Performance

Report

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| Name of service: | Bupa Windsor |
| Service address: | 102-104 Union Street WINDSOR VIC 3181 |
| Commission ID: | 3388 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 26 April 2023 to 28 April 2023 |
| Performance report date: | 28 June 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 Windsor (**the service**) has been prepared by N Wapling, 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 25 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

This Quality Standard is Compliant as 6 of 6 Requirements have been found Compliant.

Consumers and representatives are satisfied they are treated with dignity and their culture and identity is respected. Staff demonstrated knowledge of individual consumer’s needs and goals and how they support consumers to meet these goals. Management described enabling consumers to live the life they wish.

Consumers and representatives are satisfied with care and services provided, and said staff ensure their cultural requirements are met. Staff confirmed that consumers with specific religious and cultural needs are provided for. Care plans documented individual care needs specific to each consumer’s culture, religion, and spiritual requirements.

Consumers and representatives confirmed the service supports them to make choices about their care and the way services are delivered. Staff described supporting consumers to maintain relationships. Care plans documented consumer’s wishes for representatives they would like involved in their care and how they would like their care delivered.

Consumers expressed satisfaction the service enables them to take risks and live the best life they can. Staff described assisting consumers to participate in activities of their choice. Care plans document discussions held with consumers and representatives around risk minimisation for activities the consumer wishes to engage in.

All sampled consumers and representatives expressed satisfaction with the service’s communication process. The daily lifestyle activities schedule, weekly menus, feedback information and external advocacy services are displayed throughout the service. Staff described providing care plan information in a format accessible to visually impaired consumers.

All sampled consumers and representatives confirmed they are satisfied their personal information is stored in ways that maintain confidentially and their privacy is respected. Consumers said staff are very respectful when providing care and always ensure the door to their room is closed before care is delivered. Care plan information is stored electronically and is password protected. The service has policies and procedures relating to dignity of risk, personal privacy, and dignity and respect. Management said they work individually with consumers if they have concerns about their privacy. The assessment team observed staff discussing consumer information in private areas away from open areas.

# 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 5 of 5 Requirements have been found Compliant.

All sampled consumers and representatives expressed satisfaction with the assessment and care planning processes. Staff demonstrated knowledge of consumer risks and described strategies to ensure their care is safe and effective. Care documentation showed care planning included relevant assessments and identification of risks to health and well-being and informs the delivery of safe and effective care and services.

Most sampled consumers and representatives agreed they are included in discussions about current needs and preferences, including end-of-life planning. Staff demonstrated knowledge of individual consumer needs and preferences. Care documentation confirmed the service regularly consults with consumers and their representatives to discuss care plans, changes to care needs and advanced care planning.

All sampled consumers and representatives confirmed they are included in the assessment and planning of their care. Staff described situations for consumers who are supported to direct their own care. Consumers are referred to other organisations and external health providers as required when staff identify a change in their condition.

All sampled consumers and representatives agreed the service effectively communicates assessment and planning outcomes of consumer care with them and confirmed they can review their care plan. Management said and care plans reviewed confirmed ‘spotlight’ reviews are completed for all consumers.

Consumers and representatives said they are regularly updated by the service when changes to consumer health occur and including when incidents occur. Management and staff explained how care and services provided to consumers are reviewed each month and following incidents such as falls, changed behaviours, skin integrity and weight loss or gain.

# 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 7 of 7 Requirements have been found Compliant.

All sampled consumers and representatives confirmed they are satisfied with the personal and clinical care provided and said staff go ‘above and beyond’ to ensure consumers are well cared for. Staff demonstrated an understanding of individual consumer care that is tailored to meet their needs relating to, for example, skin integrity management and pain management. Documentation reflected consumer clinical and personal care is reviewed and monitored for effectiveness.

All sampled consumers and representatives expressed satisfaction with the management of consumers identified with high-prevalence or high-impact risks. Management and staff demonstrated that they identify high-impact and high-prevalence risks relating to, for example, the management of skin integrity prevention, diabetes, behaviours, falls and nutrition. Referral processes prompted reviews of consumers identified with risks. Policies and procedures guided staff to manage high-impact or high-prevalence risks.

Consumers and representatives confirmed clinical staff provided opportunities to discuss and document their end-of-life goals and preferences. Management and staff described a range of information provided to assist consumers and representatives with discussions related to advance care directives. The organisation’s policies and procedures guide the provision of advance care planning and end-of-life care. Care documentation for consumers who receive comfort care and end-of-life care demonstrated consumer wishes and preferences are respected.

All sampled consumers and representatives are satisfied with the service’s response when a change in consumer health status occurs. Clinical staff described how deterioration or changes are identified, actioned, and communicated. Staff identified policies and procedures that referenced clinical deterioration. Documentation reflected appropriate actions taken in response to deterioration or changes in consumer’s health.

Consumers and representatives expressed satisfaction that consumer needs and preferences are effectively communicated in a timely manner. Staff described how they refer to consumer documentation for accurate information and changes in condition. Care documentation demonstrated the service captures information about each consumer’s health condition, needs, goals, and preferences with regular updates documented.

Most sampled consumers and representatives confirmed that referrals occur to medical specialists, other health professionals, and external organisations when care needs require specialist consultation. Clinical staff described the referral process and confirmed access to specialists was timely.

All sampled consumers and representatives said they are satisfied with the management of consumer infections and outbreak management procedures. Clinical staff described steps they take to prevent and control infections and minimise the use of antibiotics. The service has 2 infection prevention and control leads who assist with the monitoring of infection prevention and control practices, and education for staff. Guidelines have been implemented for the purpose to decrease the risk to consumers from acute respiratory infections and promote antimicrobial stewardship.

# 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 7 of 7 Requirements have been found Compliant.

Consumers and representatives are satisfied that consumers are supported to participate in activities of interest to them and to optimise their independence. Staff described how they assess and identify what is important to consumers, and that consumers and representatives provide feedback which contribute to the quality of the activities provided. Care planning documentation reflected consumer’s individual preferences.

Consumers are satisfied staff support their emotional, spiritual, and psychological needs. Staff described how consumers are supported by lifestyle and care staff, religious services, and connections with other consumers.

Consumers and representatives are satisfied consumers are supported to participate in activities of interest to them and maintaining contact with people important to them in their communities outside the service. Lifestyle staff described how they support consumers to participate in the community or engage in activities of interest to them. Care planning documentation reflected information provided by consumers, representatives, and staff related to consumer continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives are satisfied that consumer condition, needs and preferences are effectively communicated within the service. Staff described how they share information with others where responsibility for care is shared and how they are kept informed of the changing condition, needs, and preferences for each consumer.

Consumers described how they are supported by providers of other care and support services. Staff described other individuals, organisations, and providers and specific consumers who utilise these services. Care planning documentation demonstrated referrals to other organisations, services, and allied health providers.

Consumers expressed satisfaction with the variety and quantity of food and beverages provided at the service and described how there are sufficiently varied choices for each meal. Management and staff described how consumers are involved in designing the menu through food focus group meetings. Care planning documentation identified nutrition and hydration information, including dietary requirements and preferences consistent with consumer and staff feedback.

Consumers are satisfied with access to equipment that is safe, suitable, clean, and well-maintained to assist with their daily living activities. Staff described how they access equipment as they require and how equipment is reviewed for appropriateness for consumer use and kept safe, 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

This Quality Standard is Compliant as 3 of 3 Requirements have been found Compliant.

Consumers and representatives are satisfied the service is welcoming and easy to navigate. Staff and management described aspects of the service environment that make consumers feel welcome and optimises their independence, interaction, and function.

Consumers and representatives expressed satisfaction with the safety and comfort of the service environment, agreeing consumers can move freely, both indoors and outdoors. The assessment team observed the service environment to be safe, clean, and well-maintained. Maintenance documentation include both preventative and reactive maintenance and completed cleaning logs.

Consumers and representatives expressed satisfaction that furniture, fittings, and equipment are kept clean, well-maintained, and are safe. Staff described how they follow scheduled processes to ensure furniture, fittings, and equipment are maintained effectively. The assessment team observed the service and equipment to be clean, safe, and well-maintained.

# 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 4 of 4 Requirements have been found Compliant.

In relation to Requirement 6(3)(c) the assessment team found two named consumers and one representative expressed dissatisfaction with the management and outcome of their complaints. While the consumers and representative confirmed management listened to their concerns once raised and were informed of actions being taken to address the issues, they felt nothing had changed. Documented complaints identified investigations had occurred following the receipt of a complaint, with the complainant advised of planned actions before the complaint was closed. Management confirmed they were aware of the three complaints and responded to the assessment team’s feedback at the time of the site audit. The assessment team recommended Requirement 6(3)(c) not met.

The response from the approved provider included clarifying information and further evidence of the service’s response to complaints. Documentation of engagement and follow up actions with the two named consumers and one representative prior to the site audit and ongoing actions and evaluated outcomes has been demonstrated since the site audit. This included email correspondence, updated care plans, incident reports with investigations and actions taken, minutes of meetings and forums consumers participated in. Evaluations involving consumer feedback and updated actions have been added to the service’s plan for continuous improvement with follow up dates documented.

The assessment team recommended Requirement 6(3)(c) was not met. I have come to a different view. I have considered the assessment team report and the response from the approved provider. I am satisfied that appropriate action is taken, and consumer complaints are responded to, including involving the consumer in solutions that meet their needs and that an open disclosure process is used when things go wrong. I find Requirement 6(3)(c) is Compliant.

I am satisfied that the remaining 3 Requirements are compliant.

All sampled consumers and representatives confirmed they feel comfortable to raise issues with management. Staff described actions they take in response to consumers or representatives who wish to make a complaint. Management described feedback received is documented in the incident management system, with processes to monitor acknowledgment, investigation, open disclosure, and closure have occurred. Management acknowledged not all feedback has been captured in the feedback system and said this is included in the service’s plan for continuous improvement to increase the documentation and acknowledgement of feedback from consumer and representative meetings including ‘spotlight’ meetings between consumers, representatives, and staff. The assessment team reviewed documentation including complaints, completed feedback forms, ‘resident’ satisfaction survey results, and ‘food focus’ meeting minutes.

Sampled consumers and representatives confirmed they are aware of methods to escalate a complaint if they were not satisfied with the outcome of their complaint or wished to take their complaint to an external body. Staff described processes available to consumers to access interpreters or escalate a complaint to an external body. Management described feedback available has been translated into Greek and Turkish which are spoken in the service in addition to English, and advocates are available for consumers with sensory impairments.

The incident reporting system has feedback data entered with issues and themes identified added to the service’s plan for continuous improvement. A consumer interviewed was satisfied with actions taken by management following a complaint. Management described improvements implemented to address received complaints and feedback. Staff confirmed that management discusses themes identified from complaints and staff are informed of actions in response. Information of improvements based on feedback received in February and March 2023 was on display in 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

This Quality Standard is Compliant as 5 of 5 Requirements have been found Compliant.

Consumers and representatives expressed satisfaction there are sufficient staffing levels at the service. Management demonstrated the workforce is planned to ensure there is a suitable mix of skills in various roles to enable the delivery of safe and effective care and services to the consumer.

Consumers and representatives said staff are respectful, kind and caring when providing care to consumers. Consumers described how staff do not rush through tasks and assist them to maintain their independence. Staff demonstrated they are familiar with consumer backgrounds, culture, and individual needs. The assessment team observed staff greeting consumers and visitors by their preferred name and interacting in a kind, caring and gentle manner when providing care to consumers.

Consumers and representatives expressed satisfaction that staff know what they are doing and are skilled to meet the consumer’s needs. Management demonstrated organisational processes are in place to ensure the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles.

Consumers and representatives expressed satisfaction staff are trained and supported to provide quality care and services to meet the consumer’s needs. Staff described how they complete a range of mandatory education modules available to them. Management described how policies and procedures provide guidance to enable the workforce to deliver the care outcomes required by the aged care standards.

The service demonstrated each staff member participates in annual assessment, monitoring and review of their performance. Staff expressed satisfaction with the support they receive in relation to their performance. The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce.

# 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 5 of 5 Requirements have been found Compliant.

Consumers and representatives described ways they are involved, engaged in, and encouraged to participate in feedback opportunities. Management described examples of how consumers are engaged in the development, delivery and evaluation of care and services. The service’s plan for continuous improvement and care planning documentation demonstrated that consumers are actively engaged and supported to provide feedback to drive continuous improvement at the service.

Management described the oversight of a culture of safe and inclusive care and the Board’s regular engagement in the monitoring of risk in the service. The governance frameworks consist of monitoring, reporting, and reviewing policies and procedures, and modes of communication to consumers, representatives, and staff. The assessment team viewed examples of documentation including policies and procedures, meeting minutes and internal audits.

The service demonstrated effective organisation-wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and the management of feedback and complaints. Management described examples of how information is used such as care planning and incident reporting, how budgeting supports the changing needs of consumers, when changes to legislation are communicated and how the feedback and complaints processes encourage consumers to provide feedback. Staff confirmed they are able to access relevant information to provide appropriate care to consumers. The plan for continuous improvement identified some recent improvements to the service. Workforce planning is supported by the human resources team including recruitment and position descriptions to facilitate the management of safe and quality care and services.

The service demonstrated a risk framework that identifies and manages high-impact and high-prevalence risks and abuse or neglect of consumers. The framework is supported by a clinical governance framework, policies, and procedures, and reporting mechanisms. The governance of incidents ensures incident investigation effectively reflects potential contributing factors. The organisation has an incident management system with processes to ensure action is taken and consumers are supported to live the best life they can. Staff described the requirement to report incidents and the education of reportable incidents and elder abuse occurs during orientation at the commencement of employment and annually.

The service has a clinical governance framework to support open disclosure, antimicrobial stewardship, and to minimise the use of restrictive practices. Policies and procedures and committees monitor, and education support the clinical governance framework. The service demonstrated these policies were understood by management and staff with examples of application provided.

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)