Performance

Report

**1800 951 822**

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| Name of service: | Bupa Traralgon |
| Service address: | 96 Park Lane TRARALGON VIC 3844 |
| Commission ID: | 3977 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 19 July 2023 |
| Performance report date: | 11 August 2023 |

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 S Byers 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 - Site; the Assessment Contact - 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 4 August 2023

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 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 |

Findings

The service was found non-compliant in Standard 2 in relation to Requirement 2(3)(a) following a site audit in September 2022 where it did not demonstrate assessment and planning considered risks to the consumer’s mental health and behavioural support on admission to the service and upon return from hospital.

At the July 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives were satisfied the service’s assessment and care planning process consider risks to the consumer that inform safe and person-centred care. Care planning documents evidenced dignity of risk discussions and the outcomes of risk assessments, consultation and review of consumers health and well-being as part of initial and ongoing assessment. Consumer files reflected behaviour assessment, charting, behaviour support plans and evidence of informed consent to inform behaviour management. Assessment and care planning documents were observed to be recorded in the electronic document system in a timely manner. Staff demonstrated understanding of the electronic document system and admission assessment and planning process including the completion of relevant checklists and monthly reviews. All staff confirmed completing training in mental health management and assessment and planning.

Based on the available evidence, I find Requirement 2(3)(a) is 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 |

Findings

The service was found non-compliant in Standard 3 in relation to Requirements 3(3)(a) and 3(3)(b) following a site audit in September 2022 where it did not demonstrate:

* each consumer gets safe and effective personal and clinical care
* effective management of risks associated with the management of diabetes, oedema and medication.

At the July 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Consumers and representatives were satisfied the consumer receives personal and clinical care that is right for them, specifically in relation to skin integrity and pain. Staff understanding of individual consumer care needs demonstrated care is tailored to the consumer and incorporates best practice principles. Consumer files included assessment and care plans, progress notes and charting, that reflected the delivery of personalised care. For consumers subject to restrictive practices, documentation recorded evidence of informed consent, behaviour support plans and regular medical review. Consumers were observed receiving pain management strategies in line with documented recommendations and medical directives. All staff interviewed confirmed completing training in skin integrity, pain management and restrictive practices. Online organisational policies for key areas of care including pressure injury prevention and treatment, wound and pain management, are readily available and accessible online to support staff practice. The service demonstrated that it has transitioned all consumer files to the electronic documentation system, completed review of all assessment and care planning documentation and actioned appropriate referrals in consultation with consumers and representatives.

Consumers and representatives were satisfied the service is effectively managing risks associated with the care of each consumer, providing positive feedback in relation to the management of medication, diabetes and oedema. Staff demonstrated understanding of individual consumer risks and interventions in place that aligned with consumer documentation. Consumer files recorded dignity of risk has been discussed and recorded to support consumer choice. Management described how they monitor high impact and high prevalent risks through clinical data monitoring, trending and risk mitigation strategies for individual consumers. Risks are reported, escalated and reviewed by management at the service level and organisation level. The service demonstrated the delivery of training in electronic documentation and medication management systems with 100% of medication competencies completed by staff. Staff confirmed completing training.

Based on the available evidence, I find Requirements 3(3)(a) and 3(3)(b) are Compliant.

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