Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bupa Tugun |
| Service address: | 6 Croft Court, 50-52 Mirreen Drive TUGUN QLD 4224 |
| Commission ID: | 5380 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Desk |
| Activity date: | 12 September 2022 to 13 September 2022 |
| Performance report date: | 11 October 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 Tugun (**the service**) has been prepared by Stewart Brumm, 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 - Desk; the Assessment Contact - Desk report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* the provider’s response to the assessment team’s report received 26 September 2022.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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** |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **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 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 |

Findings

The Assessment provided information that the Approved Provider demonstrate that each consumer is treated with dignity and respect, with their identify, culture and diversity.

Overall, consumers/representatives sampled considered that consumers were treated with dignity and respect and that staff acknowledged their personal identity, culture and diversity.

Staff sampled demonstrated that they are familiar with consumers’ backgrounds and gave examples of how that influences the care they provide on a day-today basis.

Management advised new consumers to the service have lifestyle and personal history assessments conducted by the staff on admission. These include their cultural background and preferences, language requirements, food preferences and interests. The assessment is conducted with the input from family or other representatives as appropriate and the staff can access an interpreter to assist if needed.

Organisation documentation such as the Resident Handbook, Staff Orientation policy, Assessment and care planning policy, resident meeting minutes and service newsletters all demonstrated that consumers and staff are encouraged to support cultural diversity and raise suggestions and specific cultural requirements with staff or management.

I have considered the information provided by the Assessment Team and I find this requirement is compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| 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 |

Findings

This Requirement was found non-compliant following a Site Audit conducted 20 to 23 July 2021.

The Assessment Team provided information that the Approved Provider demonstrated 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.

Overall, consumers/representatives interviewed indicated they are satisfied that the consumer’s condition, needs and preferences are documented and communicated with relevant persons.

Registered and care staff were able to describe the handover process for sharing information regarding consumers’ needs and preferences with changes to care needs discussed during handover and documented on the handover sheet.

Care documentation evidenced regular monitoring, recording and charting of consumers’ ongoing conditions such as diabetes, wounds and complex medication needs.

The Approved Provider has implemented a range of improvement actions related to the previous non-compliance.

I have considered the information provided by the Assessment Team as well as the improvements undertaken by the Approved Provider and I am satisfied that the Approved Provider has demonstrated compliance to this Requirement.

I find this Requirement is compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |

Findings

This Requirement was found non-compliant following a Site Audit conducted 20 to 23 July 2021.

The Assessment Team provided information that the Approved Provider demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

Overall, consumers/representatives sampled said they have confidence in the ability of staff delivering care and services.

Staff sampled said they received induction and onboarding support including mandatory training, orientation and buddy shifts prior to assuming their roles in the service. Management advised all staff have been provided with and participated in training related to the Aged Care Quality Standards.

Management maintains training records and tracks staff attendance at training.

The Approved Provider has implemented a range of improvement actions related to the previous non-compliance.

I have considered the information provided by the Assessment Team as well as the improvements undertaken by the Approved Provider and I am satisfied that the Approved Provider has demonstrated compliance to this Requirement.

I find this Requirement is compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| 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 |

Findings

**Requirement 8(3)(c):**

The Assessment Team provided information that the Approved Provider demonstrated effective organisational wide governance systems.

Staff said they can readily access the information they need about the organisation’s systems, processes and practices and about the care and service requirement of each consumers.

Consumers/representatives sampled have been informed, and are aware, that they can request a copy of their care plan if they want it.

The plan for continuous improvement evidenced the identification of issues, planned actions in response, the person responsible and outcomes were recorded as well as evidence of evaluation. The plan for continuous improvement identified current continuous improvement activities as the conduct and review of clinical audits, transition of clinical records to the new electronic care management system and ongoing staff education and training regarding falls management.

Management advised the organisation has an authority matrix for the approval of expenditure where the General managers have a local approval limit with expenditure beyond that limit supported by the Regional Manager. The Approved Provider advised it has not experienced any financial constraints when purchasing equipment and items to meet the needs of the consumers.

The organisation is a member of a peak body that provided a legislative updates service and management described processes for receiving legislation alerts, how legislative changes are communicated to relevant staff and policy and procedure is updated.

Consumers/representatives sampled said they had no concerns about raising issues with management and felt that their concerns were addressed by the service.

The Approved Provider has implemented a range of improvement actions related to the previous non-compliance.

I have considered the information provided by the Assessment Team as well as the improvements undertaken by the Approved Provider and I am satisfied that the Approved Provider has demonstrated compliance to this Requirement.

I find this Requirement is compliant.

**Requirement 8(3)(d):**

This Requirement was found non-compliant following a Site Audit conducted 20 to 23 July 2021.

The Assessment Team provided information that the Approved Provider demonstrated effective risk management systems and practices.

The organisation has a documented Incident management policy and process describing how risks associated with the care of consumers is managed, the abuse and neglect of consumers is identified and responded to, critical Incidents and near misses are managed and responded to; and consumers are supported to live the best life they can. Staff advised they have been educated about the policies and were able to provide examples of their relevance to their work.

Staff demonstrated they are aware of their reporting responsibilities in the event of any allegations of abuse reported to them or observed by them. Staff demonstrated a knowledge about dignity of risk practices.

Management advised staff access the organisations online learning system which forms part of the staff orientation process and annual mandatory training. Management could demonstrate how serious incidents are reported, how incidents are assessed, prioritised, follow up actions implemented, resolved and evaluated.

The Approved Provider has implemented a range of improvement actions related to the previous non-compliance.

I have considered the information provided by the Assessment Team as well as the improvements undertaken by the Approved Provider and I am satisfied that the Approved Provider has demonstrated compliance to this Requirement.

I find this Requirement is 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)