Performance

Report

**1800 951 822**

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| Name: | Bupa North Rocks |
| Commission ID: | 2523 |
| Address: | 23 Speers Road, NORTH ROCKS, New South Wales, 2151 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 11 October 2023 |
| Performance report date: | 14 November 2023 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 897 Bupa North Rocks |

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 North Rocks (**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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* the provider’s response to the assessment team’s report received 31 October 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements were 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)(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)(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 |

Findings

The service demonstrated safe and effective personal and clinical care around falls prevention and management, pain management, diabetes management, nutrition and weight management, consumer skin integrity and wounds, restrictive practices and communication of changes in consumer condition.

The service demonstrated an effective falls management plan and staff are appropriately assessing, managing and escalating falls incidents according to the service’s policy and procedures. Consumer assessments after a fall are appropriate and timely and appropriate escalation and referrals are actioned to best support consumers. Prevention strategies are documented in the falls risk assessment tool, and consumer representatives are updated when an incident occurs or when a change in care is deemed necessary to aid in the prevention of falls.

Consumer pain management is appropriately considered for each consumer and is consistent with best practice recommendations. Clinical and care staff demonstrated an appropriate understanding on how they assess and manage consumer pain, emphasising the use of non-pharmacological interventions such as heat packs, massage and repositioning prior to the use of pain medications. Consent for pain relief is documented accordingly and reflects the risks of pain medication usage have been explained to consumers and representatives. Pain assessment is reflected with the use of pain charting and evidence-based practice tools such as the abbey pain scale and the verbal pain scale.

Consumers’ diabetes care plans were observed to be personalised and to contain relevant detail. The Assessment Team’s review of consumer documentation reflected that clinical and care staff take appropriate steps to ensure consumer safety regarding management of blood glucose levels. The service demonstrated appropriate nutritional referrals and where swallowing difficulties are identified, a speech pathology review is actioned.

The Assessment Team noted risks relating to skin integrity and wound management are assessed, monitored, and reviewed consistently to best support consumers. The service demonstrated appropriate use of pressure relieving equipment to manage consumer pressure injuries and registered nursing staff highlighted that consumer skin assessments are undertaken upon entry to the service and when there is a change in consumer condition. Registered nurses manage wound care, attend to wound dressings, and review and evaluate all consumer wounds. The service demonstrated effective wound charting that is accurate and contains photographs that are clear, with a measuring apparatus consistently present and easy to read. Wound placement and progress are easily identifiable and dressing changes and types of dressings used are clearly present within consumer wound charts and progress notes. Any referrals that are made to allied health wound consultants are prominent within progress notes, on consumer wound charts and in consumer care plans.

With these considerations, I find the service compliant with Requirement 3(3)(a).

The service demonstrated effective processes to document and communicate the needs and preferences of consumers within the organisation and with other allied health providers involved in delivering care and services. Consumers and representatives provided the Assessment Team with positive feedback about how the service effectively communicates personal and clinical care information.

Staff are effectively communicating with consumers, representatives and other healthcare providers through daily handover meeting minutes, progress note entries, and email correspondence. The Assessment Team reported that staff adhere to relevant communication policies and processes. Staff were asked about the needs and preferences of specific consumers and demonstrated a sound and accurate knowledge of consumer individual personal and clinical care needs and preferences. Staff were also able to accurately describe which consumers have recently been hospitalised and those who have received treatment from allied health providers.

The Assessment Team reported that consumer documentation shows care staff, registered nursing staff, general practitioners and other allied health providers record progress notes into care plans. Allied health providers such as dietitians, general practitioners and physiotherapists have access to consumer care plans and are able to directly update progress notes or assessment forms in the service’s electronic management system.

Consumers and representatives have access to review and change their care plans through monthly ‘spotlight’ consumer reviews and feedback from case conferences and resident meetings.

The service administers relevant security measures to protect consumer private information from unauthorised access, loss, or misuse through making requests to allied health providers in writing and by routine training and education for staff on the organisation’s information technology security policies and protocols.

With these considerations, I find the service compliant with Requirement 3(3)(e).

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)