Performance

Report

**1800 951 822**

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| Name: | Bupa Sutherland |
| Commission ID: | 1008 |
| Address: | 42 Auburn Street, Sutherland, New South Wales, 2232 |
| Activity type: | Site Audit |
| Activity date: | 28 November 2023 to 30 November 2023 |
| Performance report date: | 12 January 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 6231 Bupa Sutherland |

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 Sutherland (**the service**) has been prepared by P. Wallner, 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 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 28 December 2023.
* other information held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and staff valued consumers’ identities and cultures. Staff understood and respected consumers’ personal circumstances, identity and life experiences. Consumers’ care planning documents included information about their cultural background, spiritual preference, family relationships and personal preferences.

Consumers and representatives said staff respected consumers’ cultural and religious backgrounds, and consumers felt safe when receiving care and services. Staff described how they provided care and services in line with consumers’ cultural preferences. Staff were guided in their practice by the service’s diversity and culturally safe care policy.

Consumers said they were supported to make decisions about how their care was delivered, who should be involved in their care, and the personal connections they wanted to maintain. Staff described how they respected consumers’ choices and supported them to involve others in their decisions and maintain social connections.

Consumers said they were supported to take risks which enabled them to live their best lives. Staff described how consumers were supported to engage in the activities they enjoyed, even if they involved risks. Care planning documents showed a risk assessment occurred and agreed mitigation strategies implemented, to maximise consumer safety during chosen activities.

Consumers said they received clear and current information about activities, meals and other events at the service. Staff spoke clearly to consumers and ensured they understood their choices and care delivery. Documents and meeting minutes showed consumers received accurate and timely information about lifestyle activities, menus and how to provide feedback and make complaints.

Consumers said staff respected their privacy by knocking on doors and waiting for a response before entering consumers’ rooms. Management said consumers’ information was kept confidential in encrypted, password-protected electronic systems. Staff were guided in their practice by a privacy policy and were required to sign a privacy statement when employed by the organisation.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with the assessment and care planning process, which identified risks to consumers’ well-being. Staff described the assessment and care planning process for consumers, which considered risks and developed mitigation strategies to guide care delivery. The service had policies, procedures and clinical guidelines used by staff during the care planning process.

Consumers and representatives said staff had regular discussions with them about their care needs, including their end of life care, if they wished. Staff knew the needs, goals and preferences of consumers and could describe what was important to them in relation to their care delivery. Consumers’ care planning documents were individualised and reflected consumers’ current needs and preferences and their end of life plans.

Consumers and representatives said they were involved in the assessment and planning of consumers’ care. Staff said consumers, representatives, medical and allied health professionals worked in partnership to develop care plans tailored to consumers’ individual needs. Care planning documents showed staff, consumers, representatives and external service providers were involved in the assessment and planning of consumers’ care.

Consumers and representatives were confident in how the service assessed consumers’ health and communicated the outcomes clearly and promptly. Staff said they communicated with consumers and representatives regularly about their care and services and could readily access care plans on the service’s electronic care management system. Consumers’ care planning documents showed staff spoke frequently with them and their representatives about the care and services and offered them a copy of their plans.

Consumers and representatives said they were regularly informed when consumers’ condition or care needs changed, particularly if an incident had occurred. Staff said consumers’ care needs were reviewed biannually or when their circumstances changed. Care planning documents showed evidence of regular review and updating.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives were satisfied with the personal and clinical care provided. Clinical staff understood the specific personal and clinical needs of consumers. Consumers’ care plans showed they received safe and effective personal and clinical care tailored to their individual needs. The service had clinical care policies and procedures and management provided oversight of consumers’ care.

Consumers and representatives were satisfied with how staff managed high-impact and high-prevalence risks associated with consumers’ care. Staff said the main risks associated with consumers’ care were identified through ongoing assessment and planning and individual risk management strategies were put in place. Care planning documents identified the risks and interventions specific to individual consumer’s circumstances.

Consumers and representatives said consumers’ end of life wishes had been discussed with them and they were confident in the service’s end of life care. Management explained how a palliative assessment and plan was developed when consumers required end of life care. Staff described how they maximised consumers’ comfort and dignity during palliation through pain management, regular personal care and ensuring religious and spiritual needs were met. Care planning documents showed end of life needs and preferences were met in a timely way, with people of importance to the consumer involved.

Consumers and representatives said a deterioration or change in condition was identified and responded to quickly, and representatives were contacted where applicable. Staff explained how they noticed and responded to changes in consumers’ condition and said they were trained in recognising and responding to clinical deterioration. Staff practice was guided by clinical policies and guidelines which were available on the organisation’s intranet.

Consumers and representatives said current information about consumers’ condition, needs and preferences was effectively communicated between staff and others involved in providing care. Staff said information about consumers’ conditions, needs and preferences was documented in the electronic care management system and shared during shift handovers. Care planning documents showed external service providers had input to consumer care.

Consumers and representatives were satisfied they received timely referrals to other providers of care and services, such as medical officers and allied health professionals. Staff understood the service’s referral process and gave examples of referrals made to specialist healthcare providers. Consumers’ care planning documents showed timely and appropriate referrals had been made to external providers of care and services.

Consumers and representatives were satisfied with the measures in place to minimise infection-related risks. Staff understood precautions used to prevent and control infection, as well as how to minimise the use of antibiotics so consumers did not develop a resistance to treatment. The service had an infection prevention and control lead who had responsibility for infection control. The service had policies and procedures to guide staff in infection control management and antimicrobial stewardship.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they supported to be as independent as possible, do things of interest, and participate in activities which promoted their well-being and quality of life. Staff understood consumers’ needs preferences for daily living and tailored the activities program to meet their needs. Consumers’ care planning documents detailed the supports needed to meet their lifestyle choices and optimise their quality of life.

Consumers described how the service met their emotional, spiritual and psychological needs and preferences. Consumers cited religious services and personal visits from the chaplain as examples. Consumers’ care planning documents included information about their emotional, spiritual and psychological needs and the level of support required.

Consumers said they were supported to participate in activities at the service and in the wider community. Staff said consumers were offered a variety of activities and explained how they were supported to participate within the community and maintain important social relationships. Consumers’ care planning documents identified their activities of interest and people of importance to them.

Consumers said staff were aware of their changing needs and preferences and information was shared effectively between staff and others who were involved in their care. Staff said information about consumers’ daily living supports was shared during shift handovers and documented in the electronic care management system. Care planning documents included current information about consumers’ needs and preferences for daily living.

Consumers and representatives said the service made appropriate referrals and follow-up appointments with external service providers. Staff described how referrals were made to other providers of care and services which supplemented those available at the service. Consumers’ care planning documents showed the service collaborated with external organisations to support the diverse needs of consumers.

Consumers were happy with the variety, quality and quantity of food which was provided through a 6-week rotating, seasonal menu. Kitchen staff said they were notified of consumers’ dietary requirements through internal communication and the electronic care management system. Consumers’ care planning documents detailed their dietary requirements and preferences.

Consumers said equipment provided by the service was safe, suitable, clean and well maintained. Staff said equipment was regularly maintained and described how maintenance issues were identified and addressed. Maintenance records showed reactive maintenance was routinely completed and there were no outstanding issues. Equipment around the service appeared safe, suitable, clean and well maintained.

# 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 assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service was open and welcoming, with consumers able to personalise their rooms with photos and personal belongings. Staff described how the service design optimised each consumer’s sense of belonging, interaction and ability to navigate independently throughout the service. Consumers were observed moving freely between their rooms, communal areas and outdoor areas.

Consumers said the service was clean, well-maintained and they could move freely around the service. Staff described the cleaning processes for consumers’ rooms and communal areas. Corridors were clear of obstacles which allowed consumers safe movement around the building. All areas of the service were clean, safe and maintained at a comfortable temperature.

Consumers and representatives said the furniture, fittings and equipment was safe, clean and kept in good repair. Staff described the processes in place for preventive and reactive maintenance and cleaning the service’s furniture and fittings. Documentation showed regular maintenance was mostly completed by external service providers and there were no outstanding issues.

# 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 assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were encouraged to provide feedback and make complaints and described a range of ways to do so. Consumers and representatives said they were comfortable raising issues directly with staff and management. Staff understood the service’s feedback and complaints process and records showed feedback and complaints were documented.

Consumers and representatives were aware of advocacy services, language translation services and the Commission, should they require assistance or support. Staff understood how to access advocacy and interpreter services on behalf of consumers if needed. Information about how to make a complaint was available in multiple formats throughout the service.

Consumers and representatives said management addressed and resolved any concerns they raised and apologised when things went wrong. Staff said when complaints were received, an apology was made, and the outcome of the investigation was discussed with the complainant. Documentation showed complaints were acknowledged, an apology provided and appropriate action was taken to investigate and resolve the complaint.

Consumers and representatives said their feedback was used to improve the quality of care and services. Management described how feedback and complaints data was analysed, added to the service’s continuous improvement plan and used to enhance consumers’ care and services. Staff were guided in complaints management by policies, procedures and work instructions related to continuous improvement activities.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to provide the care and support consumers needed in a timely way. Management explained how the workforce was planned and said staff numbers had recently increased to ensure consumers’ needs and preferences were met. Staff said there was adequate staff to meet consumers’ needs in a timely manner. The master roster showed all vacant staff shifts were filled by internal staff.

Consumers and representatives said staff were kind, respectful and caring. Staff were familiar with consumers’ identity, culture and diversity and explained how they deliver care in line with their individual needs. Staff were guided in their roles by policies and procedures which focused on diversity and culture, dignity of risk and privacy.

Consumers and representatives said staff were capable and had the knowledge to provide consumers with the care needed. Management said recruitment practices ensured staff met minimum qualification requirements, had necessary professional registrations, and satisfied police and banning order checks. Staff were supported in their roles by position descriptions, work plans and mandatory training.

Consumers and representatives said staff had the skills and knowledge to deliver safe, quality care and services. Staff said they attended mandatory training, completed core competencies and were comfortable requesting additional training as needed. Staff records showed they attended mandatory training on a range of topics aligned with the Quality Standards.

Management explained the formal performance review process and said the performance of staff was continually monitored and assessed through supervision, observations and consumer feedback. Staff performance reviews occurred during their probationary period and annually thereafter. Records showed regular performance appraisals were up to date and they included discussions about the career goals and future training needs of staff.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were involved in the design, delivery and evaluation of consumers’ care and services. Consumers’ and representatives’ input was sought during individual care conferences, the consumer advisory body, resident and relative meetings, surveys and feedback processes. Documentation showed consumers and representatives were actively engaged in the evaluation of the delivery of care and services.

The organisation’s Board promoted a culture of safe, inclusive and quality care and services. Management demonstrated how the Board was accountable for oversighting the service and the quality of care and services delivered. The Board and its sub-committees received monthly performance reports and audit results and were responsible for clinical governance and the development of policies and procedures to support compliance and the delivery of safe, quality care.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The framework included policies and procedures to guide staff practice. The Board received a range of reports which were analysed and used to determine if the Quality Standards were being met.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Consumers said they were supported to take risks which enabled them to live their best lives. Management said incidents were analysed and reported to the Board to initiate improvements.

The service’s clinical governance framework emphasised quality and safety, promoted antimicrobial stewardship, minimised restrictive practices and used open disclosure when things went wrong. Consumers and representatives confirmed when something had gone wrong, an apology was offered, and strategies implemented to prevent future incidents. Consumers’ care planning documents showed the service had effective policies to oversight appropriate prescribing of antibiotics and to minimise the use of restrictive practices.

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)