Bupa Bendigo

Performance Report

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**Commission ID:** 3614

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Site Audit date:** 15 June 2021 to 18 June 2021

**Date of Performance Report:** 13 August 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-Compliant** |
| Requirement 2(3)(a) | Non-Compliant |
| Requirement 2(3)(b) | Non-Compliant |
| Requirement 2(3)(c) | Non-Compliant |
| Requirement 2(3)(d) | Non-Compliant |
| Requirement 2(3)(e) | Non-Compliant |
| **Standard 3 Personal care and clinical care** | **Non-Compliant** |
| Requirement 3(3)(a) | Non-Compliant |
| Requirement 3(3)(b) | Non-Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Non-Compliant |
| Requirement 3(3)(e) | Non-Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Non-Compliant |
| **Standard 4 Services and supports for daily living** | Compliant |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-Compliant** |
| Requirement 7(3)(a) | Non-Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Non-Compliant |
| Requirement 8(3)(c) | Non-Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this 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 Site Audit report received 20 July 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The Assessment Team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall consumers and representatives said consumers are treated with dignity and respect. Staff were observed by the Assessment Team communicating respectfully with consumers. Consumers interviewed described how staff respect their culture and individuality and are satisfied with the way staff support them to maintain their social life. Staff described how they provide relevant information, so consumers can make risk-based decisions on how they live their life. Consumers are satisfied with how their personal privacy is upheld when receiving care and services and said staff respect their choices in how these are delivered. The Assessment Team are satisfied with how the service demonstrated privacy and confidentially of information.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

The service does not adequately demonstrate assessment and planning identifies and addresses the consumer’s current needs. Sampled documentation demonstrates care plans are not always tailored to the individual consumer. Information in relation to advance care planning and end of life wishes, needs, goals and preferences are not consistently documented in consumers’ advanced care plans.

The service does not always demonstrate involvement and partnerships with consumers or their representative in assessment, planning and review. While partnerships with consumers’ health professionals is evident, there is little evidence of consumer or representative involvement in the process.

Care and services are reviewed as scheduled; however, staff did not demonstrate that they trial other strategies when existing ones are not effective in achieving desired outcomes.

The Quality Standard is assessed as Non-compliant as all requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team found that assessment processes at the service did not adequately identify risks in various clinical areas including falls, behaviour management and wound care. Assessment information does not accurately inform care plans. Interventions recorded on care plans to mitigate identified risks are not individualised or effective to ensure the delivery of safe care.

The service has acted on the Assessment Team’s feedback and has put in place processes to improve its documentation system. Staff are being provided with a tailored education program. Management are attending staff handovers and using forums including staff meetings to support staff to develop documentation that is consistent, accurate and individualised.

While acknowledging the work that the service has put into addressing the areas of concern identified by the Assessment Team, based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment Team sampled documentation and found care plans are not always tailored to the individual consumer. Information in relation to advance care planning and end of life wishes, needs, goals and preferences are not consistently documented in the consumer’s advanced care plan.

The approved provider’s response outlined the commitment of the service to ensure that care and services are planned in partnership with the consumer and/or their representative. It also acknowledged an improvement in this area is required by the service to meet Bupa’s Person First approach to assessment and care planning and to meet this Requirement of the Aged Care Quality Standards.

A comprehensive education package is being delivered to relevant staff by an external clinical coach to focus on assessments and care planning with one on one training and monitoring to assess the effectiveness of the education.

At the time of the site audit the service was Non-compliant with this Requirement of the Aged Care Quality Standards.

### Requirement 2(3)(c) Non-compliant

*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.*

Allied health staff said they were satisfied with communication, referral processes and documentation systems within the service; however, staff did not demonstrate a partnership approach with the consumer in assessments of their care needs and planning for care and services. Systems within the service include ‘resident of the day’ and ‘consumer care conferences’, however documentation did not evidence consultation had consistently occurred.

The approved provider’s response demonstrated efforts had been made to engage with some consumers and/or representatives in developing individualised approaches to care. It also acknowledged an improvement in this area is required by the service to meet this Requirement of the Aged Care Quality Standards.

A comprehensive education package is being delivered to relevant staff by an external clinical coach to focus on assessments and care planning with one on one training and monitoring to assess the effectiveness of the education.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 2(3)(d) Non-compliant

*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.*

The Assessment Team found the service did not demonstrate outcomes of assessment and planning are effectively communicated to consumers and/or representatives. Care plans are not readily available to be provided to consumers or representatives. The majority of consumers sampled, and/or their representatives are not aware they can access care planning documentation.

The approved provider’s response stated that the service is aware that care plans can be made available to the consumer and/or representative. Further education and guidance is being provided to relevant staff to address any gap in knowledge regarding access to care plans as opposed to other personal information.

A comprehensive education package is being delivered to relevant staff by an external clinical coach to focus on assessments and care planning with one on one training and monitoring to assess the effectiveness of the education.

At the time of the site audit this service was Non-compliant with this Requirement of the Aged Care Quality Standards.

### Requirement 2(3)(e) Non-compliant

*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.*

The Assessment Team found care and services are reviewed regularly, when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. However, the service did not demonstrate strategies are reviewed for currency of effectiveness.

The approved provider’s response outlines that the service does regularly review consumers to assess the effectiveness of strategies and care when circumstances change for any reason. It also acknowledged staff can improve their skills in documenting the effectiveness of strategies and assessments conducted.

A comprehensive education package is being delivered to relevant staff by an external clinical coach to focus on assessments and care planning with one on one training and monitoring to assess the effectiveness of the education.

Based on the evidence summarised above, the service does not comply with this Requirement.

# STANDARD 3 NON-COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed, and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall most sampled consumers/representatives did not consider that they receive personal and clinical care that is safe and right for them. The service was unable to demonstrate a best practice approach in care delivery and staff did not show they effectively minimise risk to consumers’ well-being. Clinical staff did not respond to deterioration in a consumer’s health promptly. The Assessment Team’s observations of staff identified poor adherence to infection prevention protocols.

Generally, allied health and other referrals are occurring in a timely manner. Consumers’ end of life needs are addressed and their comfort and dignity supported.

The Quality Standard is assessed as Non-compliant as five of the seven specific requirements have been assessed as Non-compliant.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*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.*

The Assessment Team found consumers do not consistently receive care in a timely manner, according to their needs or in accordance with best practice principles. The Assessment Team’s report outlines areas of concern across a number of clinical areas. Staff could not demonstrate to the Assessment Team that they take a best practice approach and during interviews it was identified by staff that some planned care, for a variety of reasons, was not occurring.

The approved provider’s response outlined that they have reviewed the care and services delivered to the consumers named by the Assessment Team as receiving unsatisfactory care. Evidence provided by the approved provider goes some way to addressing the deficits as understood by the Assessment Team, clarified the sequence of events in some instances and provided further documentation for consideration. Further, it outlined a staff education program is being delivered focusing on personal care, pressure areas, chemical restraint, pain management and the expected documentation to support that care.

While inadequate documentation is acknowledged, to some extent the approved provider’s response outlines that the care delivery itself is evident through, for example, the resolution of some wounds. Evidence provided does demonstrate some wounds have resolved, however, that in itself does not support that a best practice approach has been applied. A best practice approach would have identified a wound earlier, put in place preventative measures more promptly and allowed for better monitoring of pain. Feedback included that some staff do not have the skills to manage dementia related behaviours. This has led to inappropriate strategies being implemented and planned care not being consistently delivered.

Personal care staff at the service are undertaking pressure injury training to assist with identifying wounds and escalating to clinical staff. Staff are also receiving training in behaviour management.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team reviewed the files of a sample of consumers exhibiting dementia related behaviours, living with diabetes and experiencing falls. The Assessment Team found deficits in the way these aspects of consumers’ care is delivered.

The Assessment Team found while the service is referring consumers to specialist dementia and psychiatry services, the advice received has not been implemented and behaviours which impact others have not been minimised. Staff did not display a sound understanding of de-escalation. Staff strategies in regard to behaviour management have, for some consumers, been poorly considered.

The approved provider’s response states that it believes the care at the service is delivered to meet consumers’ needs; however, consumers and representatives from the service, who have experienced high risk events, are dissatisfied with how staff have managed these incidents.

Conflicting evidence was provided regarding falls. The approved provider’s response notes that falls rates are discussed at the clinical risk meeting and falls committee meeting, which encourages a multidisciplinary focus, investigating causes and strategising to implement actions to reduce falls. However, the Assessment Team found that falls strategies were found ‘effective’ on an ongoing basis including when a consumer continued to fall, and clinical management, such as neurological observations not always evident.

Training focused on behaviour management and diabetic directives and management is planned.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this Requirement.

The Assessment Team reviewed the file of a consumer who had recently passed away. Their evidence outlined a timeline over a period of four weeks during which the Assessment Team found little evidence of consultation with the consumer’s medical practitioner and found the service did not comply with this Requirement.

The approved provider submitted evidence of frequent communication to the consumer’s medical practitioner including seeking advice on the commencement of an end of life pathway and pain management.

Based on all the available evidence, summarised above, the service complies with this Requirement as communication with the medical practitioner was evident.

### Requirement 3(3)(d) Non-compliant

*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.*

The Assessment Team reviewed the files of two consumers who suffered a deterioration in their well-being, one of whom unexpectedly died, and found for both consumers clinical staff did not demonstrate effective clinical management.

The approved provider’s response acknowledges inconsistencies in documentation regarding the consumers to demonstrate care that was delivered or details to why it was not.

The response notes a ‘root cause analysis’ had occurred into the unexpected death and the service self-identified gaps in the management of the consumer which resulted in staff education. Education for registered nurses included falls management, clinical deterioration and acute care guidelines, and ‘stop and watch’ use by care staff to report changes in presentation to clinical staff.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 3(3)(e) Non-compliant

*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.*

The Assessment Team found the service did not demonstrate information systems are effective. Information is not always accurate or up to date. Handover practices and information do not guide staff in consumers’ relevant care requirements, needs or wishes. Inconsistencies with care plan reviews and updating of care plans and incidents did not always occur.

The approved provider’s response outlined planned improvements to the ‘handover’ process and strategies to improve engagement with others where care is shared. Further, a comprehensive education package is being delivered for registered nurses on assessments and care planning with one on one training, and monitoring will occur to assess the effectiveness of the training.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Non-compliant

*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.*

An infection control management lead has been appointed and the service and staff confirmed they had received practical training and that there are adequate supplies of personal protective equipment at the service. However, the Assessment Team observed several instances of poor infection minimisation practices during the site audit. The Assessment Team found the service’s process to escalate and act on consumers exhibiting respiratory symptoms (indicating a potential infection) is not effective and COVID-19 monitoring charts were not up to date.

The approved provider’s response acknowledges there was a miscommunication between staff regarding the consumer exhibiting respiratory symptoms, but this did not result in a breach of infection prevention measures. The service has provided further education to staff in relation to their responsibilities including that of wearing masks.

Clinical staff described processes for recording infections when identified and tracking of antibiotic usage in consultation with medical practitioners.

While acknowledging the further work undertaken by the approved provider, at the time of the site audit minimum standards for infection control prevention and personal protective equipment were not evident.

Based on the evidence summarised above, the service does not comply with this Requirement.

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. Staff demonstrated they are aware of individual consumer needs in regard to their psychological well-being and the service accesses pastoral and other support services in line with consumers’ preferred religious or spiritual needs. Consumers were overall satisfied with the lifestyle program and had input in to the activity calendar. The menu is developed with input from consumers and consumers were generally positive about their dining experience.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

The majority of consumers and representatives said they find the service environment is safe, well maintained and comfortable. The Assessment Team observed that the environment supports consumers to move freely, both indoors and outdoors.

A maintenance system is in place and the maintenance logs confirm that maintenance requests are logged and actioned.

Overall equipment was available, safe and suitable.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

## Assessment of Standard 5 Requirements*.*

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this Requirement.

The Assessment Team found two instances of equipment not being in working order or not being suitable for the needs of the consumer, and three air conditioners being out of service and recommended the service did not comply with this Requirement.

Interviews with consumers outlined how they felt safe using equipment and expressed their satisfaction regarding the cleanliness of the equipment in use. While noting maintenance staff are responsive, outlined delays occur sometimes.

The approved provider’s response notes the service has sourced alternative equipment for the two consumers identified during the site audit and reviewed the service’s storage of equipment to ensure all staff know that there is adequate stock and where it is located. The approved provider asserted that the maintenance program is effective.

Based on all the available evidence, summarised above, the service complies with this Requirement as there has not been a systemic failure to maintain the service environment.

# STANDARD 6 NON-COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

The Assessment Team found consumers and representatives interviewed felt they could make complaints and felt safe to do so. Consumers and representatives also demonstrated they access a range of ways to provide feedback. Notwithstanding various avenues to provide feedback, several consumers and representatives were dissatisfied with the responsiveness of the service to the issues raised.

Management provided examples of where trends in complaints had resulted in continuous improvement activities.

The Quality Standard is assessed as Non-Compliant as one of the four specific requirements have been assessed as Non-Compliant.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Non-compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The Assessment Team’s interviews identified most consumers and representatives interviewed were dissatisfied with the actions taken by the service in response to complaints or concerns raised. The majority of feedback was regarding the delivery of personal and clinical care, including complex care needs. A number of representatives have escalated their complaint to external bodies to progress and/or try to resolve their concern.

The approved provider’s response stated that the service works diligently to take appropriate action in response to complaints following investigation. The senior staff communicate frequently with the consumer and or their representative when a complaint is raised, and are comfortable using an open disclosure process when things go wrong, or incidents occur.

The response also addressed the Assessment Team’s report in detail on the progress of the issues outlined, correcting some points of fact. It noted a high level of satisfaction with the responsiveness of staff to feedback during a recent consumer survey.

While acknowledging some complaints which were raised have now been resolved, the direct feedback from consumers and representatives supports the Assessment Team’s findings that the actions taken, or approach of staff or communication provided did not meet the expectations of the person making the complaint, and this was not an isolated occurrence.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

The Assessment Team received mixed feedback from consumers and representatives as to whether the service reviews and acts on feedback and complaints raised to improve the quality of care and services. Discussion with management indicated that they review the complaints received by the service and use this information to improve the quality of care and services. Customer feedback analysis occurs six monthly and continuous improvement actions are created as required.

The approved provider’s response demonstrates there are linkages between feedback and complaints and continuous improvement activities that occur. While some strategies remain in progress, others have been evaluated and closed.

Based on all the available evidence, summarised above, the service complies with this Requirement as there are examples of improvements generated from feedback and complaints.

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Consumers and representatives sampled stated that staffing levels at the service are not adequate. Consumers provided direct examples of feeling rushed and missed care including continence care, wound management, pressure area care and personal hygiene. Representatives questioned the skills of staff in supporting consumers living with dementia and of registered nurses identifying clinical deterioration.

The Assessment Team observed staff being rushed and consumers in need of support not receiving it.

Management said that a recruitment drive is currently underway, with vacant shifts being filled by staff from an employment agency.

Consumers said staff were generally caring.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Non-compliant

*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.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this Requirement.

The Assessment Team received negative feedback from consumers, representatives and staff regarding the sufficiency of staff. Deficits in the safety and quality of care delivered by the service were identified by the Assessment Team, and consumers outlined a range of planned episodes of care which were not delivered. A roster review identified a number of unfilled shifts.

The approved provider’s response disagrees that staffing levels are impacting the quality of care and services provided to consumers and outlines that the roster is reviewed each day. Noting that while the use of agency staff is not ideal, the approved provider outlines several strategies underway to address permanent staff recruitment. Recruitment has been somewhat impacted by the COVID-19 pandemic.

The service is currently engaging with consumers to address their individual needs and expectations.

Based on all the available evidence, summarised above, the service does not comply with this Requirement. The service has failed to demonstrate that planned care has been consistently delivered by staff, consumers are dissatisfied with the quality of care and staff said they do not complete all the duties allocated to them, including episodes of care.

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Non-compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this Requirement.

The Assessment Team received mixed feedback from consumers and representatives regarding the staff training levels, including in the areas of personal care, clinical care and behaviour management. Management described to the Assessment Team how staff performance is monitored with additional training being provided as required, and training records indicate that staff have undertaken training in line with the scope of their roles. Based on the clinical review however, staff demonstrated poor awareness in areas such as skin integrity management, pain management, falls management and dementia care.

The approved provider’s response asserts that the service offers a robust training program and tailors education to the staff needs and interests. The service will continue to work with staff to identify individual learning needs. The home is proud of their achievement in ensuring that all staff are up to date with mandatory learning excluding those staff on extended leave.

The conflicting information is around whether staff, once trained, have absorbed and applied that training in their day to day practice to meet the outcomes required by these Standards. It is consistent in the Assessment Team’s report and the approved provider’s response that staff are not adequately trained in their responsibilities for maintaining accurate health records for consumers.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 NON-COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

To understand how the organisation applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

While the organisation has a suite of governance systems, management did not demonstrate these are always effectively applied at the service.

The Assessment Team identified safe and effective care is not always delivered and the governing body has not identified that this through its internal reporting mechanisms and taken corrective actions.

There has been failures by the service in these Standards where the governance frameworks have not been adhered to by management at the service.

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Non-compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

Conflicting evidence from the Assessment Team and the approved provider was submitted regarding this Requirement.

The Assessment Team found evidence of unsatisfactory care and services. The approved provider acknowledges some improvement is required in some areas, primarily documentation. The compliance failings in Standard 2 and Standard 3 of the Standards are substantial. It is acknowledged a significant amount of work has been undertaken by the service since the site audit, however deficits in care were not identified by the governing body’s own internal mechanisms for ensuring safe care, as such there has been a failure in accountability.

Based on the evidence summarised above, the service does not comply with this Requirement.

### Requirement 8(3)(c) Non-Compliant

*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.*

The approved provider acknowledges that improvements are required in relation to sub requirement (i) information management at the service. Evidence support this has been a systemic failure at the service.

While the Assessment Team have found some deficits in sub requirements (ii) to (iv) during the site audit these have not been of a systemic nature.

Based on the evidence summarised above, the service does not comply with this Requirement because it has not complied with all of the sub requirements.

### Requirement 8(3)(d) Compliant

*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.*

The Assessment Team found that the approved provider did not comply with this Requirement and found failures in sub requirement (i). The approved provider asserts that risk management systems are in place and submitted further evidence to support this assertion. It is evident that at the time of the site audit the purpose of the various risk management systems were not effectively explained or alternatively not fully understood.

While the Assessment Team have found some deficits in sub requirements (ii) to (iv) during the site audit these have not been of a systemic nature.

Based on all the evidence available the approved provider has satisfactorily demonstrated that an effective risk management system is in place, the approved provider complies with this Requirement.

### Requirement 8(3)(e) Compliant

*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.*

The Assessment Team found the service did not comply with this Requirement, noting inconsistencies in the service’s oversight of the use of psychotropic medications at the service. Further, there are no details related to dosage recorded on the register and no information related to the type of medication, dosage or risks associated on consent information to ensure informed consent is granted.

The Approved provider submitted that the psychotropic register has been developed in line with the Commission’s guidelines, and Bupa’s work instructions reflect the Commission’s requirements.

The clinical governance process ensures the use of psychotropic medication is an agenda item at the weekly Clinical Review meetings and monitored in the Clinical Risk Register. The consent form for Psychotropic medication is completed by the consumer’s General Practitioner or Nurse practitioner with the consumer’s power of attorney in attendance to discuss the plan for treatment and side effects, the General Practitioner or the Nurse Practitioner sign the form confirming that they have met their obligations in informing the power of attorney allowing for informed consent.

Based on all the evidence available the approved provider complies with this Requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**In relation to Standard 2 all Requirements**

* Implement an effective assessment and care planning system.
* Ensure information collected is relevant, accurate and sufficiently comprehensive to inform the delivery of safe and effective care.
* Establish monitoring processes to ensure deficits in documentation are identified and addressed to ensure all information remains current and relevant and the requirements of Standard 2 are complied with on an ongoing basis.

**In relation to Standard 3 Requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e), 3(3)(g)**

* Ensure planned care that is tailored to each consumer’s needs is consistently delivered and best practice clinical principles applied.
* Demonstrate strategies that are not successful in mitigating risks are reviewed and other strategies trialled and that this occurs ongoing until the consumer’s risk is mitigated to the greatest extent possible.
* Improve the skills of registered nurses where deficits identified by consumers, documentation review and complaints have been noted in the site audit report, such as, diabetes management, behaviour management, wound management, falls management and neurological observations.
* Establish monitoring processes to ensure deficits, when they exist, are identified and addressed and the requirements of Standard 3 are complied with on an ongoing basis.

**In relation to Standard 6 Requirement 6(3)c**

* Ensure all complaints are actioned appropriately and the complainant’s level of satisfaction with the outcome is ascertained prior to closure.

**In relation to Standard 7 Requirements 7(3)a and 7(3)(d)**

* Engage with consumers and staff to ensure planned episodes of care are not being overlooked and that consumers’ health, well-being or dignity is not being negatively impacted by staff rostering or staff work practices.
* Ensure staff apply the knowledge gained through the additional training planned and establish a system for identifying where staff do not understand the accountabilities of their role or are not yet fully competent and take corrective actions.

**In relation to Standard 8 Requirements 8(3)b and 8(3)(c)**

* Ensure the organisation’s various governance frameworks support the governing body with information to enable it to address areas where there are systemic deficits in care and services.
* Establish an effective organisation wide governance system relating to information management.
* Ensure the governing body provides effective stewardship in returning the service to full compliance with the Standards.