Performance

Report

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| Name of service: | Bupa Rangeville |
| Service address: | 280 Mackenzie Street RANGEVILLE QLD 4350 |
| Commission ID: | 5410 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 16 December 2022 |

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 Rangeville (**the service**) has been prepared by B Bassett, 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 9 December 2022.

# 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 were treated with dignity and respect, and the service catered to their individuality. Care planning documentation identified consumers personal backgrounds and histories and reflected what was important to consumers to maintain their identity. Consumers and representatives said staff understood and respected consumers choices, their needs and preferences.

Consumers confirmed they felt culturally safe within the service. Staff said the care and services provided to the consumers was respectful of their cultural, religious and personal preferences and were able to describe these preferences. The service has policies procedures and staff resources that promote inclusivity, cultural diversity and safe spiritual care.

Consumers said they were supported to exercise choices and make decisions to maintain their independence. Consumers said they were encouraged to maintain connections and relationships of choice. Staff described how consumers were assisted to make choices and achieve their outcomes which were reflected in consumer’s care plans.

Consumers and representatives said staff supported consumers to understand the positive and negative aspects of risks so they were empowered to live the best life they could. Consumers said they have been supported to manage risks of their choosing, within agreed parameters, such as smoking, food and drink choices with support strategies identified within the care planning documentation. The service has a dignity of risk policy, with management advising staff know how to assess risk.

Consumers and representatives said information was provided by the service in a timely and easy to understand way that enabled them to exercise personal choice. Staff confirmed they were kept informed of consumers care changes and preferences via staff handovers and care planning documentation. The Assessment Team observed staff communicating information regarding menu and activity choices with consumers as well as internal and external scheduled appointments.

Consumers and representatives stated they felt consumers’ privacy was respected, confirming their door was closed when care was being provided and staff knocked on their door if they were coming in to assist them. Staff were able to identify ways in which the privacy of consumer information was maintained, including the use of individual passwords on the computers for staff, and securing workstations before leaving them unattended.

# 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

Consumers and representatives said consumers receive the care and services they need, and they were involved in the care planning process. Care documentation demonstrated risk assessments were conducted using risk assessment tools and strategies and risk mitigation strategies developed. Management said the service had identified some deficiencies in consumer care documentation and actions had been taken to address the issue.

Assessment and care planning processes included consideration of consumer’s current needs, goals and preferences, including end of life (EOL) care. Consumers and representatives said the service demonstrated awareness and support for the needs and preferences of consumers. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation. Assessment and care planning documentation was observed to be individualised to consumer needs, reflecting their preferences for care.

Consumers and representatives confirmed they were involved in the assessment and care planning process through ongoing discussions with staff. Staff reported regularly liaising with consumers and family members to ensure a partnership throughout assessment and care plan completion. Documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives stated they could obtain a copy of the consumer’s care plan if they wished, and staff spoke with them regularly about their care and services planning. Staff confirmed they had easy access to information regarding the outcomes of assessments and reviews, including consumer care planning documents, via handovers and the electronic care management system. Care documentation reflected communication with consumers, representatives and others where care was shared.

Consumers and representatives stated they were informed when consumers’ care needs changed. Staff described how they monitor consumers for changes and incidents as well as explaining regular review processes with any relevant assessments updated, and any changes relayed to the consumers and representatives. Care documentation evidenced consumer care and service needs were reviewed when a change or incident had occurred and changes were documented.

# 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 reported they felt consumers were receiving care, which was safe, individualised, and tailored to their needs. Consumers said care needs including management of chronic medical conditions such as diabetes was provided in a timely manner, optimising their health and wellbeing. Staff reported they could access senior staff to receive support and guidance in relation to best practice care and processes, or if care needs had changed. Care planning documentation, and observations, reflected consumers at the service were receiving individualised care, which was safe, effective, and met their specific needs and preferences.

The service had effective processes to manage high impact or high prevalence risks to consumers. Consumers said their care was safe and right for them. Staff were able to identify individual consumer’s risks and the strategies in place to mitigate these. The service had a suite of policies and procedures to support staff in the management of high impact and high prevalence risks, including in relation to falls, weight loss, skin integrity and pain.

Care planning documentation was reviewed and demonstrated EOL care preferences were documented, and care was provided in accordance with their needs and preferences. Staff monitored consumers for comfort during EOL. The service responded to deterioration promptly, involved representatives regularly and provided effective palliative care.

Consumers and representatives said the service had responded to changes or deterioration in the consumer’s condition, health, or ability. Care planning documents reflected prompt and appropriate actions were taken in response to changes in a consumer’s health. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration.

Consumers and representatives stated they were confident consumer care needs and preferences are effectively shared between staff and other health services. Staff described how information was shared at shift handovers, meetings and through documentation to ensure information regarding consumers is consistently shared and understood. Care documentation reviewed confirmed staff consistently notified the consumer’s medical officer, other allied health professionals and representatives if they identified a change in a consumer’s condition or needs, and if there was a clinical incident.

The service facilitated appropriate referrals when required by consumers. Staff described how input from other health professionals was arranged in response to an identified need and provided outcomes of referrals to other health service providers including medical officers and physiotherapists. Care planning documentation reviewed reflected timely and appropriate referrals and contributions from individuals to other organisations and providers of other care and services.

Consumers and representatives stated they observed staff consistently wearing personal protective equipment, including gloves and masks. Staff demonstrated knowledge of infection control practices relevant to their duties. Management described monitoring tools to oversee and benchmark antibiotic usage against national standards. The service had documented policies, procedures and an outbreak management plan to guide staff in infection control.

# 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 supports for daily living met their needs, goals, and preferences, enabling them to maintain their independence, quality of life and well-being. Staff demonstrated an understanding of what was important to individual consumers and what they liked to do and described strategies to promote consumer involvement activities and interests. Consumers described how the service supports them to engage in activities of their choice.

Staff described services and activities provided to support consumers’ emotional, spiritual and psychological well-being and confirmed consumers were referred to appropriate services in relation to their emotional and psychological well-being when appropriate. Care planning documentation was consistent with consumer and representative feedback, specifying individual emotional support strategies for each consumer and how these are implemented.

Care planning documentation reviewed, included information about how consumers participated in the community and stayed connected with family and friends. Staff said they supported consumers to keep in touch with people important to them and provided examples of how they supported consumers to visit the community independently. Staff described how they work with external groups to promote engagement with the community and a school choir was observed performing a concert for consumers.

Consumers and representatives confirmed the service was aware of consumers individual preferences and needs and the information was shared within the service when changes were made. Staff described information was shared, between themselves and external service providers through handovers and via electronic alerts on the computer. Staff were observed appropriately discussing care planning with consumers.

Care planning documentation evidenced collaboration with external services to support the diverse needs of the consumers, including connecting consumers to volunteer organisations. Staff described how they accessed external services to support additional support and services for consumers.

Consumers said the service provided meals which were of good quality and quantity and were varied. Staff described processes for consumers to provide feedback on meals to ensure their preferences are met. Care planning documentation confirmed consumer’s dietary requirements and choices were recorded and were consistent with consumer feedback. Meals were observed to look appealing, and appetising.

Consumers said they felt safe when using the service's equipment. Equipment was observed to be suitable, clean, and well maintained. Maintenance staff explained how maintenance requests were lodged, actioned, and signed off when the service is completed. Maintenance documentation was observed to identify current and scheduled preventative maintenance completed and jobs scheduled to be carried out.

# 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 several communal areas for consumers to gather and large outdoor garden areas. Consumers said they could decorate their rooms with personal furnishings and items as they wished. Garden beds and raised planting beds were provided for consumer use. Consumers were observed making use of the service environment, engaging in gardening, and gathering in communal areas for activities.

All areas of the service had access to outdoor areas and consumers were observed walking around the service gardens, utilising mobility aids on well-maintained concrete paths. Maintenance records demonstrated requests by consumers and staff were actioned and finalised in a timely manner.

Consumers said they were happy with the service; their rooms were kept clean and well maintained by staff. Furniture, fittings and equipment were observed to be safe, clean, maintained and suitable for use by the consumers. Cleaning staff were observed engaging in regular scheduled cleaning activities. Staff described processes to ensure equipment remained safe, clean and suitable for consumer use.

# 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 confirmed they were familiar with feedback and complaints processes, they were encouraged and supported to provide feedback and make complaints and have found management to be approachable when doing so. Management and staff described processes available for consumers and representatives to provide feedback or raise a complaint. The service had a feedback and complaints management policy in place to inform staff response when accepting feedback or complaints.

Consumers and representatives said they were aware of available avenues for raising a complaint, such as through the Commission or external advocacy services. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues. Management stated the service had information available on both advocacy and interpreter services, although they have not utilised these services recently as the consumers have not required it.

Consumers and representatives sampled who had made a recent complaint said management responded to the issues, involved them in the resolution, and took appropriate action in response. Consumers said when things went wrong, the service apologised, was transparent in addressing concerns and acted quickly to resolve the issue. Management demonstrated understanding of open disclosure in relation to complaints and said they apologised to consumers when they were dissatisfied with their care and services. The complaints management policy described the principles of open disclosure. In their response to the Commission the Approved provider advised further education of staff would be undertaken to consolidate staff knowledge and practice of open disclosure.

Management advised, and documentation confirmed, changes and improvements made at the service were discussed at the monthly resident meetings and the service evaluated improvement activities and consumer satisfaction. The service’s plan for continuous improvement (PCI) demonstrated feedback and complaints were used to inform and improve the quality of care and services.

# 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

Consumers and representatives reported staff are available when needed and attend quickly in response to call bells. Staff sampled said there are adequate staff to provide care and services in accordance with consumer needs and preferences. Management advised recruitment is ongoing and described strategies to attract and retain staff, and processes to replace staff on planned and unplanned leave. Staffing levels were constantly reviewed and adjusted to reflect consumers’ needs.

Consumers and representatives provided consistent feedback stating staff engaged in a respectful, kind, and caring manner. Staff demonstrated a shared understanding of the consumers, including their needs and preferences, and this aligned with care planning documentation. Staff were observed to engage with consumers and their family members in a warm, respectful and friendly manner.

Consumers and representatives reported they felt staff were skilled in their roles and competent to meet their care needs. Management described processes to ensure staff competency is monitored and assessed including the use of consumer and representative feedback. Staffing records demonstrated the service maintained position descriptions and duty lists that outlined the qualifications, registration, knowledge skills and abilities required for various roles. Documentation reviewed confirmed staff had met COVID-19 vaccination requirements, professional registration and police check compliance.

Staff described orientation and onboarding processes undertaken when first employed at the service. Staff also confirmed the service provides ongoing professional development and supervision and conducts annual competency assessments. Documentation identified that most staff have completed mandatory training with processes in place to ensure outstanding training requirements are completed and remain current.

Staff said they had regular performance appraisals that included feedback from supervisors and the opportunity to identify areas for further professional development and training. Management advised staff performance is monitored through probationary appraisals, observations, analysis of clinical data and consumer and representative feedback.

# 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

Consumers reported they felt the service was well run and confirmed they were invited to participate in consumer meetings and surveys to identify whether there were things which could be improved. Consumer meeting minutes demonstrated consumer engagement with menu revisions to ensure consumer preferences were included. The service also holds regional consumer feedback meetings to discuss ideas and suggestions for improvement.

The governing body had implemented processes to ensure the service was accountable for the delivery of care, and promotes a culture of safe, inclusive, and quality care and services. Monthly board meetings review clinical and trend data to identify the service’s compliance with the Quality Standards, enhance performance and monitor and take accountability for care and services delivery.

The service had effective governance systems to support staff to access information and maintain regulatory compliance. Continuous improvement opportunities were identified and funding is secured through financial governance processes. Workforce governance arrangements were evident and feedback and complaints are suitably addressed.

The service had effective risk management systems to manage high impact and high prevalence risks. Staff demonstrated a shared undertaking of incident reporting requirements. Management advised all incidents are identified and reported in a timely manner and incidents designated as having a high severity are immediately escalated for action. Review of the service’s incident documentation demonstrated the service had reported incidents falling within the scope of the Serious Incident Response Scheme (SIRS) correctly and within required timeframes.

The service’s clinical governance framework included policies and procedures covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff had received education about these policies and were able to provide examples of their relevance to their work.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)