Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bupa South Morang |
| Service address: | 18-22 McGlynn Avenue SOUTH MORANG VIC 3752 |
| Commission ID: | 4325 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 4 October 2022 to 7 October 2022 |
| Performance report date: | 2 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 South Morang (**the service**) has been prepared by L. Malone, 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 approved provider’s response to the Site Audit Report received 20 October 2022

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated an inclusive approach to care and service delivery which respects consumer identity, dignity and privacy. Consumers and representatives provided feedback to the Assessment Team that they are treated with respect and are able to choose who is involved in their care, and are supported to take risks which enable them to life their best life and do what is important to them.

The site audit report provides evidence of care and service delivery which respects individual consumer’s identity and choices, and that care delivery is culturally safe and meets the needs of culturally diverse consumers. The site audit report presents evidence relevant to this Standard under other requirements that the service has a workforce who share language with consumers with diverse languages and staff and consumers have access to professional interpreting services where required.

Staff were able to describe individual consumer’s cultural background, the people they wish to have involved in their care and how they support individuals to takes risks and make decisions about their care and services.

The service demonstrated consumer privacy is respected and there are policies and procedures to support and guide information sharing and confidentiality. Staff were able to describe various ways they ensured confidential information is kept securely and shared appropriately and consumers provided examples of practical ways they felt their privacy is respected.

The Assessment Team observed interactions between staff and consumers which demonstrate knowledge of consumer’s individual identity and respect for their choices. Information to support consumer choices is accurate, accessible and timely. The Assessment Team observed written resources and information such as advocacy information and survey results displayed and information to support consumer daily choices such as menu and activity schedule readily available to consumers

The approved provider agrees with the findings of the Assessment Team in their response to the site audit report. I have considered the evidence and I find the service Compliant as six of six specific requirements under this Quality Standard are found to be Compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 they are well informed of the assessment and care planning process and spoke positively of how staff communicate with them and understand their needs and preferences. Some provided feedback that care and service planning and consultation as ‘inclusive’ and ‘exceptional’ and all confirmed they had seen or were aware of a written, individualised care plan and said care is reviewed when needed.

The service has process in place to ensure information is effectively communicated and documented. Staff feedback presented in the site audit report demonstrates staff are well informed of the current needs, goals and preferences individual consumers. Staff demonstrated knowledge of the risks associated with individual consumer’s care such as those related to diabetes, falls, fluid management and pressure care, and said assessment and care planning is reviewed regularly and in response to a change in condition or clinical incident.

The Assessment Team found information documented in consumer care files to be current, accurate and reflective of feedback from consumer, representatives and staff, and provided evidence of consultation with the consumer and their chosen representatives. Care file documentation demonstrated the involvement of other providers of care such as external medical practitioners and specialists.

The approved provider agrees with the findings of the Assessment Team in their response to the site audit report. I have considered the evidence and I find the service Compliant as five of five specific requirements under this Quality Standard are found to be Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team found the service demonstrated care delivery in the areas of skin and wound management, pain management and minimisation of restrictive practices is safe and effective. Risks associated with clinical care are identified and well managed and deterioration is responded to in a timely manner.

Consumers and representatives said care delivery meets consumer’s needs and is delivered in accordance with their expectations. Feedback regarding communication was positive and said staff knew their needs well and they did not have to repeat information. Some consumers expressed they did not wish to discuss end of life care wishes while others said their prognosis, available care options and end of life wishes were discussed with them.

Staff interviewed demonstrated good knowledge of consumer care needs, how care is safe and effective is delivered to individual consumers and how risks to consumer wellbeing are monitored and responded to. Staff demonstrated knowledge of consumer’s end of life preferences and if individuals felt comfortable having these discussions. Staff could identify consumers at high risk of falls, diabetic complications, weight loss and other high-impact, high-prevalence risks and could describe appropriate, individualised strategies implemented to minimise risks. Observations of care delivery made by the Assessment Team were consistent with staff, consumer and representative feedback.

The site audit report provides evidence that information related to consumer’s needs goals and preferences is shared effectively to support positive outcomes for consumers. Staff described the ways information is communicated and documentation in the care file was found to be accurate and current. Care planning documentation demonstrated timely and appropriate referrals and the engagement of other providers of care such as allied health, medical in-reach services and external medical practitioners and specialists

The service demonstrated effective screening processes for visitors, staff and consumers to minimise the risk of COVID-19 and other infectious disease transmission and has a documented outbreak management plan. The site audit report provides evidence of observations made by the Assessment Team of staff using appropriate personal protective equipment and infection control practices. The service has an appointed Infection Prevention and Control Lead (IPC) and written policies and procedures to promote antimicrobial stewardship and infection control practices.

The approved provider agrees with the findings of the Assessment Team in their response to the site audit report. I have considered the evidence and I find the service Compliant as seven of seven specific requirements under this Quality Standard are found to be Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The site audit report includes feedback that consumers and representatives feel they receive the support they need to optimise participation and independence in activities of daily living and promote emotional, spiritual and psychological wellbeing. Consumers and representatives said they are supported to participate in the residential care home community and maintain relationships outside of the service. Some consumers provided examples of how they are supported to practice their religion or participate in the external community. Consumers and representatives said the service communicates well and they are kept informed of changes and are able to access other providers of care when needed.

Staff demonstrated an understanding of the supports needed by individual consumers, and how care and service delivery meets their lifestyle goals and preferences. Staff provided feedback to the Assessment Team about how individual consumers practice their religious beliefs, what is meaningful or important to them and how they like to spend time with family or friends.

Care documentation aligned with staff and consumer feedback and provides evidence of information sharing with internal and external provider where appropriate and that timely referrals are made to optimise consumer wellbeing. Evidence presented by the Assessment Team demonstrates the service engages allied health staff, volunteers, religious and other community services in the care and service delivery. Where equipment is provided to support lifestyle and activities of daily living, it was found to be suitable for purpose, safe and clean.

The site audit report presents mixed feedback from consumers regarding meals but most said meals are varied and of good quality and quantity. Evidence presented by the Assessment Team demonstrates meals are provided in line with consumer’s assessed dietary needs and preferences and that the service uses consumer feedback in menu planning.

The approved provider agrees with the findings of the Assessment Team in their response to the site audit report. I have considered the evidence and find this Standard Compliant as seven of seven of the specific Requirements are demonstrated to be Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 demonstrated to be clean and safe, and to promote participation and belonging.

Consumers are able to move freely indoors and outdoors and said they feel comfortable in the environment and it allows them to interact with their friends and family and with other consumers. Some consumers described enjoying the gardens and some provided examples of how staff had personalised garden spaces to meet their interest such as feeding the birds and meditation. Consumers and representatives were satisfied that maintenance issues are attended to promptly and did not raise concerns about the cleanliness or safety of the service environment, fittings or equipment.

Staff and management said consumers are encouraged to personalise their rooms and utilise communal spaces and could provide examples of how they do this which aligned with consumer feedback. Staff were able to describe how they report maintenance issues and keep environment safe, and said maintenance staff are contactable 24 hours a day for urgent issues.

The Assessment Team found the service demonstrates effective records of maintenance and cleaning, including preventative and reactive actions undertaken, and these records are comprehensive and up to date.

The approved provider agrees with the findings of the Assessment Team in their response to the site audit report. I have considered the evidence and I find the service Compliant as three of three specific requirements under this Quality Standard are found to be Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 said they are informed of advocacy and interpreting services if needed and feel comfortable raising their feedback with staff. Consumers provided examples of concerns they had raised and said these were addressed promptly. Some described the service as ‘transparent’ and said staff apologise when things go wrong.

Management said they encourage ongoing communication with consumers and representatives, staff and other stakeholders through an ‘open door’ approach, written feedback forms and regular ‘resident and relative’ meetings. Written and verbal feedback is documented on the feedback register with actions undertaken and this information is used to identify and inform continuous improvement activities. Staff and management said the service operates with an open disclosure approach and described this as acknowledging and apologising and taking action to prevent the issue happening again.

The Assessment Team found documentation in consumer care files, on the complaints register and continuous improvement plan demonstrated feedback is effectively recorded and responded to and used to improve care and services. Some examples of verbal feedback which had not been notes on the complaints register were found by the Assessment Team and management took action on this at the time of site audit. The approved provider states in their response to the site audit report that ensuring all feedback is recorded on the register is an ongoing action.

I have considered the evidence in the site audit report and the response of the approved provider and find this Standard Compliant as four of four of the specific Requirements are demonstrated to be Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 said there is enough staff to meet their needs with occasional delays in call bell responses such as when staff need to seek the assistance of other staff members to perform safe care. Consumers and representatives said staff treat them with kindness and respect and are satisfied staff are competent and skilled to perform their roles effectively.

The site audit report presents feedback from management and evidence or review of call bell response time data, staff rosters, recruitment and planning which demonstrates the workforce is planned and enable to delivery safe and effective care. The Assessment Team found the service effectively ensures staff competency through mandatory and additional training, and clear guidance such as job descriptions for each role and a formal review process to monitor staff performance. Consumer and staff feedback, surveys, feedback, staff appraisal audits and incidents reports are used to identify need for relevant training and participation in these training sessions is recorded on a centralised electronic system.

The approved provider agrees with the findings of the Assessment Team in their response and provides further information related to call bell response times and identifies this as an area of continuous improvement.

The service has a range of policies to support staff planning, training, expectations of attitude and performance and these are accessible to all staff. Staff described annual performance appraisals and said they receive mandatory and additional training relevant to their roles and needs.

I have considered the evidence in the site audit report and the response of the approved provider and find this Standard Compliant as five of five of the specific Requirements are demonstrated to be Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

The governing body promotes inclusive and safe care and service delivery through the engagement of consumers and effective systems to support and monitor quality of care. Consumers and representatives said their feedback is valued and some described how it had been used to improve care and service delivery. Consumers and their representatives said the service is a safe and inclusive place to live.

The organisation’s governing body includes personnel responsible for the monitoring and management of risk, including high-impact, high-prevalence risk related to the care of consumers, occupational health and safety and incident reporting and data analysis. The Assessment Team found the systems of governance is effective in informing the Board of relevant risks and implementing improvements and policy to manage risk. Staff were informed of policies related to risk management and knew where to access them, and could describe their role in identifying, reporting and responding to risks to consumers.

The organisation demonstrated effective processes and mechanisms to ensure continuous improvement opportunities are identified and actioned, information is appropriately management and regulatory and legislative responsibilities are understood, communicated to staff and complied with.

The organisation has a clinical governance framework and procedures related to open disclosure, the minimisation of restrictive practices and antimicrobial stewardship. Staff and management could describe how these policies relate to practice.

The approved provider agrees with the findings of the Assessment Team in their response to the site audit report. I have considered the evidence and I find the service Compliant as five of five specific requirements under this Quality Standard are found to be Compliant.

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)