Performance

Report

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| Name of service: | Bupa Mosman |
| Service address: | 18-20 Bardwell Road MOSMAN NSW 2088 |
| Commission ID: | 0553 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 13 February 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 Mosman (**the service**) has been prepared by Elise Woodley, 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.
* the provider’s response to the assessment team’s report received 2 February 2023.

# 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 | |  |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Overall, consumers and representatives interviewed by the Assessment Team said staff treat them with dignity and respect. Staff were observed by the Assessment Team treating consumers with dignity and respect and understood consumer’s background and individual preferences to ensure care is culturally safe. Care documentation reflected what is important to consumers to maintain their identity. The service demonstrated consumers are supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice.

The service demonstrated that consumers are supported to take risks to enable them to live the best life they can. The service has systems in place to identify, inform, support and review consumers to ensure dignity of risk is maintained when engaging in activities of choice. The service demonstrated current, accurate and timely information is provided to consumers and communication is clear, easy to understand, and supports consumers to exercise choice.

Consumers and representatives interviewed confirmed consumer’s privacy is respected. Staff confirmed that all consumer’s personal information is kept confidential and is not discussed in public areas. Consumer files are kept secure and all computers are password protected.

# Standard 2

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| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found the service’s admission assessment processes were effective to consider risks to consumer’s health and well-being, and inform the delivery of safe and effective care and services. Consumer assessment and planning documentation identified and addressed the current needs of consumers and was personalised to include the consumer’s goals and preferences. Documentation included end of life information provided by those consumers who were willing to have this discussion.

The service demonstrated that assessment and planning is completed in partnership with the consumer and their nominated representative. Most representatives confirmed that there is frequent communication from the service about their consumer regarding any changes or incidents. There was evidence of significant involvement by other providers of care in documentation including allied health professionals, general practitioners, geriatricians, the older person mental health team, and wound specialists. The outcomes of assessment and planning were confirmed to be communicated with consumers and their representatives in understandable ways and with others who are involved in the consumer’s care. Most consumers and representatives indicated they were aware of the consumer’s care plan, although most had not asked for a copy. A family conference is aimed to be completed each year with the consumer, their nominated representative and others involved in their care where possible.

The service demonstrated care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals, and preferences of the consumer.

# 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 |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated that consumers receive safe and effective personal and clinical care that is tailored to their needs and consistent with best practice. Most consumers and representatives interviewed by the Assessment Team confirmed consumers receive care that is safe and effective. The service demonstrated the effective management of high impact or high prevalence risks associated with the care of consumers. This included regarding the minimisation of restrictive practices, risks associated with unplanned weight loss, diabetes management, wounds and skin integrity, and choking.

Consumers identified to be deteriorating and nearing end of life care had a palliative care assessment in place and a palliative care plan formulated. This included consultation with the medical officer and medication had been ordered for when end of life care was required. Staff interviewed described how they provide oral health care, skin care, use aroma therapy and play music preferred by the consumer to help the consumer to be comfortable during the end of their life. Staff advised they regularly monitor and immediately report any signs of pain such as groaning, grimacing or wincing to the registered nurse. The service demonstrated deterioration or change in a consumer’s condition or well-being is recognised and responded to in a timely manner.

Information about the consumer’s condition, needs and preferences was documented and communicated within the organisation, and with others where responsibility for care is shared. Care files included entries from allied health professionals and medical officers. Summaries of specialist reports were communicated within the organisation and external providers where appropriate. Consumers and representatives interviewed said staff were familiar with consumer’s care preferences and needs. Referrals to other individuals or organisations are done in a timely manner for the provision of care and services.

The Assessment Team found standard and transmission-based precautions are used at the service to prevent and control infection. The service uses practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

# Standard 4

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| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers interviewed expressed the service supported their independence and encouraged them to participate in activities that reflected their interests and lifestyle needs. Consumers said they are supported to engage in activities and pursue personal interests, both inside and outside the service, while maintaining contact and relationships with the people who are close to them. Staff could describe the diverse interests of consumers, including strategies to promote their involvement. Care documentation identified the interests and activities that were important to consumers, and provided information to support individual choice, daily living, well-being, and service delivery.

Consumers described the services and activities provided by the service to support their emotional, spiritual, and psychological wellbeing. Care plans reflected consumer’s spiritual and psychological needs, preferred level of engagement and subsequent need for encouragement by staff.

The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences for daily living within the organisation and with others when required. The service demonstrated that timely and appropriate referral occurs to individuals and other external service providers when required.

Most consumers said that the food provided at the service was of a good quantity, quality, and variety. Interviews with staff, a review of the menu, and observations by the Assessment Team show a pleasant dining experience for the consumers and varied meals of suitable quality and quantity are provided in line with consumer’s dietary needs.

Observations and interviews show that equipment to support the provision of catering, cleaning, maintenance services and recreational and social activities is safe, suitable, clean, and well-maintained.

# Standard 5

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| 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

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The service has a welcoming environment and the Assessment Team observed consumers, visitors and staff interacting with each other in common areas both indoors and outdoors. Consumer rooms were noted to be personalised with memorabilia and personal effects which consumers and representatives bring into the service. The service demonstrated the service environment is safe, clean, well maintained, and comfortable and enables consumers to move freely, both indoors and outdoors. All consumers and representatives interviewed said the service was clean and well maintained.

The service has systems in place to ensure fittings and equipment are well maintained and are safe for consumers. Documentation reviewed by the Assessment Team verified that maintenance is completed in a timely manner and up to date. Consumers thought that the furniture and equipment which they needed was available to them and was kept clean and well maintained.

# Standard 6

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| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they feel comfortable to provide feedback and complaints to the service if necessary. Consumers were aware of the advocacy services and other methods for raising and resolving complaints. Notice boards around the service had flyers promoting advocacy services, interpreters, and the Commission.

Overall, consumers and representatives interviewed indicated appropriate action is taken in response to complaints. Staff were able to describe, and demonstrated, they were aware of open disclosure principles in relation to their responsibilities.

Service management demonstrated it has processes in place to review feedback and complaints and how this is used to continuously improve the quality of care and services for consumers. For example, improvements have been made to the laundry service and dining experience as a result of feedback.

# 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 |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team said they feel there are sufficient numbers of staff to provide quality personal and clinical care and services. Consumers said staff attend to call bells in a timely manner and staff are not rushed when providing care. Service management demonstrated effective strategies to manage staff shortages through a combination of using the existing casual pool, staff working longer or double shifts and agency staff. Documentation reviewed demonstrated all shifts were filled in the four weeks prior to the Site Audit.

Consumers interviewed said they are treated with kindness and care, and with respect for their identity, culture, and diversity. The Assessment Team observed staff interacting with consumers in a caring and respectful manner and demonstrated they have developed positive and friendly relationships with consumers. Training documentation demonstrated that staff training and spot checks by the management team support staff in providing quality care and services relating to consumer’s identity, culture and diverse needs and preferences.

Consumers interviewed said they feel staff are competent and have the skills and training to effectively provide quality care and services. Staff are screened by the human resources team to ensure qualifications and certifications are verified and staff are provided with regular performance reviews, development plans and opportunities for professional development. Staff at the service had appropriate qualifications, experience, and skills to perform the roles they were recruited for, and receive regular and as required training.

The service demonstrated it has systems in place to monitor, measure and review staff performance. Most staff interviewed confirmed they have regular performance reviews, and documentation confirmed performance reviews contain feedback from consumers, staff and management and show completion and progress of reviews and staff development plans.

# Standard 8

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| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment team found the service is effectively managed, and consumers are involved in the evaluation and development of consumer-centred care and services through regular feedback and input. The service is led by a board that is promoting a culture of safe, inclusive, and quality care. The service’s clinical governance committee, the finance committee and the governance and risk committee meet regularly and inform the board about activities, issues, and concerns within their respective areas. The board uses this information and feedback to evaluate risks and actions required to ensure Quality Standards and the Charter of Aged Care Rights are being met at the service.

The service demonstrated effective organisation wide governance systems are implemented at the service regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service demonstrated it has implemented organisational policies and procedures to identify, assess, monitor, and implement improvements to manage risks and ensure quality care and services for consumers. This includes oversight of high impact or high prevalence risks and incidents. The service has a clinical governance framework in place that is underpinned by policies and procedures to guide staff on antimicrobial stewardship, minimisation of restrictive practices, 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)