Performance

Report

**1800 951 822**

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| Name: | Bupa Tamworth |
| Commission ID: | 0513 |
| Address: | 68-74 Bligh Street, TAMWORTH, New South Wales, 2340 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 9 July 2024 |
| Performance report date: | 30 July 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 526 Bupa Tamworth |

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 Tamworth (**the service**) has been prepared by G Cherry, 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 to the assessment team’s report received 26 July 2024.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements assessed |
| **Standard 7** Human Resource | Not applicable as not all requirements 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 2

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| Ongoing assessment and planning with consumers | |  |
| 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

A decision of non-compliance made on 22 January 2024 followed an assessment contact in November 2023. At an assessment contact on 9 July 2024 the provider demonstrated systems/processes ensuring care and services are regularly reviewed for effectiveness when changes/incidents impact consumer’s needs. Overall sampled consumer care planning documents demonstrate adjustments are made to guide care delivery following identified changes in consumer condition and/or when incidents occur. Interviewed consumers/representatives’ express satisfaction with care delivery. A monthly ‘resident of the day’ process enables review/evaluation of current care needs, plus full review occurs on a 6-monthly basis. The registered nurse reviews incidents/changes which occurred during the preceding month, including consumers/representatives in decisions to ensure effective management. Specific examples of effectiveness include review of pressure injury by a wound consultant for one consumer, recommendations being adhered to, review of pain and supply of equipment to prevent further pressure injuries: subsequent review notes progression of wound healing. For another consumer who experienced a fall requiring hospitalisation, reassessment/updating of care plan directives occurred upon return to the service and documents reflect a positive outcome.

Following an incident in relation to medication, a third consumer’s medication was reassessed upon return from hospital, and care planning documents reflect changes in response to the incident and Management note further specialist review to occur. In response to this incident, the provider reviewed their system regarding assessment/recording of consumers who choose to self-medicate, including alerts within medication and electronic systems, registered nurse education/training, plus processes to ensure medications are ingested. Ongoing monitoring review processes are planned to ensure compliance.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

A decision of non-compliance made on 22 January 2024 followed an assessment contact in November 2023. At an assessment contact on 9 July 2024 the provider demonstrated effective systems/processes to ensure appropriate action in response to complaints and use of open disclosure processes when things go wrong. Management advised the service provides an apology and factual explanation of what happened in line with organisational open disclosure policy/procedures. Interviewed staff demonstrate understanding of open disclosure principles, explaining how this is applied when in receipt of consumer/representative feedback/complaints. Sampled consumers/representatives’ express satisfaction, consider appropriate action is taken in response to complaints and an open disclosure process used when things go wrong, noting examples of recent positive outcomes.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

A decision of non-compliance made on 22 January 2024 followed an assessment contact in November 2023. At an assessment contact on 9 July 2024 the provider demonstrated effective systems ensure regular assessment/monitoring and review of workforce performance. A system ensures staff performance is monitored and reviewed annually in line with organisational policy requirements. The general manager advised additional performance reviews occur when required. Alerts advise when individual staff members’ review is required, Management noting effectiveness and demonstrated review as required. Interviewed staff explained the process noting completion within requirement timeframes.

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