Performance

Report

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| Name: | Bupa Queens Park |
| Commission ID: | 2420 |
| Address: | 142 Carrington Road, WAVERLEY, New South Wales, 2024 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 18 October 2023 to 19 October 2023 |
| Performance report date: | 24 November 2023 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 819 Bupa Queens Park |

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 Queens Park (**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 20 November 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements were assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements were assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements were assessed** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements were assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements were assessed** |
| **Standard 8** Organisational governance | **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 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |

Findings

The service demonstrated that consumers are effectively supported to engage in risk(s) to enable them to live their best life, and the service implements appropriate measures to reduce risks to improve consumer choice and lifestyle preferences. Consumers and representatives advised the Assessment Team that consumers are supported to live their lives the way they want, and that staff understand and discuss the benefits and potential harm to them in making decisions about their lives that involve risk. As part of the service’s plan for continuous improvement the service provides electronic tracking devices to support consumers who choose to exit the service on their own, and all consumer risks are routinely reviewed to ensure documentation is accurately reflecting risk(s) and the discussions the service has with consumers around risk management and mitigation.

Staff demonstrated effective engagement with consumers that highlighted support for individual consumer preferences and decision making, and focused on possible harm. Staff adhere to the service’s relevant dignity of risk processes and had good knowledge on how risk strategies are planned, implemented and reviewed to minimise any impact on consumer.

Management demonstrated an effective understanding of the benefits and harm of risk(s) for consumers and acknowledged relevant options available to consumers to reduce risk while engaging in activities they enjoy. Further, management advised that they support and educate staff that may be concerned about risks for a consumer and reinforced the options, including technology, to help consumers leave the service with reduced risk. The Assessment Team highlighted that consumer documentation evidenced relevant and timely dignity of risk assessments that are completed in line with the organisation’s policy.

With these considerations, I find the service compliant in Requirement 1(3)(d).

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| 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 service demonstrated that regular review of consumer care and services are undertaken to ensure effectiveness in line with the organisation’s assessment and care planning policy. The Assessment Team’s review of care planning documents highlighted that consumer care and services are reviewed monthly at spotlight reviews, annually at case conferences, or as required post incident or when a consumer’s condition changes. Consumers and representatives provided positive feedback in regard to the care and services provided by management and staff, and stated they are immediately informed of any incidents and changes to care and services when their circumstances or preferences change. The Assessment Team’s review of consumer care documentation reflect that care plans are routinely reviewed when there is a change in consumer condition, and highlight that the service engages in appropriate consultation to ensure the best care and services are provided to consumers.

With these considerations, I find the service compliant in Requirement 2(3)(e).

# 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 |
| 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)(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 Assessment Team reported that the service has effective management of high impact and high prevalence risks for consumers with effective systems to identify, monitor and manage risks to consumers. Consumers are monitored on an individual basis for risk using an effective risk register. The service ensures a person-centred approach around changed behaviours, triggers and strategies to manage behaviours and this information is appropriately recorded in consumer behaviour support plans. Behaviour monitoring charts contain behaviours exhibited, interventions implemented, and evaluation of strategies implemented by the service. The service’s risk register effectively monitors changing risks for individual consumers, including weight loss, management of changed behaviours, falls, skin integrity, pressure injuries and restrictive practices. Clinical indicators are discussed and analysed monthly, evaluated and actions, including staff education, are implemented as necessary. Consumers and representatives provided the Assessment Team positive feedback in relation to the service’s approach to identification, monitoring and management of risk. With these considerations, I find the service compliant in Requirement 3(3)(b).

The service demonstrated effective communication processes that guide information delivery and information sharing within and outside of the service that informs delivery of consistent and effective care for consumers. The Assessment Team observed a shift change where clinical information was discussed between registered nursing staff and noted that consumer risk and other vital information about consumers was exchanged. The Assessment Team’s review of consumer care planning documentation highlights that the service is effectively sharing relevant clinical information about consumer condition to deliver care that meets the changing clinical needs of individual consumers. Consumers and representatives provided positive feedback to the Assessment Team that the service keeps them well informed, that staff routinely demonstrate relevant knowledge of information sharing, and that care documents appropriately reflect that the service is actively communicating with others. With these considerations, I find the service compliant in Requirement 3(3)(e).

The service has demonstrated effective minimisation of infection related risks and the Assessment Team reported that the service routinely applies standard and transmission based precautions and practices to promote appropriate antibiotic prescribing. The service’s outbreak management plan is effective and staff are aware of instructions to follow in the event of an outbreak. The service engaged the expertise of an external clinical pharmacist to review consumers who were on long term antibiotic use and no longer has any consumers on long term antibiotics. Management and the service’s infection prevention control lead appropriately ensure that antimicrobial stewardship practices are followed and where infection is suspected, non-pharmacological strategies are utilised including ensuring adequate hydration and ensuring appropriate hygiene practices are followed with antibiotics only used as a last resort. With these considerations, I find the service compliant in Requirement 3(3)(g).

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

The service demonstrated effective support to ensure ongoing consumer engagement in social activities and social interactions that interest individual consumers. The service effectively supports consumer participation within and outside of the organisation and ensures that options for engagement reflect each consumer’s changing needs, goals and preferences. Many consumers have phones and computers and are active on the service’s social media page, sharing images and stories with family and friends and inviting them to events. Consumers advised the Assessment Team that they have choice over the activities they choose to participate in, and staff demonstrated appropriate knowledge of individual interests of consumers and how activities and events are planned to meet consumer interest. Staff also demonstrated appropriate knowledge of consumers who are at risk of social isolation, and explained they relay messaging around relevant strategies at meetings, handover discussions and document on the electronic care planning system when consumers circumstances change. Management advised that the service has implemented programs to improve community engagement for consumers including purchasing a community book exchange box that is managed by consumers and located in a central location to encourage social interaction and consumer engagement. Management arranged children to attend the service for grandparents day, and volunteers visit with consumers in an effort to reduce social isolation. The Assessment Team observed religious mass and many consumers participating in a cultural day with dancing, food and videos. The Assessment Team’s review of documentation highlighted that regular checks are undertaken with consumers to ensure social and leisure goals reflect each consumers’ changing needs, goals and preferences and that they are engaged in activities of interest to them. With these considerations, I find the service compliant in Requirement 4(3)(c).

# 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)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |

Findings

Consumers and representatives provided the Assessment Team with positive feedback in relation to staffing including the number of staff available to support them with their needs. Staff advised the Assessment Team that the service enables a planned workforce to best support them to complete their duties. Management highlighted that the service has not needed to engage agency staff on a regular basis and the Assessment Team’s review of documentation highlighted that consumer call bells were routinely attended to in a timely manner. With these considerations, I find the service compliant in Requirement 7(3)(a).

The service demonstrated a workforce that is competent, with members of the workforce who are knowledgeable and suitably qualified to perform their roles. Management highlighted the service’s focus on their delivery of ongoing mandatory training for staff to maintain competency throughout the service, and staff demonstrated their engagement in the education they receive and the competencies they are required to complete. Consumers and representatives provided positive feedback in relation to staff knowledge and skills at the service. The service also highlighted their continuous improvement actions to support a competent and knowledgeable workforce. This includes introducing regular huddles focused around consumer behaviours to discuss the effectiveness of strategies for individual consumers with behaviours of concern. The service also engages with Dementia Support Australia and dementia support workers to help staff understand best practice dementia specific care and behaviours, Further, the service provides routine education to staff regarding post falls management, and ensures a review of all consumer incidents to analyse root cause analysis and to support the nurse advisor to provide feedback and support regarding incident management for relevant consumers. With these considerations, I find the service compliant in Requirement 7(3)(c).

# Standard 8

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| Organisational governance | |  |
| 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 Assessment Team reported that the organisation demonstrated effective organisation wide systems in relation to financial governance, workforce governance, regulatory compliance and feedback, however, was unable to demonstrate effective organisational governance systems relating to information management and continuous improvement. The Assessment Team reported that the organisation’s systems for information management highlighted deficits in quality, accurate and complete clinical care records and that this inform is provided to the board and has the potential to make data reporting inaccurate. In their response to the Assessment Contact report, the Approved Provider highlighted their immediate response to ensure that concerns raised by the Assessment Team in relation to accuracy of data and due dates for improvement actions were appropriately remediated. Further, the Approved Provider noted that the service sought training from Bupa Aged Care’s Quality Partner to enhance staff and management skills in completing the Clinical Indicator Analysis, and clarified the accountability of the General Manager to maintain responsibility for undertaking a routine review of the Clinical Indicator Analysis and to validate the accuracy of the data. The Approved Provider highlighted the organisation’s robust governance systems to deliver reporting, auditing and evaluation on a routine basis to ensure that the information delivered to the board is accurate. In relation to the organisation wide systems for continuous improvement, the Approved Provider also highlighted that the Care Manager’s Work Plan was revised to ensure that the service’s care managers are reviewing the continuous improvement plan actions regularly and complete updates as actions are progressed or finalised. In addition the continuous improvement plan is now tabled to be reviewed at the monthly quality leadership meetings to help drive progress of actions. After considering the Approved Provider’s response to the Assessment Contact report, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to organisation wide governance systems. Therefore, I find the service compliant in Requirement 8(3)(c).

The Assessment Team reported that the organisation was unable to demonstrate an effective risk incident management system. The Assessment Team reported that the service is effectively managing high impact and high prevalence consumer risk(s) at an operational level, however deficits were identified with the implementation of effective risk management systems and practices at a governance level, and this included some inaccurate recording of incident data, and serious incident response scheme (SIRS) priority data. In their response to the Assessment Contact report, the Approved Provider highlighted that the organisation has undertaken immediate education on consumer incident reporting for all registered and enrolled nursing staff and clarified the accountability of the service’s care manager to routinely review SIRS data to ensure relevant and accurate information to provided. The service delivered an all staff memo to highlight accessibility to the current and accurate flip chart on Incident Management System, and the Approved Provider noted their efforts to enable all services to report through one mechanism, being the Quality Indicator Dashboard, on all indicators including clinical, workforce and feedback. The Approved Provider evidenced the incident data provided to the Assessment Team was accurate. After considering the Approved Provider’s response to the Assessment Contact report, I consider these response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to effective risk management systems and practices. Therefore, I find the service compliant in Requirement 8(3)(d).

The organisation demonstrated an effective clinical governance framework with relevant policies and procedures to guide appropriate antimicrobial stewardship, minimising use of restraint and adopting open disclosure principles. Management advised the Assessment Team that the organisation monitors antimicrobial stewardship and medication usage at a governance level through its National Medication Advisory Committee. The service’s infection control and prevention (IPC) lead reports to management via the electronic medication prescribing system, where this system prompts the prescriber with a series of questions based on assessment and pathology to support governance of antimicrobial stewardship. The Assessment Team reported on the organisation’s ongoing efforts to minimise the use of restraints, including highlighting that the National Advisory Committee’s routine review of antipsychotic data with a focus on chemical restraints to identify regular prescriptions and PRN prescriptions and to support a working group to reduce chemical restraints and develop key performance indicators related to chemical restraint across the organisation’s services. The organisation demonstrated appropriate policy relating to open disclosure and staff suitably described relevant open disclosure concepts and how these apply in practice when providing care and services to consumers. With these considerations, I find the service compliant in Requirement 8(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)