

**Performance Report**

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| Name: | Bupa Pottsville Beach |
| Commission ID: | 0862 |
| Address: | 41 Ballina Street, POTTSVILLE BEACH, New South Wales, 2489 |
| Activity type: | Site Audit |
| Activity date: | 12 November 2024 to 15 November 2024 |
| Performance report date: | 12 December 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 P. Sherin, 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 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 3 December 2024 acknowledging the assessment team’s findings.

# 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

Consumers and representatives said consumers are treated with dignity and respect and feel valued as an individual by the service. Staff spoke respectfully of consumers and provided examples of how they ensure consumers’ identity, culture, and diversity is valued and supported. Care documentation evidenced information regarding consumers’ background, identity, and diversity is captured to inform staff practice.

Consumers and representatives said the service understands and supports consumers’ cultural needs and preferences. Staff demonstrated knowledge of individual consumers’ cultural background which aligned with information under care planning documentation. Staff provided examples of how they ensure tailored and inclusive services and support for consumers. The service ensures staff complete mandatory cultural awareness and diversity training.

Consumers said they are supported to make their own decisions about the care and services they receive. Consumers said the service supports them to be as independent as possible and to maintain relationships of importance to them. Staff described how consumers are supported to make informed decisions. Staff demonstrated awareness of individual consumers’ communication needs, choices, and preferences in relation to care and service delivery.

Consumers and representatives said consumers are supported to take risks and engage in activities of their choice. Review of documentation identified where consumers choose to engage in activities of risk, discussions related to associated risk are undertaken with the consumer and/or representative, and dignity of risk forms are completed capturing risk mitigation strategies to ensure consumer safety.

Consumers and representatives said the service provides information in a format appropriate to consumers’ needs, which enables consumers to make informed choices. Consumers said they receive information from the service, including but not limited to operational updates, menus, activity calendars, and newsletters on a regular basis. A range of information was observed available for consumer access throughout the service.

Consumers and representatives said consumers’ privacy is respected by staff and confidential information is managed appropriately. Staff described how they deliver care and services whilst maintaining consumer privacy. Management described how confidentiality is ensured by storing consumer information electronically with restricted access based on assigned roles. Staff undertake training on consumer privacy and confidentiality. Consumer information in hard copy was observed stored securely and signage was observed in consumers’ rooms communicating their privacy preferences.

# 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

Staff described the assessment and planning processes at the service undertaken using a range of validated clinical risk assessment tools. Review of care documentation identified comprehensive assessments are completed which include consideration of risks to consumers’ health and wellbeing. Strategies to manage and mitigate these risks are captured to guide staff practice.

Consumers and representatives said assessment and planning processes reflect the consumer’s needs, goals, and preferences, including advanced care and end of life care. Staff described how end of life wishes are discussed on entry to the service, during care plan reviews, or if the consumer experiences deterioration. Documentation review confirmed advance care directives are in place, or there is evidence of a discussion with consumers and/or representatives regarding end of life wishes.

Consumers and representatives said the service regularly involves the consumer and other relevant individuals in the assessment and planning of care and services. A review of documentation demonstrated the service works in partnership with consumers and representatives, and other individuals and health providers such as medical officers and allied health professionals in assessment and care planning.

Consumers and representatives expressed satisfaction with the service’s communication processes and confirmed they have access to the consumer’s care plan if they wish. Staff said they have access to electronic care plans and described how information regarding consumers is communicated via handover, wellbeing hub meetings, and leadership team meetings. Management advised care conferences are held with the consumer and representative to discuss changes to the health and condition of the consumer. Care planning documents were observed readily available to staff and visiting health professionals via the service’s electronic care management system.

Consumers and representatives said staff discuss the consumer’s care needs and preferences with them and are responsive when there is a change. Care plans demonstrated care and services are reviewed regularly, including when the consumer’s circumstances change, or an incident occurs. Staff described how following an incident, consumers are reviewed by the service’s wellbeing hub where referrals to the nurse practitioner and allied health practitioners are made, and a review of the care plan undertaken.

# 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

Consumers and representatives advised care provided by the service is safe, effective, and tailored to the consumer’s needs. Staff demonstrated sound knowledge of individual consumers’ personal and clinical care needs which aligned with information captured under care planning documentation. Review of documentation for consumers subject to a restrictive practice evidenced appropriate consents, authorisations, and behaviour support plans in place and regular monitoring and review.

Consumers and representatives said they are satisfied with the service’s management of high-impact and high-prevalence risks to consumers. Staff demonstrated knowledge of individual risks to consumers such as falls and pressure injuries and described the strategies in place to manage and mitigate these risks. The service conducts a wellbeing hub meeting 3 times per week to discuss high risk consumers which is attended by care managers, allied health services, and the organisation’s nurse practitioner. Management advised risk indicator data is monitored and reviewed, and strategies implemented to address any trends.

Consumers and representatives said they felt confident staff would provide end- of-life care in line with the consumer’s preferences. Staff described the measures in place to provide end-of-life care to consumers, ensuring their dignity is maximised and comfort maintained. The service has access to a specialist palliative care team for advice and support, as required.

Consumers and representatives said the service identifies and responds to any changes in the consumer’s health and condition. Care documentation identified timely recognition and response to deterioration and changes in consumers. Care staff described the signs and symptoms of deterioration and the processes to escalate any concerns to registered staff. Registered staff described how they assess consumers, refer to the wellbeing hub, organise further referrals, and/or transfer to hospital as needed.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated and consumers receive the care they need. Care documentation contains adequate information to support the delivery of safe and effective care and evidenced timely communication. Staff confirmed they receive up to date information about consumers at handover and via the electronic care management system. Observations of handover and staff meetings identified information regarding consumers is communicated in a timely and effective manner.

Care documentation demonstrated, and consumers/representatives said, referrals are made to other health professionals who provide directives for the consumer’s care. Staff described how changes in consumers’ health and condition prompt referrals to relevant health professionals. Review of documentation identified referrals to a range of health professionals and providers based on consumers’ needs.

The service implements policies and procedures on infection prevention and control to guide staff practice. Staff receive training on antimicrobial stewardship and infection control. Staff demonstrated knowledge of practices to prevent and control infection such as hand hygiene, encouraging fluids, and the use of personal protective equipment. The service has appointed an infection and prevention and control lead and offers vaccination clinics on site for staff and consumers.

# 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

Consumers and representatives said the service’s lifestyle program provides consumers with opportunities to participate in activities of their choice. Staff demonstrated knowledge of consumers’ needs, goals, and preferences in relation to activities for daily living and described how they support consumers. The service implements an activity calendar based on consumer input which includes a diverse range of activities catering to various abilities and interests. One-on-one support is provided to consumers who do not wish to engage in group activities. A dedicated lifestyle staff member is available 5 days a week to conduct activities and support consumers in the service’s memory support unit.

The service demonstrated services are provided to support the varying emotional, spiritual, and psychological needs of consumers. Care planning documentation captures information on consumers’ spiritual and psychological support needs to guide staff practice. Religious services are organised on a regular basis for consumers to attend. Staff described how they support consumers who may be feeling low such as by providing emotional support through interaction with lifestyle staff or a volunteer, providing access to church services, or spiritual support though a Chaplain.

Consumers said they are supported to participate in the community within and outside the service, maintain important relationships, and do things of interest to them. Staff demonstrated knowledge of individual consumers’ important relationships and activities of interest, which aligned with information captured under care documentation. Consumers were observed spending time together, interacting with visitors, and engaging in activities.

The service has effective processes for the communication of information about consumers. The service uses the electronic care management system, daily handovers, and meetings to manage and communicate consumer information. Dietary profiles are accessible to staff and communication books are used to update any changes. Staff demonstrated knowledge of individual consumers’ needs and preferences.

Consumers and representatives said referrals occur promptly based on consumers’ needs. Staff described how they refer consumers to other individuals or providers and how they collaborate with external providers and community groups for activities and entertainment within the service.

Consumers said they are satisfied with the variety, quality, and quantity of food provided. Consumers with specific dietary requirements said the service accommodates their needs and preferences. Input from consumers is sought regarding the menu via food focus groups, consumer meetings, or direct feedback to the service’s chef.

Consumers said safe and suitable equipment is provided at the service. Staff said they have access to various equipment to conduct lifestyle activities and support activities of daily living. Staff described cleaning processes for equipment and how to report any faulty equipment for repair. Maintenance staff described the processes implemented to ensure safe use and maintenance of equipment.

# 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 service environment was observed to be welcoming with wide corridors, plenty of natural light and ventilation, private courtyards or enclosed balconies to consumer rooms, and access to gardens and other areas for consumers to relax and socialise. Consumers are encouraged to decorate their rooms with furnishings and personal items reflecting their individual taste. Consumers provided positive feedback regarding the service environment and gave examples of feedback and suggestions regarding improvements to the environment that were implemented by management.

Consumers said, and observations confirmed, the service is kept clean, safe, and well-maintained, and consumers can move freely indoors and outdoors. The service’s memory support unit provides access to a secure outdoor area. Consumers were observed mobilising independently and with staff assistance throughout the service. Cleaning staff described the daily and weekly cleaning schedules in place. Maintenance staff described the preventative and reactive maintenance schedules and the service’s electronic maintenance reporting system used to report and action maintenance issues.

Consumers and representatives said, and observations confirmed, furniture, fittings, and equipment are kept clean, well-maintained, and suitable for consumer use. Consumers said cleaning and maintenance requests are attended to promptly. Staff described the service’s cleaning and maintenance processes for equipment. Review of maintenance records and documentation identified ongoing monitoring by the organisation to ensure regular maintenance occurs as per schedule.

# 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

Consumers and representatives said they are aware of methods to provide feedback and raise complaints and feel comfortable to do so. The service demonstrated feedback and complaints can be raised via consumer meetings, feedback forms, surveys, speaking with staff and management directly, contacting an anonymous whistleblower telephone number, or contacting the organisation’s governing body via telephone or submission of an online form. Staff described how they support consumers who wish to raise a complaint or provide feedback. Resources were observed available throughout the service informing consumers and representatives of their right to provide feedback and raise a complaint.

Consumers and representatives said information is available regarding how they can access advocacy services and external complaints mechanisms. Staff demonstrated knowledge of access to language and translation services and external complaints agencies. Information on advocacy services and external complaints agencies was observed provided to consumers and representatives via printed materials in various languages, newsletters, and consumer meeting minutes. Representatives from external agencies such as advocates visit the service to provide information and support.

Consumers and representatives said the service addresses feedback and complaints in a timely manner and provided examples of this. Management and staff demonstrated a shared understanding of the application of open disclosure in feedback and complaints processes. Review of documentation demonstrated the service records, investigates, and responds to complaints effectively.

Consumers and representatives described various changes and improvements made by the service in response to their feedback or complaints. The service records and conducts monthly analysis of complaints and feedback data. Identified trends are discussed in consumer/representative, staff, and management meetings. The service’s plan for continuous improvement captures various improvements to care and service delivery made in response to feedback and complaints.

# 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

Most consumers and representatives provided positive feedback regarding staffing numbers at the service, stating consumers receive the care they need, and staff are responsive to call bells. Registered and care staff said they have sufficient time to provide care and services based on consumers’ needs and preferences. Management and rostering officers described effective rostering practices to ensure consistent staffing levels at the service, including compliance with mandatory care minute requirements. The service is utilising various international recruitment schemes and incentives to actively recruit and attract new care and registered staff to the service.

Consumers and representatives provided positive feedback regarding staff stating they are kind, caring, and attentive to consumers’ needs. The service promotes a culture of consumer-centred care. Staff were observed providing care and services and engaging with consumers in a kind and respectful manner.

Consumers and representatives expressed confidence in the competency of staff. Staff said they can perform their roles effectively. New staff receive induction, annual mandatory training, skills assessments, and role-specific training. The organisation implements processes to track and monitor pre-employment screening checks, qualifications, and registration renewals.

Consumers and representatives said they felt staff are well trained to perform the functions of their role. Staff said they have access to training and education and management are responsive when they request additional training and/or support. New staff recruited under an international recruitment scheme receive training before departing their home countries, additional training on arrival prior to commencing duties, undertake supernumerary shifts, and receive supervision and ongoing weekly training. Review of documentation evidenced staff are provided mandatory and ongoing training on a range of topics and training compliance is actively monitored by the organisation.

The service conducts annual staff performance appraisals. Compliance with annual appraisals is overseen by the organisation who notify management of any outstanding appraisals. Management described how staff performance is additionally monitored through review of feedback and complaints, incidents, and internal audits. Processes are in place to manage and address issues of staff underperformance. Staff confirmed they participate in regular appraisal processes and have access to further training and development opportunities.

# 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**

Review of various documentation such as the service’s plan for continuous improvement and consumer/representative meeting minutes identified consumers are involved in the design, delivery, and evaluation of services. Consumers and representatives said they can provide feedback and input which is considered by management. Management described how consumers and representatives are kept involved via various mechanisms, including but not limited to consumer/representative meetings and surveys. The organisation has a consumer advisory body consisting of consumers who have expressed an interest in participating from across the organisation’s services.

The service demonstrated the governing body promotes a culture of safe, inclusive, and quality care and services. Management described various systems, governance meetings, and reporting processes used by the organisation to monitor and ensure the service’s compliance with the Quality Standards.

The service demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service implements effective risk management policies, processes, and systems to manage high-impact and high-prevalence risks, identify abuse and neglect of consumers, and to support consumers to live the best life they can. The service has an incident management system and staff demonstrated knowledge of incident reporting, escalation, and management processes. Risks are documented and risk mitigation strategies implemented for consumers who choose to engage in activities of risk. Clinical trending and analysis is regularly completed and reviewed, including at an organisational level, and strategies implemented to manage and mitigate trends.

The organisation has a clinical governance framework supported by policies and procedures which include antimicrobial stewardship, restrictive practices, and open disclosure. The service demonstrated effective systems and processes to ensure monitoring, oversight, and management of clinical care. Staff demonstrated a shared understanding of antimicrobial stewardship, minimising restraint, and open disclosure as relevant to their roles.

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)