Performance

Report

**1800 951 822**

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| 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: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 30 May 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 018.

**This performance report**

This performance report for Bupa Tugun (**the service**) has been prepared by B Bassett, 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; 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 11 May 2023.

# 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

Consumers and representatives said consumers were treated with dignity and respect, and their identity was valued by the service. Care planning documentation reflected what was important to consumers to maintain their identity and contained individualised information pertaining to consumers’ life stories. Consumers and representatives said staff had an in depth understanding of the consumers residing within the service, their needs and preferences.

Consumers confirmed they felt culturally safe within the service. Staff sampled described cultural, religious and personal preferences for consumers and demonstrated knowledge of what matters to them. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of their individual needs and preferences.

Consumers and representatives said they felt consumers were supported to exercise choice, make decisions and encouraged to be as independent as possible. Staff described how consumers were assisted to make choices and maintain relationships of choice. The service has documented policies and procedures regarding consumer choice and decision making which guides staff in the importance of consumers maintaining their independence and making informed decisions about their care and services.

Consumers and representatives said consumers are supported to take risks and live the best life they can. Staff explained how they support consumers to partake in risks of their choosing, within agreed parameters, such as choosing to smoke and using mobility devices, with support strategies identified within the care planning documentation. The service has documented policies and procedures regarding consumer dignity and risk which guides staff in supporting consumers to take risks to enable them to live their best lives.

Consumers said they received current information from staff and management and felt well informed about activities, the menu, and external service providers available to them. The consumer handbook and notice boards throughout the service provided information about feedback and complaints, care and services available and activities in the service. Staff confirmed they prompted consumers about activities for the day and if there were any changes to the schedules, updates were given directly to consumers.

Consumers and representatives stated they felt the consumers’ privacy and personal and confidential information was respected, confirming their door was closed when care was being provided and staff knocked on their door if they were coming in to assist them. Staff were able to identify ways in which the privacy of consumer information was maintained, including the use of individual passwords on the computers for staff.

# 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

Consumers and representatives said consumers receive the care and services they need, and they were actively involved in care planning processes. Staff were able to describe the care planning process and how it informed the delivery of care and services. Documentation reviewed demonstrated consideration of potential risks to consumers’ health and wellbeing. The service had policies and procedures to guide staff practice in the assessment and care planning process.

Care planning documentation included consumers’ end of life preferences and was observed to be individualised to consider consumers’ current needs, reflecting their preferences for care. Staff described the needs and preferences of consumers, which aligned to consumer feedback and care planning documentation.

Consumers and representatives confirmed they provided input into the assessment and care planning process and said they were confident consumers’ care needs were being met. Staff described how they partner with consumers and representatives to assess, plan and review care and services regularly. Documentation reflected the inclusion of multiple health disciplines and services into consumer assessments and planning.

Consumers and representatives said staff discussed consumer care needs and recorded it clearly in their care plans, which they were offered a copy of. Staff confirmed they had easy access to information regarding the outcomes of assessments and reviews, including consumer care planning documents, via handovers, and the electronic care management system. Care documentation contained entries reflecting communication with consumers, representatives and others where care was shared.

Consumers and representatives stated the service regularly reviewed consumer’s health, wellbeing and needs. Staff described the process for reviewing care and services, while incidents trigger reassessment with any relevant changes relayed to the consumers and representatives. Care documentation evidenced the regular review and updating of consumer care plans including when a change or incident had occurred.

# 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

Consumers and representatives reported they felt consumers were receiving care, which was safe, right for them and tailored to their needs. Consumers and representatives confirmed personal care was provided in a timely manner, as per the consumers preferences and needs to optimise their health and wellbeing. Staff demonstrated a shared understanding of sampled consumers’ care needs and the processes in place to support care delivery. Care planning documentation contained individualised care information reflecting consumers’ specific needs and preferences. The service had a range of clinical policies and procedures to guide staff practice in relation to personal and clinical care including wound management, skin integrity and restrictive practices.

The service had effective processes to manage high impact or high prevalence risks, including in relation to medication, falls and diabetes. Care documentation identified effective management for consumers at risk of changes in behaviour. The service monitored clinical risks involved in care delivery for consumers. The service has a suite of policies and procedures to support staff in the management of high impact and high prevalence risks.

Care planning documentation was reviewed and demonstrated at end of life the consumers’ dignity was preserved, and care was provided in accordance with their needs and preferences. Care documentation included end of life wishes which were found to be individualised to the consumer’s preferences.

Consumers and representatives said the service had responded to changes or deterioration in the consumer’s condition. Staff, and care planning documents, reflected appropriate actions were taken in response to changes in a consumer’s health. Policies and procedures were available to guide staff in the timely identification and response to consumer deterioration through a range of processes including reviews, incident reports and progress notes.

Consumers and representatives said consumer information was well documented and shared between staff and others involved in consumer care. Staff stated, and care documentation reviewed confirmed, staff consistently notified the consumer’s medical officer, other allied health professionals and representatives if they identified a change in a consumer’s condition or needs, and if there was a clinical incident.

Care planning documentation reviewed reflected timely and appropriate referrals of consumers to other organisations and providers of other care and services. Staff described how input from other health professionals was arranged in response to identified needs and provided examples of referrals to other health service providers.

The service demonstrated effective processes are in place for management of an infectious outbreak, including COVID-19, and there are practices to promote evidence-based use of antibiotics. Staff demonstrated knowledge of infection control practices relevant to their duties and the service further supported the staff with several documents to inform and guide staff practice in relation to infection control matters. Staff were observed adhering to infection control practices.

# 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

Consumers and representatives said consumers felt supported by the service to be independent and were encouraged to participate in activities that reflected their interests and lifestyle needs. Staff described the diverse interests of consumers, including strategies to promote consumer involvement in supports for daily living. Lifestyle documentation identified the interests and activities important to consumers and provided information to support individual consumers’ choice, daily living, wellbeing, and service delivery.

The service demonstrated services are provided to support the emotional, spiritual and psychological well-being of consumers. Consumer care documentation identified consumers’ spiritual denomination, psychological needs and preferred level of engagement. Lifestyle staff actively identify consumers needing assistance and engaged them with emotional or pastoral support.

Consumers and representatives described how consumers are supported by the service to engage in activities and pursue personal interests, both internal and external to the service while maintaining contact and relationships with the people who are close to them. Staff described lifestyle preferences of consumers and provided examples of how the service supported individuals to engage in activities, social and friendly relationships of importance to them.

Staff providing services to consumers were aware of the consumers’ needs and preferences and consumers were confident their information was being provided to external agencies who were involved in their care. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs and preferences.

Timely and appropriate referrals to other individuals, organisation or providers of care occurred and staff described how they collaborate with external providers to meet the diverse needs of consumers.

Consumers and representatives confirmed the food provided at the service aligned with the consumers’ preferences and dietary requirements and were varied and of suitable quantity and quality. Feedback in relation to meals is provided to the service through a variety of forums. Staff described how they ensure consumers’ nutrition and hydration needs and preferences are monitored and recorded.

Consumers felt safe when using equipment and knew how to report any concerns they may have about safety. The service had appropriate arrangements for purchasing, servicing and maintaining, renewing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be 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

The service was welcoming, with wide unobstructed corridors and multiple areas for consumers and families to relax and socialise. The service has spacious outdoor garden areas including raised planter boxes where consumers grow flowers and vegetables. Consumers rooms were observed to be spacious and personalised with items reflecting their individual tastes and styles.

The service environment was observed to be clean, safe, well maintained and comfortable. Consumers were able to move freely, both indoors and outdoors and said they were happy with the cleanliness and maintenance at the service. The service had garden and communal areas which were easily accessible and welcoming to consumers and visitors.

Furniture, fittings and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance are scheduled and monitored daily by staff. Maintenance staff described the service’s processes for identifying, reporting and actioning maintenance issues to ensure equipment used by consumers is safe, clean and maintained. The maintenance logs identified that issues raised by consumers, representatives or staff were responded to in a timely manner.

# 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

Consumers and representatives said they are encouraged and supported to provide feedback and make complaints and described the various methods available for them to do so including speaking to management or staff directly, during consumer/representative meetings, using feedback forms, or by contacting the service directly by email or phone. The service captures all verbal and written feedback via the service’s feedback/complaints management system.

Consumers and representatives were aware of advocacy and language services that were available to them. Staff described how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Appropriate and timely action was taken by the service in response to complaints. Consumers and representatives described actions taken regarding issues they had raised. Staff demonstrated awareness of open disclosure principles in relation to their responsibilities and shared a common understanding of processes to be followed when feedback or complaints were received.

Management described how they reviewed feedback and complaints and used this information to improve care and services and were able to provide examples to demonstrate this, for example, with regard to meal presentation. The service trends and analyses feedback and concerns and uses this information to develop continuous improvement activities across the service.

# 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

Consumers and representatives said the care and services consumers received was in line with their needs and preferences. They said staff were kind, caring and respectful and their requests for assistance were responded to in a timely manner. Consumers and representatives felt staff were appropriately qualified and knew how to perform their roles. They provided positive feedback in relation to staff capabilities and how their care and services were delivered.

Staff said they had enough time to complete their duties and management employed strategies to replace staff on planned and unplanned leave. Registered and care staff were guided by their position descriptions, workflow documents and duty statements. They confirmed they had received training relevant to their roles.

The organisation has policies and processes to ensure staff are recruited, trained, supported and have the qualifications and knowledge to meet the needs and preferences of consumers across all areas of service delivery. Registered staff qualifications were monitored by the organisation to ensure they remain current.

The service has a suite of documented policies and procedures to guide staff practice and which outlines that care and services are to be delivered in a person-centred manner. Management reviews staff performance on a regular basis.

Training records indicated staff had been provided with additional education opportunities and mandatory education online and face to face. The organisation had policies and procedures in relation to rosters, recruitment, personnel management and dignity and respect.

# 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

Consumers and representatives said the service was well run and felt that they could partner in the delivery and evaluation of care and services. Consumers and representatives were able to describe processes such as consumer meetings where they contributed their ideas and suggestions regarding service delivery.

The service was able to demonstrate it promotes a culture of safe, inclusive and quality care overseen by its governing body. The governing body regularly reviews information and reports relating to clinical and incident data trend analysis to identify compliance with the Quality Standards and provide monitoring and accountability for care and service delivery.

Staff confirmed the service’s information management systems provides them with the support required to perform their roles. Opportunities for continuous improvement are identified through a range of sources, then planned and implemented via established processes. Governance systems relating to the management of the workforce and feedback and complaints were effective. Regulatory compliance was monitored through subscriptions to various legislative services and peak bodies and communicated to staff through a variety of communication channels.

Effective risk management systems and processes ensured that the organisation identifies and responds to high impact and high prevalence risks that may impact consumers’ health, safety and well-being. Incidents are captured and reported under the Serious Incident Response Scheme as required and processes are in place to manage and prevent incidents.

The service has strategic quality and clinical governance frameworks that promote a culture of safe, inclusive and quality care. The clinical governance framework, in conjunction with clinical policies and procedures, outline the safety and quality systems required to maintain and improve the reliability, safety and quality of clinical care and to improve clinical outcomes for consumers. It includes policies regarding antimicrobial stewardship, minimisation of restrictive practices and open disclosure.

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)