Performance

Report

**1800 951 822**

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| Name: | Bupa Pottsville Beach |
| Commission ID: | 0862 |
| Address: | 41-51 Ballina Street, POTTSVILLE BEACH, New South Wales, 2489 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 July 2024 |
| Performance report date: | 16 August 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 6239 Bupa Pottsville Beach |

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 Pottsville Beach (**the service**) has been prepared by E Blance, 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
* the provider’s response to the assessment team’s report received 14 August 2024
* other information known by the Commission

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not Applicable |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 7** Human resources | **Not Applicable** |
| **Standard 8** Organisational governance | **Not Applicable** |

A detailed assessment is provided later in this report for each assessed Standard. An assessment summary of ‘Not Applicable’ is provided as not all Requirements under the Standard have been assessed.

# 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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 |

Findings

Consumers and representatives say staff discuss consumers’ care needs with them and care information is documented in the consumers’ care plan. Care provided is aligned with the consumers' stated needs and preferences. Staff have access to care plans and information is shared. Care conferences are held to discuss care needs. Care information is readily available to health professionals, such as the physiotherapist, dietitian, and medical officers who have access to the electronic care management system.

I have considered the provider’s response and the information provided by consumers and their representatives about the care consumers receive. I find this Requirement compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers and representatives are satisfied the service is effectively managing high prevalence risks. Staff were familiar with consumers’ individualised risk prevention strategies implemented for high impact high prevalence risks including for example, prevention of pressure injuries, falls, and unplanned weight loss. Staff demonstrated knowledge of provision of care to reduce risks by utilising various risk minimisation strategies, including but not limited to observations, encouraging the use of mobility aids, understanding of the importance of administrating time sensitive medications and timely call bell attendance. Documentation supported that high impact high prevalence risks is effectively managed. I have considered information under Requirement 8(3)(d) which demonstrated policies and procedures support the effective management of risk and data is reviewed, analysed, trended and discussed at the service and organisational level.

I have considered the provider’s response and the information provided by consumers and their representatives about the care consumers receive. I find this Requirement compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |

Findings

Consumers said staff are kind and caring and treat them respectfully. Staff are familiar with consumers’ needs and demonstrated how they deliver care and services respectfully, acknowledging each consumer’s identity, culture, and diversity. The Assessment Team observed staff engaging kindly with consumers when assisting with meals and mobilising throughout the service. Staff demonstrated how they take time to get to know consumers and can access information regarding consumers’ life experiences, culture and diversity in the service’s electronic care management system to foster rapport. Interactions between staff and consumers is monitored by management. Performance management and feedback data processes support these monitoring processes.

I have considered the provider’s response and the information provided by consumers and their representatives about the care consumers receive. I find this Requirement compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated effective governance and risk management systems and processes to support the management of high impact, high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can; and managing and preventing incidents.

Policies and procedures support the effective management of risk management. Various mechanisms are used to identify, analyse, and develop strategies to mitigate risk and this information is communicated throughout the service. Consumers said staff support consumers to take informed risks and live their best lives. Documentation supported that discussions are held with consumers wishing to take informed risks. The service’s incident data is reviewed, analysed, trended and discussed at the service and organisational level. Data is used to drive continuous improvement actions. Staff demonstrated their responsibilities in identifying, escalating, recording and managing incidents and near misses including reporting to the Serious Incident Response Scheme (SIRS) and identification and reporting of elder abuse and neglect.

I have considered the provider’s response and the information provided by consumers and their representatives about the care consumers receive. I find this Requirement compliant.

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)