Performance

Report

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| Name of service: | Bupa Runaway Bay |
| Service address: | 376 Pine Ridge Road Runaway Bay QLD 4216 |
| Commission ID: | 5381 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 2 March 2023 |
| Performance report date: | 24 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Runaway Bay (**the service**) has been prepared by K. Reed, 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 - Site; the Assessment Contact - 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 15 March 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been 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 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)(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 |

Findings

Requirement 3(3)(b)

The service had effective processes for identifying and managing high impact and high prevalence risks associated with the care of each consumer, such as falls prevention and pain management. Care documentation for consumers reflected individualised risk mitigation strategies and staff demonstrated awareness of these.

Four named consumers who had risks associated with their care were reviewed, risks included high falls risk, diabetes, pain and medication. Care planning documentation supported these risks have been managed appropriately. Care and clinical staff had a shared understanding of risk mitigation strategies for the individual consumers. Consumers confirmed staff manage risks associated with their care effectively. Consumers were observed to have risk mitigation strategies in place including falls prevention equipment and supervision from staff during meals.

Based on this information, it is my decision this Requirement is Compliant.

Requirement 3(3)(d)

Consumers and representatives provided feedback that staff knew the consumers and felt they would recognise a deterioration or change in the consumers’ condition. Clinical management and staff explained how consumer deterioration was recognised and may result in a Medical officer review or referral to hospital if needed. Such changes were discussed during handovers, staff meetings, and care documentation was reviewed and updated. Care staff confirmed they reported any changes in consumers’ conditions directly to the clinical staff and recorded the change in the consumer’s progress notes.

Two named consumers who had experienced a deterioration in their condition were reviewed as part of the assessment contact. This resulted in one consumer commencing end of life cares and the other consumer was moved to a room closer to the nursing station to increase supervision and reduce the risk of falls.

While a supervision chart was not consistently completed for the consumer at risk of falling, the Approved provider in their response to the Assessment contact report confirmed the consumer has moved closer to the nursing station and has not suffered any further falls.

Based on this information, it is my decision this Requirement is Compliant.

Requirement 3(3)(e)

Consumers and representatives felt staff knew the consumers’ needs and preferences, and were provided with consistent care, and information was shared appropriately with representatives and others. Information relating to consumers’ condition, changed needs or preferences was documented in the services electronic care management system and is communicated via handover, the electronic care alert system and in person.

Care documentation identified consumers’ Medical officers and other services and supports including allied health professionals were informed about consumers’ conditions, needs and preferences where required. In addition, other documentation, including meeting minutes, handover records, wound records supported information about consumers was documented and communicated.

Based on this information, it is my decision this Requirement is 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)