Performance

Report

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| Name: | Bupa Runaway Bay |
| Commission ID: | 5381 |
| Address: | 376 Pine Ridge Road, Runaway Bay, Queensland, 4216 |
| Activity type: | Site Audit |
| Activity date: | 30 August 2023 to 1 September 2023 |
| Performance report date: | 13 October 2023 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 19364 Bupa Runaway Bay |

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 J Miaris, 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.

# 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said staff were respectful, valued their culture and identity and were polite and kind in their provision of care. Staff described consumers’ backgrounds, identity, and how they provided care to meet their individual needs and preferences. Care planning documentation detailed consumers’ personal preferences, interests, backgrounds, preferred language, religious and spiritual beliefs. Staff were observed communicating with consumers in a kind and respectful manner.

Consumers and representatives said staff knew their cultural backgrounds and what was important to them. Staff demonstrated they were familiar with consumers’ cultural backgrounds and described how they delivered culturally safe care. The service had a documented policy to guide staff in the delivery of culturally safe care.

Consumers and representatives said they were supported to make their own choices and decisions about their care, involve those they wanted in their care, and to make and maintain personal relationships. Staff described how they supported consumers to make their own decisions and maintain relationships with people important to them. Care planning documentation reflected that consumers and representatives were consulted in decisions about care and services.

Consumers described ways they were supported to live the life they chose and do things that were important to them. Staff described the areas where consumers wanted to take risks and explained how they helped them to understand the benefits and potential harms when considering taking risks. Care planning documents captured individual risk profiles and management strategies for each consumer. Staff were guided by the service’s written policy regarding consumer choice and risk taking.

Consumers and representatives said they were provided with up-to-date information that enabled them to make decisions in relation to their daily living and care. Staff described how they provided accurate and timely information to consumers to support their decision making. Current information was observed being provided to consumers and representatives in a variety of forms.

Consumers and representatives said the service respected their personal privacy and believed their information was kept confidential. Staff described how the service respected and protected each consumer’s privacy and stored their confidential information securely. The service had policies which guided staff practice in respecting consumers’ privacy and protecting their personal information. Staff were observed knocking on consumers doors before entering their rooms, conducting handovers in private areas and the service had password protected electronic care management system.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the assessment and care planning process and said their care needs were being met appropriately. Staff described how the assessment and care planning process captured consumers’ care needs and goals, including any risks associated with their care. Care planning documentation reflected assessment and planning considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. The service had written policies and procedures to guide staff in the effective assessment and care planning.

Consumers and representatives described having conversations about their current needs, goals and preferences, and their advance care and end of life plans. Staff described how they approached conversations with consumers and representatives about their current needs and preferences, and their advance care and end of life plans. Care planning documentation identified the current needs, goals, and preferences of consumers, and included advance care planning documents for consumers that chose to have one.

Consumers and representatives described being involved in the assessment and care planning process on a regular and ongoing basis. Management and clinical staff described how consumers, their representatives and other providers of care were involved in the ongoing assessment and care planning process. Care planning documents confirmed consumers and their representatives were involved and kept informed during the care planning process.

Consumers and representatives said staff explained issues related to their care and they have been provided a copy of the care plan. Management and staff described how they communicated with consumers and representatives about the outcomes of assessments and any changes to consumers care plan. Care planning documents were readily available to staff through the electronic care management system.

Consumers and representatives said their care and services were reviewed regularly, when incidents occurred, and when consumers needs and preferences changed. Staff described the care plan review process, which included regular reviews and following incidents that impacted on the needs or preferences of consumers. Care planning documentation evidenced regular reviews, and when incidents impacted on the needs, goals or preferences of the consumer.

# 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, and said it met their individual needs and preferences. Staff described how they provided individualised, best practice care that met the needs of each consumer. Care planning documents recorded each consumer’s needs and preferences and detailed personal and clinical care tailored to their specific needs. The service had policies and procedures that guided staff in providing best practice personal and clinical care.

Consumers and representatives were satisfied with the way the service managed risks associated with the care of consumers. Staff described the high impact, high prevalence risks to consumers living at the service, and how they managed these risks. Care planning documents confirmed the risks associated with individual consumers were identified and appropriate mitigation strategies put in place. The service had policies to guide staff in managing clinical risks to consumers.

Consumers and representatives described how the service had discussed advance care and end of life planning, if they wished. Staff described how they changed the delivery of care for consumers receiving end of life care, to ensure their comfort and dignity. Care planning documentation contained consumer’s advance care and end of life care preferences. The service had policies to guide staff practice in providing palliative and end of life care.

Consumers and representatives said the service recognised and responded to changes in their condition in a timely manner. Staff described how they responded to deterioration or changes in a consumer’s condition and care planning documentation demonstrated the service was responding to changes in consumer’s condition promptly. The service had policies which guided staff in recognising and responding to changes or deterioration in consumers’ condition.

Consumers and representatives said current information about consumers’ condition was communicated effectively between staff in the service and others involved in providing care. Staff described how information was shared effectively within the service and described ways information about changes in consumers’ condition, needs or preferences were communicated. Care planning documents evidenced they were updated regularly to reflect consumer’s current condition, needs and preferences.

Consumers and representatives stated consumers had timely access to other health professionals and providers of care, when needed. Management and staff described the process of referring consumers to other providers of health services. Care planning documents reflected consumers were referred to a range of other health professionals. The service had policies to guide staff in referring consumers promptly to appropriate health professionals.

Consumers and representatives expressed satisfaction with the infection control measures in place at the service and said staff wore masks and washed their hands regularly. Staff described the day-to-day infection control measures they took to minimise infection related risks to consumers. Management and staff described how they minimised the use of antibiotics and took steps to ensure they were being used appropriately. The service had policies and procedures in place to support antimicrobial stewardship and infection prevention and 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said the supports for daily living met their needs, goals and preferences and optimised their independence and well-being. Staff demonstrated how consumers’ preferences and needs were considered when developing their services and supports for daily living. Care planning documents effectively captured the lifestyle needs and preferences of individual consumers. Activity calendars included a variety of activities and documentation evidenced consumers had input into the program. Consumers were observed participating in different activities suited to their needs, capabilities, and preferences.

Consumers said the service effectively supported their emotional, spiritual, and psychological well-being. Staff explained their roles in promoting consumers' spiritual, emotional, and psychological well-being. Care planning documentation included details to support consumers’ spiritual, emotional needs and preferences.

Consumers said they were supported to maintain social relationships and do things of interest to them. Staff outlined their role in facilitating activities and supporting consumers to communicate with family and friends and staff were observed encouraging consumers to participate in activities. Care planning documentation specified consumers’ preferences for activities, outings, and relationships important to them. Consumers were observed receiving visitors at different times throughout the day and leaving the service to attend outside activities.

Consumers were satisfied their current needs and preferences were effectively communicated between staff, and others involved in providing care and services. Staff explained how they shared current information about consumers between staff and others involved in providing care and services through shift handovers, verbal updates and by accessing the electronic care management system. Care planning documents detailed up to date information about consumers’ condition, needs and preferences. Staff were observed sharing current information about consumers’ condition, needs and preferences at shift handover.

Consumers reported receiving care and services from external providers, when needed. Staff explained the service collaborated with external organisations and individuals to complement the existing activity program. Care planning documents evidenced referrals to external providers to assist consumers in participating in activities and improve their well-being and quality of life.

Consumers expressed satisfaction with the variety, quantity and quality of the meals provided and confirmed they had opportunities to provide feedback about the food. Staff explained the systems in place to meet the specific dietary needs and preferences of consumers. Care planning documents identified the nutrition assessments and dietary requirements for consumers. Staff were observed conversing pleasantly with consumers during meal service and consumers who required assistance were treated with respect.

Consumers said the equipment provided was safe, clean and suitable. Staff said they used cleaning wipes on shared equipment and said they had access to the supplies and equipment they needed to support consumers. Staff confirmed they knew how to report maintenance issues. Cleaning records and maintenance logs showed the service proactively monitored and maintained equipment for safety, suitability, and cleanliness.

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers said they felt at home at the service, and it was easy to navigate with staff assistance, if needed. Staff said they encouraged consumers to personalise their rooms, which was observed. The corridors and common areas were observed to be spacious, well-organised, free of clutter and well lit, with handrails to support mobility and signs were displayed throughout the facility to aid navigation.

Consumers said their rooms were well maintained, regularly cleaned and they could easily access both indoor and outdoor areas, which was observed. Staff described their processes for ensuring consumers’ rooms and common spaces were kept clean. The service environment appeared to be safe, clean, and well-maintained, with clear pathways to allow consumers to easily navigate both indoors and outdoors. Documentation which outlined the daily cleaning tasks were up to date and maintenance staff explained the preventative maintenance procedures in place.

Consumers said their equipment was kept clean but was not always well-maintained. Consumers and staff described how they logged maintenance requests, however, some said they were not always resolved in a timely manner. Maintenance staff explained the preventative maintenance procedures for furniture, fittings and equipment and these were all up to date. However, maintenance staff described a gap in relation to verbal maintenance requests which were not always logged correctly. Management responded appropriately to the concerns regarding reactive maintenance and identified a number of actions that had been or were to be implemented to address these gaps. The service’s continuous improvement plan included documented actions to address these issues and guidance material was displayed for all staff to log reactive maintenance requests in logbooks.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives stated they were encouraged and supported to provide feedback or raise concerns by communication with staff, completing a feedback form, consumer meetings, completing consumer surveys, or sending an email to management. Management described different ways they supported consumers to provide suggestions, compliments or complaints as outlined in the service’s documented policy. Feedback forms were available at the nurses’ stations around the service, with a secure feedback box located at the entrance of the service.

Consumers and representatives said they were informed about external complaints avenues, and how to access advocacy, interpreter, or legal services. Management and staff described how to access advocacy and interpreter services for consumers when needed. Information about various organisations providing advocacy and interpreter services was observed at the service. The resident handbook included information about accessing various language, advocacy and complaint services.

Consumers and representatives said the service responded to their complaints appropriately and communicated with them to discuss their concerns. Management and staff described the complaints management and open disclosure processes. The service’s documented complaints policies detailed using a person-centred, fair, objective, efficient and confidential resolution process using open disclosure with those involved. The service’s feedback and complaint system recorded the date, description of complaint and the action taken in response.

Consumers and representatives said feedback and complaints were reviewed and used to improve the quality of care and services. Management and staff described how improvements had been made in response to feedback and complaints. The service’s continuous improvement plan detailed improvements made and planned, in response to feedback and complaints in line with policies and procedures.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet consumers’ needs. Management described effective workforce planning which included strategies for filling vacant shifts and recruitment of staff. Staff said there were enough staff and they had sufficient time to provide safe and quality care to consumers. Rosters for the preceding fortnight and other documents demonstrated the service had enough staff to fill shifts and deliver safe and quality care and services.

Consumers and representatives said staff were kind, gentle and respectful when providing care. Management and staff were observed interacting with consumers in a kind, caring and respectful manner. Staff demonstrated their knowledge of consumers’ individual needs and preferences when delivering care.

Consumers and representatives felt staff knew what they were doing and were skilled and knowledgeable. Management described the centralised recruitment processes against position descriptions that ensured staff were competent and qualified for their roles. Documentation confirmed that checks were made to ensure staff had the appropriate qualifications, knowledge, experience, and registrations to perform their duties effectively.

Consumers and representatives said they were satisfied staff were trained and skilled to deliver their care and services. Staff were satisfied with the training and support provided by the organisation. Documentation demonstrated the workforce was recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management described how they monitored and reviewed staff performance with performance assessments completed every 12 months in accordance with the service’s policies. Management explained they used an electronic system to record and monitor the timely completion of performance assessments. Staff described how performance appraisals occurred, and staff records confirmed performance was continually assessed and monitored, including ongoing supervision, identifying and addressing issues as they arise, and through the completion of mandatory training.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Documentation and feedback from consumers and representatives evidenced they were engaged in the development, delivery and evaluation of care and services. Management explained the various ways consumers were supported to improve their care and service delivery including through monthly meetings, food focus meetings, care plan reviews, case conferences, consumer experience surveys, and feedback forms.

Consumers and representatives said consumers felt safe, and they received the care they needed. Management described how the board supported the service and promoted a culture of safe, inclusive, and quality care and services. The board actively oversighted the delivery of services and regularly reviewed reports, performance indicators and other results from the service. Documenation supported that the board was responsible and accountable for the delivery of safe and quality care and services in accordance with the Quality Standards.

The service demonstrated appropriate governance systems were in place covering information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Staff were familiar with the governance arrangements and described they accessed the relevant policies and procedures. Management confirmed the board was regularly engaged with the service and monitored the governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Management described how the organisation monitored various clinical indicators to identify, manage and mitigate risks. Staff said risks are reported, escalated, and reviewed by management at the service level, including the governing body. Staff explained the processes of risk management at the service, including key areas of risk that are identified, responded to, and reported in the incident management system. Staff detailed training they had received and their responsibilities in identifying and responding to abuse and neglect of consumers.

The organisation had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their responsibilities under the clinical governance framework and staff confirmed they had received training on these policies and systems.

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)