Performance

Report

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| Name of service: | Bupa Willoughby |
| Service address: | 71 -75 Sydney Street WILLOUGHBY NSW 2068 |
| Commission ID: | 0765 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 17 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 Willoughby (**the service**) has been prepared by E Woodley, 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 13 October 2022.

# 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

This Quality Standard is Compliant as six of the six Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said that consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed throughout the Site Audit interacting with consumers respectfully. The service provides culturally safe care and services. Information about consumer’s life history including their cultural and spiritual needs is captured in care planning documentation and staff are aware of and deliver care and services in ways that consider consumer’s preferences and needs in relation to their culture and background.

The service demonstrated that consumers are supported to exercise choice and independence in relation to their care and services. Consumers and representatives interviewed confirmed consumers are consulted and can make decisions when others should be involved in their care. The service provides information to consumers in a range of ways, and information is generally clear, easy to understand and enables consumers to exercise choice.

Consumers are supported to take risks to enable them to live the best life they can. Dignity of risk assessments are completed to support consumers who undertake activities involving some risk. Where appropriate, measures to mitigate the associated risks are implemented.

The service has processes which are followed by staff to ensure that consumer’s privacy is respected, and their personal information is kept confidential. Consumers interviewed said staff always knock on their door before entering their room and that staff close the door when assisting with care or activities of daily living.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

The service demonstrated assessment and planning considers risks to consumer’s health and well-being including falls, diabetes management, maintenance of skin integrity, pressure injuries, co-morbidities, and previous medical history to facilitate safe and effective care delivery. Consumer care documentation reviewed by the Assessment Team demonstrated assessment and planning reflects consumer’s needs, goals and preferences. Advance care directives and/or end of life discussion outcomes are in place for consumers who wish for this to occur. The service has systems and processes in place to review consumer care and services on a scheduled basis, and when changes occur. Consumer files reviewed demonstrated care and services are reviewed and updated regularly. Prompts within the electronic record system alert staff to upcoming or overdue interventions, reviews and assessments.

Overall, the service demonstrated they have a partnership with consumers and representatives to involve the consumer and representative in care assessment and planning. Assessment and planning included other organisations, individuals and providers of care and services that are involved in the care of the consumer. Case conferences occur with consumers and representatives where care and services for consumers are discussed. Some consumers and representatives interviewed said they had been offered a copy of their care plan and documentation reviewed indicated each consumer had a care plan which was available to the consumer and nominated representatives. Two representatives interviewed indicated that the communication of care changes is not consistently and effectively communicated, however did not provide examples of when this 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

The Assessment Team found the service had not minimised infection related risks of urinary tract infections (UTIs) for consumers. For consumers who had repeated UTIs, the Assessment Team found limited evidence that the consumer’s infection has been reviewed to identify underlying causes and planned intervention to prevent further infection. Documentation reviewed indicated ineffective antimicrobial stewardship as consumers with UTIs had been prescribed different antibiotics despite the pathology results indicating the pathogen was sensitive to the same antibiotic prescribed in the previous 2-3 weeks. However, the service did demonstrate some action commenced prior to the Site Audit to minimise the risk of infections, including UTIs after an increase in new infections was identified.

The approved provider’s response demonstrates ongoing review and root cause analysis for a consumer identified in the Site Audit report who experienced repeated UTIs. While some of this action and review was completed following the Site Audit, I am satisfied the service had identified this risk prior to the Site Audit and processes are effective to minimise risk of further infection. The approved provider’s response included some additional information on the use of antibiotics for consumers with infection, and discussions prior to the Site Audit promoting appropriate antibiotic prescribing and use. The approved provider’s response identifies that the number of new UTIs has significantly decreased in September 2022 compared to August 2022, indicating that action taken prior to and shortly following the Site Audit has been effective in minimising the risk of UTIs for consumers.

Overall, I am satisfied the service is minimising infection related risks through standard and transmission based precautions to prevent and control infection, and implementing practices to promote appropriate antibiotic prescribing and use.

Documentation reviewed by the Assessment Team demonstrated that, overall, consumer clinical and personal care delivery is effective, safe, meets consumer’s needs and optimises their well-being. For example, consumers living with diabetes have their blood glucose levels (BGL) monitored in line with their needs. Parameters for optimum management of a consumers BGL are in place and documentation reflects staff are managing consumer’s diabetes effectively. For consumers who are subject to restrictive practices or prescribed psychotropic medications, documentation demonstrated discussion of use, informed consent, and regular reviews with consumers and/or representatives. The service has processes to manage high impact or high prevalence risks associated with the care of the consumer including unplanned weight loss, falls and complex needs management.

For consumers sampled who are nearing the end of their lives, documentation indicated the consumer’s care needs and preferences have been identified by staff. Consultation occurs with consumers and representatives when referral to palliative care is required or when a consumer commences the palliative pathway and/or requires end of life care. Care documents reviewed reflected the identification of, and response to, deterioration or changes in consumer’s function, capacity, or condition. Overall consumers and representatives indicated they are very satisfied with the responsiveness the clinical care managers have when identifying and responding to changes in consumer’s condition.

The service communicates the consumer's condition, needs and preferences well within the organisation and with others where responsibility for care is shared. All consumers have comprehensive care plans in place. Preferences are documented on admission and whenever raised by consumers. For the consumers sampled, care planning documents evidenced the input of others such as allied health professionals and specialists. Referrals were made when required. For example, there was evidence of referrals to a speech pathologist, dietician, wound specialist and geriatrician. The input from the specialist and allied health professional is generally documented in the consumer’s clinical file.

# 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

This Quality Standard is Compliant as seven of the seven Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team provided positive feedback indicating they receive safe and effective services and support for daily living to support their well-being and quality of life. Consumers and representatives interviewed said there was enough support available in the lifestyle program for consumers to be able to do things of interest to them, both within the service and provided by the outside community. Documentation reviewed demonstrated staff are assessing and identifying consumer’s needs, goals and preferences regarding activities of daily living and optimising their health and well-being.

Consumers, representatives and lifestyle staff interviewed described the services and supports available to promote consumer’s emotional, spiritual, and psychological wellbeing. The service has a Catholic priest and an Anglican minister who conduct monthly church services and are available on request/referral to support consumer’s well-being.

Processes are in place to document and share information about consumer’s needs and preferences both within the organisation and with others when required. Staff were able to describe ways that the service effectively manages the communication of this information in relation to services and support for daily living. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers.

The service demonstrated they endeavour to provide meals that are varied and of suitable quality and quantity. Consumers and representatives gave positive feedback saying the food was tasty, there is good variety and sufficient quantity. Consumer care documentation included nutrition and hydration information, including dietary requirements and preferences which were generally consistent with the information recorded by kitchen staff and consumer and staff feedback.

Consumer, management and staff interviews and observations by the Assessment Team indicated equipment to support consumer lifestyle is safe, suitable and clean.

# 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

This Quality Standard is Compliant as three of the three Requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team indicated that the environment is welcoming to them, their friends and family, they feel supported and have developed nice relationships with staff and other consumers. Some consumers said they feel at home, and that the service optimises their sense of belonging and independence. Consumers and representatives interviewed considered the service environment to be safe, well maintained, comfortable and that consumers can move freely indoors and in the outdoor courtyards. Consumers said they felt their equipment was suitable for their needs.

The Assessment Team observed the service to be clean, safe and well maintained. Issues regarding access to the front courtyard and exit areas, and the volume of the call bell annunciator, were actioned by the service during the Site Audit after being identified by the Assessment Team.

The service has processes in place to ensure furniture, fittings and equipment is safe, clean and well maintained. This included cleaning and maintenance schedules. The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, well maintained and used safely.

# 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

This Quality Standard is Compliant as four of the four Requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said they are encouraged and supported to provide feedback and raise complaints. Overall, they stated that they felt comfortable to report any concerns to staff and management. The service provided examples of how consumers and their representatives are encouraged to provide feedback, including use of consumer advocates and resident and relative meetings. The service has information on other methods for raising complaints and accessing services including advocates and language services.

Consumers and representatives interviewed stated that appropriate action is taken when they raise any feedback or complaints. They provided examples of action taken in response to complaints, and the use of open disclosure. The service has provided staff training on the principles of open disclosure. The service provided examples of how feedback and complaints were reviewed and used to improve the quality of care and services. For example, a consumer provided feedback about the need for LGBTQIA+ awareness at the service. As a result, the service organised for a guest speaker to speak at the service and placed a rainbow flag at the front door.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Overall, consumers and representatives interviewed by the Assessment Team were happy with the care and services provided at the service. Some staff and representatives interviewed said that staff have worked short at times, however this did not impact on care provided to consumers. The service demonstrated its workforce is planned to meet the needs of the consumers and provide safe and quality care. The service has effective systems to fill all shifts, including unplanned leave.

Consumers and representatives interviewed stated that staff were kind, caring and respectful of consumers. The Assessment Team observed staff interactions with consumers to be kind, caring and respectful.

The service demonstrated that the workforce is competent and that the members of the workforce have the qualifications and knowledge to perform their roles. Review of the training register showed that all mandatory training was completed and that the service has systems to monitor when training was due next. A register of professional registrations was observed including of registered nurses, medical practitioners and allied health practitioners providing care at the service. The service was able to provide examples of how training has been initiated in response to incidents and trends. For example, an increase in UTIs resulted in staff education delivered on antimicrobial stewardship and prevention and management of UTIs. The service has an education needs analysis that is provided to all staff members on a yearly basis which informs the training delivered.

The service was able to demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Performance reviews are conducted annually, and the service maintains a register of all staff members and their last performance review dates. Consumer feedback and input from management informs staff performance reviews.

# 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

This Quality Standard is Compliant as five of the five Requirements have been assessed as Compliant.

Overall, consumers and representatives interviewed by the Assessment Team stated that they are engaged in the development and delivery of the services and have opportunities to provide feedback and evaluate the care and services. For example, consumer advocates who represent the wider consumer group partake in staff interviews for recruitment of new staff. The organisation has a committee which is made up of consumers and representatives from across the organisation’s portfolio of services who are consulted and provide input to the governing body. The service demonstrated that the organisation’s governing body is accountable to ensuring a culture of safe, inclusive and quality care and services.

The service demonstrated that it had governance systems in place relating to a wide range of areas including information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation has effective risk management systems, frameworks and practices the service utilises to monitor high impact and high prevalence risks for consumers. The organisation tracks and monitors data on incidents and risks provided by the service through their quality program.

The organisation has a clinical governance framework and the service has implemented a range of policies and procedures covering antimicrobial stewardship, restrictive practices and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)