Performance

Report

**1800 951 822**

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| Name: | Bupa South Morang |
| Commission ID: | 4325 |
| Address: | 18-22 McGlynn Avenue, SOUTH MORANG, Victoria, 3752 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 30 November 2023 |
| Performance report date: | 18 December 2023 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 2846 Bupa South Morang |

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 South Morang (**the service**) has been prepared by N Eastwood, 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.
* the provider’s response acknowledging the assessment team’s report received 7December 2023.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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)(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)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Consumers and representatives confirmed overall that consumers receive safe, individualised care that supports their wellbeing. A review of consumer care documentation demonstrated staff deliver planned care which is reviewed for effectiveness. Staff demonstrated a responsive approach to consumer care needs particularly related to changed behaviours, restrictive practices, maintaining skin integrity and dental and oral care.

There was evidence of a best practice approach to the use of psychotropic medication and informed consent, individualised behaviour support plans and appropriate review where chemical restraint was used. Skin integrity and pressure injury prevention assessments were evident in consumer files as well as escalation to a wound consultant where wounds were deteriorating or slow to heal. Pain assessments were implemented appropriately and dental and oral care was observed to be adequately documented and carried out.

Management identified the service’s high-impact high-prevalence risks which include falls, changed behaviours, pressure injuries, and risks associated with specialised care. Clinical and care staff confirmed training and education in high impact, high prevalence risks had informed their understanding of effective risk mitigation and reporting requirements. Diabetes management plans were in place for diabetic consumers including reportable parameters and interventions.

There was evidence of appropriate falls related interventions and collaboration with general practitioners, weight management strategies and referrals where deterioration was identified.

The service demonstrated it collaborated with other individuals, organisations, and providers to support the diverse needs of consumers. A review of documentation reflected timely and appropriate referrals to medical practitioners, allied health practitioners, specialists, and other external health services where required.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirements 3(3)(a), 3(3)(b), 3(3)(f).

# 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 |

Findings

Consumers and representatives confirmed there are sufficient staff to meet consumer care needs. Staff explained the service has sufficient, appropriately qualified staff to support the delivery of safe care and management demonstrated how the workforce is planned to ensure the correct number and skill mix to provide safe quality care. Call bell response times were monitored daily with extended call bell times investigated. The Assessment Team noted no unfilled shifts for the previous months roster and where consumer numbers had reduced management had continued to maintain staffing levels to support the greater capacity.

The staff roster demonstrated appropriate quantity and skill mix of staff with a minimum of one registered nurse rostered to each shift to deliver clinical care and provide staff supervision. Management also described the recent implementation of unannounced spot checks overnight to monitor that staffing and care are consistent with required standards.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 7(3)(a).

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The service demonstrated an effective risk management system including policies and procedures, a clinical governance framework, incident management and quality monitoring processes. Management and staff described organisational processes embedded in the service to monitor and improve consumer safety and care.

Risk management, including clinical risks are managed consistent with the organisation’s risk management policy. The service manager and clinical manager report on a range of quality and risk metrics to the regional management team and an organisation wide risk governance committee. Clinical risks are monitored in a risk register and a weekly clinical review meeting which is attended by the management, quality and clinical staff.

The organisation has a policy to minimise the use of restrictive practices, consumers subject to chemical restraint have appropriate documentation in place. An electronic incident management system is utilised within the consumer record system with incident rates, severity and actions reported and reviewed monthly for trends or significant gaps. Management described using the online Serious Incident Response Scheme (SIRS) decision making tool and explained that incidents are monitored by the quality team who advise on reporting requirements.

The service has processes to support consumer wishes and ensure they are aware of any risks involved. Dignity of risk forms were observed for dietary intake outside recommendations, use of mechanisms to identify entry into a consumer room and smoking. Safety assessments are reviewed annually or as changes occur.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with requirement 8(3)(d).

1. The preparation of the performance report is in accordance with section s 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)