, in line with care planning documents. Advanced health directives were observed to be in place for consumers who wish to have one, reflecting their preferences for care when palliating. Consumers and representatives confirmed that the service had discussed and documented their preferences for their end of life care.

Care planning documents demonstrated involvement of consumers, their representatives, and included input from other health professionals. Consumers confirmed that assessment and planning is based on an ongoing partnership between them, staff and allied health professionals. Staff confirmed care and services for consumers were constantly reviewed in partnership with consumers, representatives and medical and allied health professionals.

Consumers and representatives could recall being offered a copy of their care plan as part of the review process. Staff described the processes for documenting and communicating assessment outcomes. Care planning documents evidenced that outcomes of assessment and planning are communicated effectively to consumers and representatives and a copy of the care plan is offered and readily available for them.

Care planning documents demonstrated care and services are regularly reviewed for effectiveness, when circumstances change and when incidents impact on the needs, goals, or preferences of the consumer. Consumers reported care and services are constantly reviewed, and staff keep them informed. Staff said they are aware of the incident reporting process and how these incidents may trigger a reassessment or review of care plans.

# 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

Consumers and representatives said consumers are receiving care that is safe and right for them which optimises their health and wellbeing. Care planning documents reflected consumers receive individualised care that is tailored, safe and effective. Consumers subject to restrictive practices had appropriate consent and reviews in place. Staff consistently reported they access senior staff to receive support and guidance in relation to best practice care and processes, or if care needs have changed.

Consumers and representatives felt consumers' high impact or high prevalence risks are effectively managed by the service. Care planning documents reflected high impact and high prevalence risks are identified and interventions have been implemented to effectively manage the risk. Staff identified individual consumer’s risks and strategies in place to mitigate these risks.

Care planning documents had an advanced care plan with information relating to the individual wishes on the end of life care they would like to receive. Staff provided a detailed recollection of care provided in line with the consumer or representatives’ preferences. Care planning documents confirmed staff responded in a timely manner, involved representatives regularly and consumers received effective palliative care with symptoms well controlled.

Staff reported, and care planning documents reflected, changes to consumer condition were identified and appropriately responded to in a timely manner. Consumers and representatives said the staff recognise, report changes in their health or respond in a timely manner. The service had a number of policies and procedures to inform staff practice in relation to changing or deteriorating health.

Consumers and representatives provided positive feedback on the staff understanding their care needs and preferences. Staff said changes in consumers care and services are documented in electronic care management system and communicated at handovers, which were observed to be effective.

Consumers said they have access to their medical officer, allied health providers and external health organisations when required. Care planning documents reflected referrals to a range of services and providers. Staff discussed the various referral options available dependent on the consumer’s care needs.

Staff described how they minimise infection-related risks. Staff were observed following required protocols. Consumers and representatives provided positive feedback on the service’s processes to ensure infection related risks are minimised.

# 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

Consumers and representatives reported that services and supports for daily living meet their needs, goals, and preferences. Care planning documents identified consumer needs and goals and provided information about the services and supports consumers needed to do the things they desired. Staff demonstrated an understanding of what is important to consumers and what their preferences were.

Consumers and representatives described services and supports available to promote emotional, spiritual, and psychological well-being. Care planning documents was consistent with consumer feedback, detailing individual emotional support strategies and how these are implemented. Staff described how they support the emotional, psychological, and spiritual well-being of consumers and provided examples.

Consumers said they are supported to maintain relationships and access the outside community freely. Care planning documents identified the people important to individual consumers and the activities of interest to the consumer. Staff provided examples of consumers who were supported to participate in their outside communities.

Staff confirmed that changes to a consumer’s care are shared through the handover process and recorded in the consumer's file. Care planning documents provided adequate information to support staff in the delivery of effective services identifying and recording each consumer's condition, needs and preferences. Consumers representatives confirmed the service is aware of individual preferences and needs.

Staff said the service engaged external service providers to provide specific activities consumers wished to participate in which were of interest to them. Care planning documents evidenced collaboration with external services to support the diverse needs of the consumers.

Consumers said the meals provided were varied and of suitable quality and quantity. Staff reported how confirmed consumers’ dietary requirements and preferences are documented and shared with kitchen staff.

Consumers stated they felt safe when using the service's equipment and said it was easily accessible and suitable for their needs. Equipment provided was observed to be safe, suitable, clean, and well maintained.

# 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

Consumers said it was easy to get around the service, they felt comfortable within the facility, and had always found the facility’s layout to be easy to understand. Consumers were able to personalize and decorate their rooms according to their preference. This was confirmed through observations.

Consumers said they consider the service environment to be clean, tidy and well maintained. Staff confirmed all consumers could access the outside areas in the facility as they wished and were not confined to their rooms. Consumers were observed to be moving freely both indoors and outdoors.

Consumers and representatives agreed the fittings and equipment are safe, and well maintained. Staff described the process of using shared equipment including checking the battery and disinfecting the equipment before and after use. The maintenance log demonstrated actions were taken promptly.

# 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

Management described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback. Consumers reported that they comfortable raising concerns and felt management would listen to their feedback and take action to address any concern. Staff said they would assist consumers to raise a complaint, either by offering or assisting them to fill in a complaints form.

Consumers and representatives were aware of avenues available for raising a complaint, however reported they were comfortable raising their concerns directly with the service. Information in relation to advocacy, external assistance from the Commission, and interpreter services was observed to be on display at the service.

Documents demonstrated complaints are investigated thoroughly with the aim to resolve concerns in consultation with the consumer. Management discussed how open disclosure principles are incorporated into the service’s complaints and feedback and incident system. Consumers and representatives who had raised concerns indicated management had or were in the progress of responding to their concerns.

Consumers and representatives indicated the service is listening to feedback they provide, and improvements occur as a result of the feedback. Management discussed how feedback and complaints are collected and reviewed to assist in improving care and services at the service.

# 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

Staff indicated the staffing levels affect the staff, not the consumers, and consumers confirmed the same, stating at most they are sometimes rushed and must wait to be attended to but it’s not a regular occurrence. Management indicated the roster can be difficult to fill at times, however, they have a casual pool of staff, are actively recruiting and make use of agency staff to fill the shifts. Call bell data demonstrate most calls were responded to in a timely manner.

Consumers and representatives said staff were very caring and considerate towards each consumer's needs. Staff interactions with consumers were observed to be kind and respectful. Management described how the service promotes a culture of respect through available resources and training.

Consumers and representatives stated they felt staff were qualified and had the required skills to perform their duties. Documentation related to staff included confirmation of their qualification, experience, and clearance to work in place as part of the recruitment process. Consumers and representatives felt staff were qualified and had the required skills to perform their duties. Management described how they monitor and ensure staff meet the minimum qualification and registration requirements for their respective roles.

Consumers and representatives believed staff have the necessary knowledge, training and skills to perform their work. Staff confirmed they receive regular training which supported their ability to deliver quality care and services to consumers. Training records demonstrated over 75% of training modules have been completed.

Management and staff described the performance appraisal process and provided examples of the performance appraisals completed for staff. Staff confirmed completing performance appraisals.

# 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

Consumers stated they are able to provide feedback or suggestions about the service through meetings and by speaking directly with management. Staff confirmed the service engaged directly with consumers and listens to them through a range of avenues. Management described consumers are involved in the design and delivery of services by providing feedback and provided examples of the same.

Consumers expressed feeling safe at the service and said the environment was inclusive. Management provided examples demonstrating how the governing body promotes a culture of safe, inclusive, and quality care. For example, the Board implemented the new version of the electronic document system which created more oversight over care and service delivery and improved report quality.

The service demonstrated it had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff members confirmed an effective information management system supported them. Management described how the Board maintained effective oversight through structured organisational reporting and management framework.

The service had a risk management framework which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to, and consumers are supported to live the best life they can, and incidents are managed and prevented. Staff demonstrated awareness and understanding of their role and responsibilities in relation to each of these areas.

The service had organisational policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff described how they use open disclosure when reporting incidents.

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)