Performance

Report

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| Name of service: | Bupa North Rocks |
| Service address: | 23 Speers Road NORTH ROCKS NSW 2151 |
| Commission ID: | 2523 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 January 2023 to 6 January 2023 |
| Performance report date: | 3 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 North Rocks (the service) has been prepared by S. Hicks, 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 23 January 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.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers/representatives confirmed staff treat them with dignity and respect and value their identity, culture and diversity. This was confirmed by the Assessment Team as they saw that staff understood consumers backgrounds and adjust consumer care to support their needs and preferences. In addition, care plans included consumer life stories and cultural background with consumers/representatives saying staff are respectful of their culture and they had not experienced any cultural discrimination.

Consumers/representatives also confirmed with the Assessment Team that the service provides clear and timely information to support them to make decisions and choices in line with their preferences. The service supports consumers to make choices in areas such as food, activities and how they receive personal and clinical care. The service also supports them to make and maintain relationships with family and friends. Where potential risk is identified in the choices made by consumers, care plans clearly showed consultation with consumer/representatives, mitigation strategies and the appropriate consent documents were in place.

The Assessment Team also found that the service provides clear and regular communication to enable consumers/representatives to make informed decisions. This included communication methods that staff can utilise to understand how to communicate and support the preferences of consumers who have communication impairments. Furthermore, the Assessment Team confirmed through consumer/representative feedback, observations and document reviews that the service actively maintains consumer confidentiality and privacy.

Based on this evidence, I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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 that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The Assessment Team was able to confirm that consumer assessment and planning informs the delivery of safe and effective services. Clinical care including health history information is clearly part of the assessment process and includes identified risks. Consumers/representatives said they work in partnership with staff to ensure they get the best possible care with staff involving them in the assessment and planning of their care. This frequently includes regular conversations with staff and/or management with consumers saying that staff speak to them regularly about their care needs and their end of life wishes.

Care planning documentation showed evidence of care conferences and involvement of a diverse range of external providers and services such as physiotherapists, speech pathologists, podiatrists and dietitians. There was also evidence seen by the Assessment Team to confirm that is assessment and planning is effectively communicated to consumers/representatives. Copies of care plans are offered to all consumers/representatives and the Assessment Team had representative feedback that they were always contacted when clinical events occur.

Lastly, the Assessment Team’s review of the incident register showed that the service has a process of reviewing care and services to assess their effectiveness. A root cause analysis is conducted, and appropriate strategies are implemented to minimise further occurrences.

Based on this evidence, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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 Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Most sampled consumer files, including care assessments, care and service plans, progress notes, medication charts and monitoring charts, reflect individualised care that is safe, effective, and tailored to the specific consumer needs and preferences. In addition, the service demonstrated they had identified high impact and high prevalence risks. These are effectively recorded and managed through regular clinical data monitoring, trending and implementing suitable risk mitigation strategies for individual consumers.

Interviewed representatives confirmed they are being consulted regarding their relative's end-of-life wishes. Staff could describe strategies and care provided for consumers receiving end-of-life care and it included outreach palliative care and using end-of-life care medication to minimise pain and discomfort. In addition, documentation reflects the needs and wishes of consumers nearing the end of life.

A review of care planning documentation demonstrated progress notes and care plans provide information to support effective and safe sharing of the consumer's information to support and that the appropriate referral to other health professionals are made when required. In addition, information showed timely identification of deterioration or change in their physical, mental and/or cognitive health. Representatives also confirmed deterioration in consumers care are timely identified, acted and communicated effectively.

The Assessment Team found that nurses and care staff have a good understanding of antimicrobial stewardship, infection control and standard precaution. Overall the Assessment Team observed a high standard of infection control based on policies, procedures and how the staff put these into practice.

Based on this evidence, I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Evidence showed how consumers’ needs, and preferences are incorporated into the design of lifestyle activities. The lifestyle team assess consumers interests, history, culture, and backgrounds in conjunction with their representatives. They also cater for consumer emotional, spiritual and psychological well-being through personalised meaningful activities. Activities are also reviewed on an ongoing basis and consumer/representative feedback is sourced regularly.

Consumers and representatives stated the service supports them to participate in activities in their community, and to maintain social and personal connections they deem important. Care plans also identified relationships of importance for consumers and staff were able to provide examples of how they support consumer’s needs and interests even when consumer situations change. In addition, staff displayed a good understanding of consumers life stories, likes, dislikes and preferences and documentation showed the appropriate referrals were made to external service providers such as spiritual services, external psychological and dementia services.

Consumers/representatives provided feedback that they were happy with the quality and quantity of food. Documentation showed consumers food allergies, preferences and changes are effectively communicated and managed by the kitchen. Consumers/representatives also provided feedback that they feel lifestyle and personal care equipment is safe, clean, and well maintained.

Based on this evidence, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# 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 Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The service environment is welcoming, comfortable and easy to navigate. Consumers said that the service environment gives them a sense of belonging and the Assessment Team saw that consumer rooms were personalised. In addition, consumers/representatives said that lifestyle and personal care equipment is safe, clean, and well maintained. This was confirmed by Assessment Team observations and they also saw that the service environment presented to be safe and free of clutter and trip hazards.

The service’s furniture, fittings and equipment are well maintained and fit for purpose. The Assessment Team observed the furniture is comfortable, clean, and well maintained. Staff also reported having enough equipment to provide quality care and staff were able to describe the maintenance process in line with current policies and procedures.

Based on this evidence, I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

# 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.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Consumers and representatives said they felt able to provide feedback or raise issues or concerns. There are various avenues available to consumers/representatives to provide feedback including a regular meeting to provide a forum to discuss various issues and concerns. Consumers sampled advised they are comfortable and able to speak to management and staff if they had any issues to raise therefore most consumers did not feel the need for an external advocate. Despite this the service has information available to consumers/representatives for advocacy services.

The service adopts the key principles of open disclosure. These include making sure the consumer is safe, acknowledging and apologising when things go wrong and undertaking an investigation to determine any critical factors. Subsequently, the services have systems in places to monitor feedback, including complaints and makes use of this information to review processes and develop improvements. This then leads to issues being categorised to enable analysis on any trends to allow for appropriate actions to occur.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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.

The Assessment Team found that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

Although there was mixed feedback from representatives on the adequacy of staffing levels, overall consumers did not report any delays in staff responding to their calls for assistance or attending to their care needs. Feedback from consumers/representatives also indicated that staff are kind, caring and respectful in their interactions and this was also observed on site by the Assessment Team. In addition, consumers said they felt staff had the knowledge and skills to provide appropriate care for them with consumers saying staff are very familiar with various aspects regarding their care routines.

Further feedback included that consumers felt staff had the knowledge and skills to provide appropriate care for them. In addition to this, the service has entrenched annual staff mandatory training and targeted training programmes and the Assessment Team found that all staff had completed all topics. The service also had a comprehensive process for ensuring that staff are suitably qualified and skilled for their roles.

Based on this evidence, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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 that the service was able to demonstrate compliance with all of the requirements for this Quality Standard.

The consumer/representative meetings provide forums where consumers/representatives can be consulted about a range of topics enable them to provide input into the operation of the service.

Positive feedback was received from representatives and consumers regarding services being inclusive and safe and overall the Assessment Team found the organisation’s governing body promotes a culture of safe, inclusive and quality care and services.

The service has a centralised information management system which enables management and staff to access current policies and work instructions for consistent clear communication. This includes a centralised risk management system to record all accident, incidents and complaints. These systems allow for trends analysis which feeds into the continuous improvement programme. The service also has an effective budget that allows for the purchase of equipment and services as need for the provision of consumer care.

Lastly, the assessment team found the service has an effective clinical governance framework which provides guidance on clinical practices. This encompasses person centred care, open disclosure, minimising the use of restrictive practices, clinical supervision, antimicrobial stewardship and high impact risks.

Based on this evidence, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(d)

Requirement 8(3)(e)

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)