

**Performance Report**

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| Name: | Bupa Traralgon |
| Commission ID: | 3977 |
| Address: | 96 Park Lane, TRARALGON, Victoria, 3844 |
| Activity type: | Site Audit |
| Activity date: | 21 January 2025 to 23 January 2025 |
| Performance report date: | 3 March 2025 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 8025 Bupa Traralgon |

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 Traralgon (**the service**) has been prepared by Denise McDonald, 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 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 7 February 2025

# 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

These 6 Requirements have been found Compliant, as:

Consumers and representatives said staff knew consumers well, understood their individual needs and preferences and showed them respect. Care documentation included detailed information about consumer’s life stories, backgrounds and people who are important to them. Staff were observed having respectful interactions with consumers and using their preferred names.

Consumers and representatives said consumers were provided with care in line with their cultural needs and preferences. Staff gave various examples of how care was adapted to be culturally safe care for individual consumers. Policies and procedures guided staff in the provision of person-centred care.

Consumers and representatives said consumers were supported to make independent decisions and could exercise choice over how their care was delivered. Staff advised independence and consumer choice was promoted when assisting with activities of daily living. Care documentation contained consumer’s decisions on how they wanted their care delivered, and which relationships were important for them to maintain.

Consumers and representatives gave positive feedback on the support provided which enabled them to live life as they wished. Staff gave examples of how they assisted consumers to make informed decision regarding risk and the strategies put in place to promote the consumer’s safety. Care documentation evidenced risks consumers wished to take were assessed, discussed and understood by the consumer.

Consumers and representatives confirmed they were provided with information which was current, easy to understand, and enabled consumers to exercise choice. Staff described how communication was adapted to support consumers with sensory or cognitive impairments to understand the information provided. Menus and activity calendars were displayed and enabled consumers to make meal and lifestyle choices.

Most consumers said their privacy was respected when they were provided with care, however others said staff did not wait for consent to enter their rooms and were reminded to knock and wait at daily staff meetings. Staff provided examples of strategies used to ensure consumer’s personal information was kept confidential and their privacy was maintained during care. Electronic devices were observed to password protected, locked when not in use and access to nurse stations was restricted.

Based on the information above, this Standard is found compliant.

# 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

These 5 Requirements have been found Compliant, as:

Consumers and representatives said when consumers entered care, risks to them were assessed and a care plan was developed. Staff described how they identify, report and manage risks as per policies and procedures. Care documentation evidenced validated risk assessment tools were used to identify potential risks, and when identified, appropriate risk mitigation measures were implemented and documented in care plans.

Consumers and representatives said advance care planning, needs, goals and preferences were discussed with them on entry or when there was a change to the consumer’s health. Staff demonstrated how they address consumers’ care needs including those on palliative pathway. Care documentation mostly contained consumers current needs, their goals of care and preferences for receiving care including advance care, however one care plan required amendment to reflect the consumer’s current smoking status.

Consumers and representatives confirmed they were active participants in assessment and care planning, and their input informed how care and services were delivered. Staff confirmed regular consultation with the consumers occurs and a multidisciplinary approach to care is undertaken. Care documentation evidenced collaboration with external service providers and case conferences were completed as scheduled.

Consumers and representatives knew they could request a copy of the consumer’s care plan at any time and confirmed outcomes of assessments were communicated to them. However, a delay in communication was reported by one representative, who was consulted by management, and a satisfactory resolution agreed, in response. Staff from various departments said consumer’s care plans were easily accessible via the electronic care management system (ECMS). Care documentation evidenced assessment outcomes were communicated routinely, and care plans were accessible.

Consumers and representatives said staff proactively reviewed care and services when there was an incident or when a change to the consumer’s condition occurred. Staff demonstrated knowledge of various review timeframes outlined in policy, to ensure care was regularly reviewed and evaluated. Care documentation evidenced reassessment occurred following an incident and care strategies were updated when no longer effective, however for one consumer their care plan review, had not identified an episode of unplanned weightloss, with management confirming monitoring of staff documentation practices had been implemented.

Based on the information above, this Standard is found compliant.

# 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

These 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback regarding the care provided, advising it met their needs and preferences. Care documentation demonstrated clinical care, for the management of catheters, oxygen therapy, behaviours and medication administration were reflective of best practice and optimised consumer’s health and well-being. Staff described how they provided safe and effective care which was tailored to consumer's needs.

Consumers and representatives said high impact and high prevalent risks to consumers, such as falls were effectively managed, while others said staff required more training to respond to behaviours. Care documentation evidenced wounds specialists had reviewed complex wounds and staff followed the recommended treatment regime, however wound monitoring processes were not always reflective of best practice or the service’s policy requirements. Management confirmed, staff were provided with regular education on wound review processes to increase consistency with documenting wound care. Staff were observed to follow the planned directives when supporting consumers with high impact or high prevalent risks.

Staff were knowledgeable of how to maximise the comfort of, and maintain the dignity of consumers, when they neared the end of their lives. Representatives confirmed consumers received appropriate care and were kept comfortable during end of life. However, one representative queried the use of strong opioid medication with staff confirming, this was administered as per hospital directives. Management confirmed palliative pathways are initiated for consumers, following review by a medical officer and in consultation with the consumers family.

Consumers and representatives said staff were knowledgeable on how to identify deterioration and they responded promptly when it was detected. Staff confirmed consumers were monitored to ensure signs and symptoms of deterioration are identified quickly. Care documentation evidenced staff were prompt to escalate any concerns and the consumer was reviewed to determine the most appropriate actions to take.

Consumers said their information was effectively shared as staff knew their care requirements and they didn’t have to repeat themselves. Care documentation contained sufficient information to guide visiting medical officers and allied health professionals to review the consumer and their input was included to guide staff. Staff confirmed they were informed of any changes to consumer’s condition and needs through verbal handover, emails, electronic management systems, progress notes, huddles, and meetings.

Consumers and representatives said consumers were referred to specialists following review by the nurse practitioner, as required. Staff described their referral process and explained how changes or recommendations are communicated to consumers, their representatives, and other staff. Care documentation evidenced consumer referrals were actioned promptly.

Consumers and representatives said they observed staff practising hand hygiene to minimise infection transmission risks. Staff and visitors were observed to be screened for infection prior to entry being obtained and the use of personal protective equipment was required due to the infectious status of some consumers. Staff were knowledgeable of non-pharmacological practices which reduced the likelihood of consumers contracting an infection and confirmed pathological testing was undertaken prior to antibiotics being prescribed.

Based on the information above, this Standard is found compliant.

# 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

These 7 Requirements have been found Compliant, as:

Consumers and representatives mostly gave positive feedback regarding the supports provided to consumers, so they were safe while undertaking daily living activities. However, one representative said the social supports provided to consumers who were in isolation was insufficient, with an activity pack being developed to reduce social isolation when one to one support could not be given. Care documentation included a lifestyle care plan which had been developed in consultation with each consumer and outlined what was important to them to promote their wellbeing. Staff were knowledgeable of what was important to each consumer and assisted them to attend planned activities.

Consumers and representatives said their emotional, spiritual and psychological well-being was promoted by staff. Care documentation evidenced improvement in consumers mental health through access to a wellness provider and onsite counselling services. Staff demonstrated understanding of consumers emotional and psychological well-being and described how they access internal and external resources to support consumers well-being.

Consumers and representatives gave practical examples of how they were supported to maintain their community connections and interact with those important to them. Staff confirmed their lifestyle plan must contain various activities which keep consumers connected to each other, their families and the community. Care documentation recorded consumers interests, and the people important to them.

Consumers and representatives gave positive feedback regarding the effectiveness of communication between various departments, as they did not need to repeat their needs or preferences to staff. Staff said they were kept up to date on consumer’s changing needs via the information exchanged through daily huddles, handover and the electronic care management system. Care documentation contained consistent information on consumer’s daily living needs, goals and preferences.

Consumers and representatives gave positive feedback regarding their access to external supports and services for daily living, confirming they have been referred to other organisations, when required. Care documentation evidenced consumers were referred in a timely manner to support their mental health and review their mobility equipment. Staff described the referral process for various external services.

Consumers and representatives gave mixed feedback on the quality, including the temperature at which some meals were served, however, no concerns were raised on the quantity of food or the variety of meals available. Staff advised consumers were able to choose from a regular or short order menu to increase the quality of meals and cater to varying consumer preferences. Consumers dining experience was observed with staff available to help those needing assistance and consumers were offered choice of meals at point of service.

Consumers and representatives advised the condition, suitability and cleanliness of the equipment provided met expectations and needs. Staff explained shared equipment was cleaned in between use and any repairs were reported and attended promptly. Maintenance documentation evidenced equipment was regularly inspected and serviced.

Based on the information above, this Standard is found compliant.

# 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

These 3 Requirements have been found Compliant, as:

The environment was observed to be welcoming and included of a variety of large and small communal dining and lounge areas to facilitate interaction between consumers, with all consumer rooms having access to the outdoor courtyard. Consumers and representatives said the environment was easy to navigate and they were supported to personalise consumer rooms with their own belongings. Consumers were observed socialising in their rooms and communal areas with other consumers and visitors.

Consumers and representatives provided positive feedback about the cleanliness of their rooms and common areas. Staff knew how to report hazards and items which required maintenance to ensure these were attended promptly. Consumers were observed to move around as they wished.

Consumers said the furniture, fittings, and equipment were well maintained and clean. Staff confirmed fittings and equipment were regularly inspected and serviced to ensure they remain safe for consumer use. Maintenance documentation evidenced preventative maintenance was conducted as scheduled.

Based on the information above, this Standard is found compliant.

# 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

These 4 Requirements have been found Compliant, as:

Consumers and representatives said they were aware of the feedback process and were encouraged to provide feedback, preferring to raise issues directly with staff. Staff described different ways feedback could be provided including a listening hour, feedback forms, consumer meetings, via telephone call, email or they would record feedback on behalf of consumers. Meeting minutes evidenced feedback was encouraged.

Consumers and representatives said they were aware of advocacy and other methods of raising feedback, confirming the relevant information was made readily available. Staff demonstrated knowledge of how to access advocacy and language services but advised current consumers did not need these services. Posters and brochures which were observed to have been translated into various languages, promoted consumers to access external complaints, language and advocacy services.

Consumers and representatives said their concerns raised were responded to appropriately and an apology was given. Staff were guided in complaint management and open disclosure through policies and procedures, which had been translated into practice. Complaints documentation evidenced actions take to respond to complaints was timely and the principles of open disclosure were applied.

Consumers and representatives felt confident their feedback and complaints were used to improve the care they received with examples given regarding the creation of a short order menu to enable lighter meals choices. Staff also described several improvement initiatives which had been driven by direct consumer and representative feedback. Continuous improvement documentation evidenced feedback was reviewed and actions implemented were monitored to ensure effectiveness.

Based on the information above, this Standard is found compliant.

# 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

These 5 Requirements have been found Compliant, as:

Consumers and representatives said there was enough staff allocated to meet consumer needs, confirming call for assistance were answered promptly. Staff confirmed sufficient staff were allocated to meet consumer needs and care preferences, with staff observed able to respond to call bells quickly. Rostering documentation evidenced a blend of staff were allocated to care and support consumers and all shifts had been filled including in response to planned leave.

Consumers and representatives gave positive feedback on the kindness and caring nature of staff. Staff demonstrated familiarity with different consumers identity and individual needs and care documentation evidenced a person-centred approach to care. Staff interactions with consumers were observed to be kind, respectful and staff greeted consumers by their preferred name.

Consumers and representatives said staff were competent and had the skills to effectively perform their roles. Management advised monitoring processes were in place to confirmed staff qualifications, including their professional registrations, vaccination status and suitability to work in aged care. Staff confirmed completing competencies assessments as part of their onboarding and orientation process.

Staff advised they received training and ongoing support on topics relevant to the Quality Standards including elder abuse, infection control, incident reporting and were kept abreast of changes to legislation. Management confirmed various recruitment and support strategies were used to ensure staff were suitable for their roles and understood their responsibilities. Education records evidenced most staff had completed their mandatory training, as scheduled.

Management advised they monitor staff performance through regular meetings, formal supervision and annual performance appraisals. Staff confirmed their performance is regularly monitored, and opportunities for skill development is part of the formal process. Performance monitoring records evidenced most staff had completed the previous year’s annual appraisals and for those outstanding, completion had been planned.

Based on the information above, this Standard is found compliant.

# 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

These 5 Requirements have been found Compliant, as:

Consumers and representatives said they were encouraged to be involved in the design and evaluation of care and services at multiple levels with feedback given through a variety of written and verbal mechanisms. Management confirmed the establishment of a consumer advisory body at an organisational level and reporting to the governing body included consumer feedback. Meeting minutes evidenced consumers were encouraged to make suggestions on service operations and this influenced implementation of improvement actions.

Consumers and their representatives said consumers felt safe and lived in an engaging and community-like environment. A hierarchical structure was in place to monitor the quality of care and services, with the organisation led by a Board made up of members of varying expertise and experience. Meeting minutes evidenced clinical data, consumer feedback and complaints influenced decisions made by the Board.

Consumers and their representatives advised the service was well run, describing the management as both approachable and open to discussing their concerns. Organisation-wide governance systems and processes were effective, with supporting documentation evidencing policies and procedures, translated into practice.

The service has a risk management system and policies and procedures for managing high-impact or high-prevalence risks associated with care of consumers. Information obtained from the initial assessments form the basis of consumer care plans and identifies any risks requiring assessment, assessed impacts on care provided and referrals. Monthly spotlight reviews and regular clinical care reviews ensure risks are quickly identified, reported, escalated, and reviewed by management at the service and organisation level. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The service has a clinical governance framework which includes policies and procedures to guide staff and monitors the effectiveness of anti-microbial stewardship, the use of restraint and open disclosure. Staff confirmed receiving regular information and education regarding antimicrobial stewardship, restrictive practices and open disclosure, with documentation supporting compliance with procedural requirements.

Based on the information above, this Standard is found compliant.

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)