Performance

Report

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| Name of service: | Performance report date: |
| Bupa New Farm | 9 September 2022 |
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| Approved provider: | Activity date: |
| Bupa Aged Care Australia Pty Ltd | 08 August 2022 to 11 August 2022 |

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 New Farm (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# 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 felt respected and valued as an individual. Staff spoke about consumers in a way that indicated respect and an understanding of their personal circumstances and backgrounds and were observed treating consumers with dignity and respect. Care planning documentation outlined what is important to consumers and the service had relevant processes, guidelines and training relating to dignity, respect, and diversity.

Consumers felt their culture, values and diversity are respected. Care planning documentation reflected consumer’s cultural needs and preferences. Staff said they document consumer’s individual religious, cultural needs and values on admission and review these over time. The service provides a range of documentation to consumers that includes information about various cultural and religious activities on offer at the service, and consumers were observed expressing their cultural preferences and backgrounds.

Consumers are satisfied with their choices and preferences for care and services and reported they can maintain relationships with those they choose to. Staff described how they support consumers to maintain relationships with people that are important to them. The service had processes and policies relevant to consumer decision making and choice.

Consumers were satisfied they are supported by the service to take risks and live the best life they can. Staff could describe areas in which those consumers want to take risks, how the consumers are supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers are involved in problem-solving solutions to reduce risk where possible. The service also has a dignity of risk register and guidelines.

Consumers advised they get enough information to make decisions about activities, meal choices and care information. Staff said they inform consumers on activities schedules, meals and other information through discussions and making announcements on the public address system; multiple announcements were heard in the service. The service provides a range of printed information about meals, activities, and support services, and residents receive updates of important information at resident meetings.

Consumers said staff respect their privacy and believed their information is kept confidential. Care staff described how they maintain a consumer’s privacy when providing care, such as closing doors, and how they keep computers locked and use passwords to access consumer’s personal information. Staff were observed respecting consumer’s privacy, such as knocking on doors before entering. The service displayed the Aged Care Charter of Rights and had a procedure that considers consumer personal privacy.

# 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

Consumers and representatives considered they are partners in and supported to make choices through the ongoing assessment and planning of consumers care and services. Management and staff described the assessment and planning process, and how ongoing risk assessments and, monitoring reviews inform the delivery of safe and effective care and services. Care planning documentation detailed comprehensive information on the assessment and planning for consumers included the consideration of risks to the consumer.

Consumers said staff consult with them during the assessment and care planning process and know their needs and preferences. Staff described assessment planning processes involving consumers, and for referring to external care providers when needed. Case files showed consumers had been referred to medical officers, physiotherapists, occupational therapists and other specialist health professionals in care planning. Policies and procedures inform practice in assessment and planning with consumers including for referrals to allied health professionals.

Consumers said they are involved with and are informed of any changes to their care plan and know how to obtain a copy if they choose; outcome discussions held with consumers are reflected in care planning documentation. Staff described communication of assessment and planning outcomes to consumers and how these are recorded on the electronic care management system. Observations of staff demonstrated effective communication while engaging with consumers regarding their care.

Consumers said the service monitors and discusses their health with them, helping them to understand impacts on them and their preferences. Clinical staff described review processes to identify and effectively manage health changes including impacts on consumer wellbeing and preferences, a clinical governance framework and dignity of risk register was observed in place.

# 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 said they receive good personal and clinical care which is safe, and the service meets their needs and preferences. Staff said safe care is being delivered on time and was effective in supporting consumers’ health and wellbeing. Organisational documentation is in place to ensure evidence-base practice and care to consumers which is tailored to their needs, including a clinical governance framework.

Consumers advised risks associated with their health and care options were discussed with them. Staff demonstrated high impact risks such as falls, or pain are appropriately managed and mitigated. Care planning documentation evidenced the service appropriately manages high impact risks to consumers and a suite of policies, procedures, and tools are in place to support care delivery, including for restrictive practices, pressure injury prevention and wound management, end of life care, pain management and clinical deterioration.

Staff described advance care planning and palliative care practices in place at the service and knew how to support the needs and preferences of consumers nearing the end of life or in response to a decline in health such as supporting and communicating regular updates to representatives.

Consumers and representatives said staff check on consumers frequently and notice when things change. Care planning documentation showed the service responds in a timely manner to the recognition of deterioration or change in the condition, physical function, and capacity of consumers. Staff are guided to recognise, monitor and track changes in consumer’s vital signs and other observations by the service’s clinical deterioration and response policy.

Consumers and representatives said they are informed of changes to their care. Staff demonstrated information about consumer needs and preferences is adequately documented and shared amongst staff responsible for care provision. Information is shared through the services electronic case management system, progress notes and care plans, and during staff handover, staff were observed sharing verbal and written information at handover.

Consumers and representatives said timely and appropriate referrals were completed to health providers outside of the service. Clinical staff demonstrated they are aware of the timeframes it takes for consumers to see health practitioners such as daily, weekly, or monthly, and the process for referrals.

Consumers said they had witnessed staff engaging in infection control practices, such as wiping down equipment and washing their hands. Staff demonstrated an understanding of the need to minimise antibiotics and how this is managed, and how to minimise infection-related risks. The service had implemented documentation, policies and procedures related to antimicrobial stewardship, infection control and outbreak management to guide staff, as outlined in the clinical governance framework.

# 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 said the service supports them to do activities they enjoy such as attending indoor bowls, trivia or movies, and leaving the service to visit family or go shopping, these were reflected in care planning documentation. Staff said they try to make the service a home for consumers and be a supportive voice for them. A lifestyle and activities calendar displayed a variety of activities to support consumer’s health, wellbeing, and quality of life.

Consumers described various supports for when they are feeling low including talking to staff, joining a support group session and attending a religious service. Care planning documentation included information about emotional, spiritual or psychological supports for consumers. Staff said if a consumer is feeling low, they talk to them or their family and could refer consumers to the medical officer for concerns regarding changes in a consumer’s mental state changes.

Consumers described how they participate in the community within and outside the service, have social relationships, and do the things that interest them. Care plans documented consumers interests and preferences such as hobbies or family they visit with. Staff said consumers have visitors, or they call their families if they miss them, if consumers did not feel like going on an outing, staff would offer activities like crosswords, puzzles, word games, colouring, painting and reading. Consumers were observed enjoying activities at the service, and several consumers were on a community outing.

Consumers said staff knew their preferences and information about the consumer’s condition, needs and preferences is communicated within the organisation, and or with other organisations where appropriate.

The service has documented processes for making timely referrals to individuals and providers outside the service, to support the needs of consumers. Consumers described how they access other organisations and providers of care services including support groups or religious services. Staff said they have visits from therapy dogs, clergy from a local church, outdoor entertainers, and allied health services such as physiotherapists and dentists attending the service.

Consumers said the quality, quantity and variety of meals was adequate, and the service was responsive to their feedback on dietary needs, preferences and requirements. Staff said they established what consumer’s dietary needs and preferences were by speaking in-person to them or while they were in the dining room, the service holds regular food focus and consumer meetings and distributes surveys to gather consumer feedback on meals.

Equipment used to provide or support lifestyle services for consumers was observed to be safe, suitable, clean and well maintained. Staff said lifestyle equipment is available when they need it for consumers such as balloon tennis, noodles, bingo, canvases and more but they could order when needed.

# 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 reported they feel at home at the service, they find it easy to navigate around the service and their visitors feel welcome. Staff explained the functionality of the environment to support consumers with cognitive impairment and described areas where consumers like to spend their time. The service environment was observed to have indoor and outdoor communal areas, pathways were level and unobstructed, handrails could be seen throughout, suitable and adequate signage was displayed including storage areas for equipment.

Consumers said they find the service to be safe, clean, and well maintained, and they can move freely around the service. Staff described the process for reporting maintenance needs, maintenance records demonstrated appropriate processes in place to ensure the facility is clean and well maintained. Equipment in the service was observed to be is well maintained, mobility aids and hoists were in good condition, call bells and mobility aids are accessible, call bells are responded to quickly, furniture appear well maintained, disinfectant wipes are available for wiping shared equipment before and after use.

Consumers said furniture fittings and equipment at the service are safe, clean, well maintained and suitable for their needs. Staff described how shared equipment used for transferring and manual handling of consumers is cleaned and maintained. Maintenance schedules and logs showed appropriate practices for meeting the outcome of this requirement. Clean and well-maintained equipment and furniture was observed in service as well as accessible equipment for staff to facilitate appropriate cleaning practices.

# 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

Consumers felt comfortable to raise a concern or provide feedback. Staff were aware of ways consumers and representatives could provide feedback and make complaints including at resident meetings, using feedback forms and suggestion boxes. Information regarding feedback were observed at various locations throughout the service. A consumer reported receiving a positive response with an acceptable solution from the service to negative feedback provided regarding damaged laundry.

Staff were aware of how to access advocacy and interpreter services for consumers. Minutes of consumer meetings showed consumers were made aware of advocacy, interpreter, legal services, and external complaints services. Posters and brochures about complaints services were observed throughout the service and promoted within the monthly newsletter. For consumers who have difficulty communicating or with cognitive impairments, staff help them to provide feedback or make complaints by liaising with their families or facilitating access advocacy and interpreter services.

Consumers felt the service responds to complaints, uses open disclosure when they get something wrong including providing an apology, and were satisfied with the outcomes of their complaints. A feedback and complaints register detailed the nature of complaints, actions taken to rectify complaints, apology provided where a mistake was made, whether the consumer was satisfied with the outcome, and uses feedback and complaints for continuous improvement. Staff described the complaints process including documenting and resolving complaints and were familiar with open disclosure principles.

Consumers said they can see positive changes after providing feedback and complaints such as replacing an air conditioner in a consumer’s bedroom after receiving a faulty complaint. Staff were familiar with main areas of complaint from consumers, complaints data analysis to identify is used to inform continuous improvement processes.

# 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

Consumers reported there is adequate staff at the service and referenced prompt staff response rates to call bells. Staff said whilst there were occasions where they were busy, they did not feel delivery and management of safe and quality care was affected and shift vacancies were adequately filled. Staff rosters indicated a consistent level of staff in the service across 3 daily shifts and call bell records confirmed acceptable call bell response rates.

Consumers said the workforce interacted with them in a kind, caring and respectful way. Staff were observed using respectful language when assisting consumers and interacted with consumers from culturally diverse backgrounds in a caring and respectful manner.

Consumers said staff know what they are doing and are skilled and knowledgeable. Management said they ensure staff are competent and capable in their roles through their recruitment process using staff selection criteria. Staff competencies are reviewed in annual performance appraisals, or where issues arise, and staff attend scheduled training to improve competency.

Consumers said staff are adequately trained and equipped, and do not need any further training. Management confirmed all staff have completed described mandatory training on quality standards, infection control, food hygiene standard and declaration, serious incident reporting scheme, incident management, and restrictive practice.

Management described the annual performance management system to ensure regular assessment, monitoring and review of each staff member occurs. Staff confirmed they receive electronic notification of reviews and participate in an annual performance review with their manager. A continuous improvement plan had been raised to address identified overdue performance reviews for completion.

# 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 reported they are engaged in the development, delivery and evaluation of care and services, and felt they can contribute at consumer meetings to raise any issues. Consumers said management listens to what is being discussed in meetings and these discussions are effective in making a difference. Management described monitoring consumer feedback through surveys, in monthly quality reports and in Board meetings. The complaints management policy evidenced processes to ensure consumers are heard and improvement opportunities identified.

Management described how the clinical governance framework establishes the responsibilities and roles of the governing body, the Board satisfies itself the Quality Standards are met through board reports, quarterly quality indicator reports and monthly clinical indicator data. Legislative changes are communicated from the Board to the service through safety alerts, management meetings and emails. A review of policy documents demonstrates the governing body’s role in promoting a culture of safe, inclusive and quality care and services and is accountable for their delivery.

Management could describe how information is communicated throughout the service and staff said they can readily access the information when they need it. Management described how they support design, implementation and continuous improvement of policies, procedures and practices within the service. The service demonstrated systems to monitors changes to aged care legislation and application of changes to procedures at the service. Governance systems across workforce, financial management, and complaints management are in place.

Management demonstrated an understanding of the process for managing and identifying risks, staff had been educated about the policies and were able to provide examples of their relevance to their work. Management said high-impact incidents of concern identified at the service related to falls, COVID-19 infection and behaviours, these were identified through analysis of clinical data capture in the incident management system.

The service’s clinical governance framework includes a suite of policies and procedures, practices and processes including for infection prevention and control and antimicrobial stewardship. Management and staff described their responsibilities and accountabilities in antimicrobial stewardship and open disclosure and knew how to minimise infection related risks through the effective use of personal protective equipment, good hygiene practice, adequate hydration to all consumers especially those who are taking antibiotics, receiving COVID-19 vaccination and receiving training in infection control including handwashing and the correct use of personal protective equipment.

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-2)