Performance

Report

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| Name of service: | Bupa Wodonga |
| Service address: | 19 Melrose Drive WODONGA VIC 3690 |
| Commission ID: | 4303 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 3 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 2018.

**This performance report**

This performance report for Bupa Wodonga (**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 17 April 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 confirmed they are treated with dignity and respect. Care documentation was individualised and reflected what was of importance to the consumer. The Assessment Team observed respectful and warm interactions between staff and individual consumers during the Site Audit with an understanding of consumers’ individual stories, and preferences.

Consumers and representatives were satisfied staff respect consumers’ culture, values, and diversity. Care planning documentation reflected consumers’ cultural and linguistic needs as well as their interests and preferences. The Assessment Team observed specific written material and signage in other languages for individual consumers.

Consumers and representatives were satisfied they are supported to exercise choice and independence about how care and services are delivered to meet their needs. Care planning documented each consumer’s goals and preferences for care including the people they want involved in their care as well as their significant others. The Assessment Team observed staff interactions with consumers that enabled them to exercise choice and maintain relationships.

Consumers described how the service enables them to live their best life. Risks that are identified to a consumer’s health and wellbeing are assessed and documented. One representative, however, was not satisfied the service was doing enough to support their consumer to live their best life in relation to smoking. The Assessment Team observed a risk assessment, discussions between the representative and service, and documentation of a dignity of risk consent and the service provided a written response relating engagement with the representative which I have taken into consideration.

Most consumers and representatives were satisfied the service provides information that is current, accurate, timely and easy to understand. The organisation has documents and processes to inform and enable consumers to make choices.

Consumers were confident their information is kept confidential and personal privacy is respected. Staff described protocols for protecting consumer information. The Assessment Team observed staff practices to protect consumer privacy and confidentiality on all occasions.

# 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 provided positive feedback on the assessment and care planning process resulting in the delivery of safe and personalised care and services. Care planning documents evidenced risk identification, assessment, and ongoing review, including risk mitigation strategies and interventions.

Consumers and representatives confirmed discussions with staff in relation to care planning needs including advance care planning. Care files confirmed consultation by clinical staff relating to advance care, however only a portion of consumers had current advance care plans in place that reflected the consumer’s individual goals, needs and preferences. Staff demonstrated knowledge of the needs and preferences of consumers’ advance care needs. The service provided further information following the Assessment Team’s report. They have continued to monitor the progress of the advance care directives and consumers and representatives are being supported by staff while completing these.

Consumers and representatives expressed satisfaction with their ongoing involvement in the assessment, planning and review of consumer care. Assessments and care plans demonstrated partnerships with consumers and representatives through the service’s ‘30-day planner’ for new admissions, and then a monthly ‘spotlight’ review, and yearly care case conference. Clinical staff described the communication processes used to consult with consumers and representatives.

Consumers and representatives confirmed they have been informed of the assessment and care planning outcomes and most confirmed they are offered a copy of the care plan and are able to provide feedback to the changes. Staff explained that following care evaluations and changes to care delivery, this is communicated to representatives to, and this was confirmed in care file documentation.

Consumers and representatives confirmed care is regularly reviewed including after incidents and when a change to care needs occur. Staff described the monthly reviews that summarise all changes to ensure changes are acknowledged, actioned, and communicated to representatives.

# 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 were satisfied that the delivery of clinical and personal care was best practice and tailored to their needs. Staff described non-pharmacological interventions for individual consumers and described specific examples related to pain and behaviour management. This was confirmed through review of consumer files with examples of pain, wounds and restrictive practices management including ongoing review, assessment, and discussions related to risk and consent.

Consumers and representatives were satisfied the service managed high impact or high prevalence risks. Staff described processes and the interventions required to promote effective management of these risks. Care files and documentation related to clinical indicators demonstrated effective processes to identify, assess and review risks associated with the care of each consumer.

Care planning documentation demonstrated how the service plans to deliver palliative care in line consumer needs and preferences. Staff explained the palliative pathway and described palliative consumer needs including a current consumer who was receiving care focused on quality of life and comfort.

Consumers and representatives expressed satisfaction that staff recognise, respond to, and report changes related to the consumer in a timely manner. Staff described signs of deterioration in consumers and explained that they know consumers well, therefore are alerted to a change in condition quickly. Staff confirmed recent education on clinical deterioration, which is delivered annually. Consumer files confirmed staff are recognising and responding to consumer deterioration or change in health, function, and condition, including following an incident.

Most consumers and representatives were satisfied that information is communicated effectively. One representative was not satisfied that consumer information is conveyed effectively due to a communication barrier. They prefer email communication instead of by phone and management said they will arrange for this to occur. Staff described different modes of communication within the service related to the consumer care needs and condition. Care documentation captured thorough information about the consumer, including their medical history, health condition, needs, goals, preferences, and external correspondence from providers involved in the consumer’s care.

Consumers and representatives expressed satisfaction with the accessibility and availability to general practitioners and other health professionals. Staff described the process for referrals and provided examples of outcomes. Care documentation confirmed referrals are made in a timely manner to health professionals and external organisations.

Consumers and representatives expressed satisfaction with the prevention, control and management of infections and outbreaks in the service. The service’s outbreak management plan covers transmissible infections including gastroenteritis, COVID-19, influenza, and other respiratory outbreaks. The service has an appointed infection prevention and control (IPC) lead who delivers education to staff, maintains personal protective equipment (PPE) stock levels and completes audits on infection control processes. Staff confirmed training related to infection control practices. Staff were observed complying with hand hygiene and wearing PPE correctly and following other 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

Most consumers and representatives were satisfied consumers receive services and supports which optimise their independence, well-being, and quality of life. Staff demonstrated knowledge of consumer needs and their preferred activities. Care planning documentation identified consumer preferences and provided information about the services and supports required to support consumer wellbeing.

Consumers and representatives expressed satisfaction that consumers’ emotional, spiritual, and psychological well-being is supported. Staff confirmed consumers are supported emotionally, spiritually, and psychologically at the service. Care planning documentation included information on consumers’ individual emotional, spiritual, and psychological needs.

Consumers and representatives were satisfied the service provided adequate support for consumers to maintain relationships, participate in the community and do things of interest to them. Staff described the relationships and interests of consumers both within and outside the service. Care planning documents contained information about consumer interests and family relationships.

Most consumers and representatives made positive comments about the continuity of care consumers received. Clinical staff demonstrated knowledge of individual consumer needs. Other staff said they collaborate with clinical staff as required and confirmed they receive written and verbal communication about changes to consumer needs.

Consumers and representatives confirmed referrals occur promptly. Staff explained they have been developing opportunities for community engagement to enrich consumers’ daily lives such as using community groups, support workers and counsellors. Documented reviews indicated a range of services are utilised.

Most consumers and representatives sampled expressed satisfaction with the variety, quantity and quality of the food being provided and described how there is an assortment of meals to choose from each day. One consumer and a representative said hot meals were always cold when delivered to their rooms. Management sourced and ordered equipment to address the food temperature issue. The service has provided information since the Assessment Team’s report that equipment has been ordered to maintain food temperature and is now being used which I have taken into consideration. Consumers’ dietary needs and preferences are recorded, and consumers are engaged in providing feedback about the quality of food and dining. The Assessment Team observed dining rooms to be quiet except for consumers conversing with each other and staff were observed to be seated and engaging with consumers as they assisted with meals.

Consumers and representatives described having access to equipment to assist them with their daily living activities and that equipment is safe, suitable, clean, and well-maintained. Staff confirmed they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained, and available to meet the needs of consumers.

# 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

Most consumers and representatives are satisfied the service is welcoming and homely, and most find the service environment easy to navigate to enable independence. Staff explained the service is each consumer’s home and should reflect the personalities of the consumers and enable both privacy and social interaction. The Assessment Team observed the service to be visually attractive, noted most individual consumer’s rooms to be personalised, and observed consumers socialising in communal spaces and individual rooms.

Most consumers and representatives expressed satisfaction with the safety and comfort of the service environment and most said they could move freely, both indoors and outdoors. Staff described the process for identifying, reporting, and logging a maintenance request and said repairs are usually attended to in a timely manner. The Assessment Team observed the service environment to be safe, clean, and well maintained.

Most consumers and representatives said furniture, fittings and equipment are clean, usable, and safe. Staff explained 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

Consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers to raise concerns through verbal or written communication. The Assessment Team observed internal and external complaints and feedback mechanisms to be accessible throughout the service with secure feedback boxes in various locations within the service.

Consumers and representatives expressed satisfaction with the feedback and complaints system and are aware of the options available to them. The Assessment Team observed feedback documentation available for consumers and representatives to utilise in relation to advocacy services, the Aged Care Quality and Safety Commission and interpreter services.

Consumers and representatives expressed satisfaction with action taken in response to concerns raised by them. Management and staff described the open disclosure process when handling complaints, including acknowledging the complainants or concerns raised with consumers and representatives and apologising when things go wrong.

Management described how care and services are reviewed and monitored for improvement including asking consumers if they have any concerns. These concerns are rectified in a timely manner. The Assessment Team observed feedback and complaints documentation that confirmed the service is responding appropriately to feedback. Improvements occur as a result.

# 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 are satisfied staffing levels are sufficient at the service. The workforce is planned to ensure there is a suitable mix of skills and staff levels in various roles to enable the delivery of safe and effective care and services. Staff confirmed they are satisfied with the staffing levels at the service. The Assessment Team observed staff rosters which confirmed sufficient staffing levels across the service and call bell reports which confirmed timely responses.

Consumers and representatives are satisfied staff are kind, caring and respectful when providing care. Staff demonstrated they are familiar with consumers’ identity and individual needs. The Assessment Team observed staff engaging with consumers in a kind, caring and respectful manner, assisting consumers to attend activities, during mealtimes and talking to consumers.

Consumers and representatives are confident staff are sufficiently skilled to meet consumer needs and know what they are doing. The service demonstrated the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles. Management described how staff performance is monitored through feedback from consumers, representatives and staff, the complaints processes and through audit trends.

Consumers and representatives expressed satisfaction staff are trained and supported to provide quality care and services to meet consumer needs. Policies and procedures provide guidance to enable the workforce to deliver the required care. The Assessment Team reviewed annual mandatory education documentation which has been completed by the majority of staff.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. New staff complete a three-month probationary period. Following the probationary period, staff complete an annual performance review. Staff confirmed that appraisals of their performance occur annually or as required and they are satisfied with the support they receive in relation to their performance.

# 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 feel supported to be involved in the development, delivery and evaluation of care and services. Examples provided include being able to provide feedback at meetings, participate in the development of activity programs and the service’s menu. Management described how consumers and representatives are engaged in the development, delivery and evaluation of care and services, and they actively seek feedback from consumers and representatives.

Consumers and representatives expressed satisfaction that consumers feel safe and are living in an inclusive environment with the provision of quality care and services. The service has a governance structure is in place to support accountability over care and services delivered. Management described that communication is provided through various avenues and consumer feedback that is tracked and monitored by the Board to ensure quality standards are met.

The service demonstrated their governance systems which include information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints are effective in their application in considering best outcomes for consumers. The Board monitors and reviews routine reporting, and analysis of data related to consumer experience. Staff confirmed they are able to access information that is relevant to provide the appropriate care to consumers. The Assessment Team observed the continuous improvement plan that identified 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 organisation keeps the service updated on changes to legislation changes. Any changes to legislation are distributed to the service and communicated to consumers, representatives and staff as required. The service demonstrated an effective feedback and complaints management system to identify issues which informs the continuous improvement plan.

The service has a risk framework in place that identified and managed high impact and high prevalence risks, and abuse or neglect of consumers. Management described how risks are identified including on admission to the service and the service has an incident system with the escalation of high impact risks required. The governance of incidents ensures that incident investigations are effective to reflect potential contributing factors. The Assessment Team observed documentation which confirmed the service is identifying, managing, and reporting high impact or high prevalence risks and ensuring actions to minimise risks are implemented.

The service has a clinical governance framework including policies and procedures relevant to antimicrobial stewardship, restrictive practices, and open disclosure. Management described the organisation wide systems in place for preventing, managing, and controlling infections, antimicrobial resistance, and the management of restrictive practices. Staff confirmed they have completed antimicrobial stewardship, minimising the use of restraint and open disclosure education. The Assessment Team observed education documentation that confirmed all staff have completed in relation to open disclosure, antimicrobial stewardship and minimising the use of restrictive practices.

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)