Accreditation Decision and Report

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bupa Berwick |
| **RACS ID:** | 3676 |
| **Name of approved provider:** | Bupa Aged Care Australia Pty Ltd |
| **Address details:** | 359 Narre Warren North Road NARRE WARREN NORTH VIC 3804 |
| **Date of site audit:** | 14 August 2019 to 15 August 2019 |

**Summary of decision**

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| **Decision made on:** | 18 September 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the *Aged Care Quality and Safety Commission Rules 2018* (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 31 October 2019 to 31 October 2020 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Standard 6 Feedback and complaints | | Met |
| Standard 7 Human resources | | Met |
| Standard 8 Organisational governance | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

## Introduction

**This is the report of an assessment of Bupa Berwick (the Service) conducted from 14 August 2019 to 15 August 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Care staff | 4 |
| Clinical staff | 4 |
| Consumer representatives | 1 |
| Consumers | 17 |
| Hospitality and environmental services staff | 6 |
| Lifestyle staff | 1 |
| Maintenance officer | 1 |
| Management | 4 |
| Nurse advisor | 1 |
| Receptionist | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### 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.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met the six requirements under Standard 1.

Consumer experience interviews show that 94% of consumers agreed that staff treat them with respect most of the time or always. The service uses annual consumer experience surveys and a feedback and complaints mechanism to ensure that consumers are satisfied that staff treat them with respect and support them to maintain their identity and live the life they choose.

The service generally demonstrated that consumers are treated with dignity and respect, and that the service actively promotes a culture of inclusion. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social and intimate relationships are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training, in the wide range of activities it offers for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they help consumers make choices, including by giving consumers clear and accurate information and options to inform their choice. Consumers reported that they feel heard when they tell staff what matters to them and that they can make decisions about their life, even when it involves an element of risk.

Consumers report that the service protects the privacy and confidentiality of their information, and that they are satisfied that care and services, including personal care, are undertaken in a way that respects their privacy. Staff gave examples of how they maintain the privacy of consumers. Staff demonstrated their understanding that consumers receiving personal care can feel vulnerable and described what they do to ensure consumers are made to feel respected and comfortable. The service also demonstrated how paper-based management systems support the protection of confidential information including consumer information, consistent with documented policies and procedures.

Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### **Standard 1 Requirement 3(b) Met**

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

Standard 1 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. 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.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met the five requirements under Standard 2.

Of consumers randomly sampled, 100% agreed they have a say in their daily activities. All consumers and representatives interviewed could not recall if consultation occurred in regard to assessments and care plans however, 94% of consumers agreed they are receiving the care they need and that they feel safe at the service. Consumers stated that staff listen to their goals and preferences in day to day activities, and that the service obtains input from other healthcare professionals to ensure consumers receive the right care and services to meet their needs.

Relevant staff interviewed showed they understood the process of assessment and updating and reviewing care plans and described how they were notified of changes to care. Staff were able to demonstrate service’s written processes for passing on relevant information to others (including medical officers, allied health professionals, carers) to deliver care and services through ongoing planning and assessment of consumers needs including regular monitoring and review.

Each of the care and service plans reviewed by the Assessment Team evidenced that the plans had been reviewed regularly. However, some of the care plans did not consistently reflect recent changes made by allied healthcare professionals. The service demonstrated that it is currently reviewing all care plans to ensure changes are included where applicable. Advanced care plans including preferences for end of life care were also reviewed. In the event consumers did not wish to discuss end of life care, the service has commenced a palliative care working group to enhance advanced care planning within the service.

Staff demonstrated an understanding of adverse incidents or near miss events and how these are identified, documented and reviewed by the service, to inform continuous improvement.

Standard 2 Requirement 3(a) Met

The organisation demonstrates that 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.

##### **Standard 2 Requirement 3(b) Met**

The organisation demonstrates that 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.

Standard 2 Requirement 3(c) Met

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.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that 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.

### Standard 3: Personal care and clinical care Met

#### 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.

#### Summary of Assessment of Standard 3:

The Assessment Team recommend that the organisation has met all seven requirements under Standard 3.

The service demonstrates it delivers safe and effective personal and clinical care in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

Of consumers randomly sampled, 100% of consumers agreed they get the care they need. Consumers provided various examples of how staff ensured the care provided was right for them including by regularly asking them about their care and the way it was delivered.

Staff described how they ensure care is provided according to consumers’ preferences and is right for them. Staff were able to identify inherent risks of consumer choices and supported them by explaining the risks to them in a manner that the consumer understands. Clinical managers ensure completion of clinical audits and monitor trends that are analysed and reported at service and organisational levels as appropriate.

Each of the care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care. Care plans and associated documents reviewed regular input from other healthcare professionals that guided staff in complex nursing care. Where applicable medical enduring power of attorney (including public advocates) documentation was sighted.

Standard 3 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(b) Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 3 Requirement 3(c) Met

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

Standard 3 Requirement 3(d) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(e) Met

The organisation demonstrates that 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.

Standard 3 Requirement 3(f) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 3 Requirement 3(g) Met

The organisation demonstrates 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.

### Standard 4: Services and supports for daily living Met

#### 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.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met the seven requirements under Standard 4.

Of consumers and representatives randomly sampled, 94% said they that they are encouraged to do as much as possible for themselves most of the time or always, while 6% said some of the time. A total of 71% said they like the food most of the time or always, while 29% said some of the time describing how meals are not always cooked to their liking. Consumers stated however if they request an alternate meal then this is catered for. Consumer feedback is used to change the menu as required. The aim of this is to ensure an improved meal delivery time and to meet consumers expectations. Consumer feedback informed the introduction of a snack fridge for consumers to utilise. Management will continue to seek feedback to ensure consumer satisfaction.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing and what this means for them: One consumer has a dog living with them. Another consumer is encouraged and supported by staff to attend a local club on a weekly basis to maintain friendships outside of the service. Consumers are encouraged to visit local shops and cafes with support from staff and take taxis or public transport to get there. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their room.

The service demonstrated that is makes timely referrals to other organisations and provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use equipment. This was also observed by the Assessment Team.

Standard 4 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Standard 4 Requirement 3(c) Met

The organisation demonstrates that 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.

Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Standard 4 Requirement 3(e) Met

The organisation demonstrates timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### 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.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met the three requirements under Standard 5.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items and is clean and well maintained. The layout of the service enables consumers to move around freely, with suitable furniture, fittings and signage to help consumers navigate the service. Consumers had ready access to tidy outdoor areas with gardens and paths with handrails that enabled free movement around the area.

Consumer’s reported that the service was well maintained and kept at a comfortable temperature. They have access to a range of equipment and furnishings and feel safe using them. Consumers have access to quiet rooms to meet with family and friends and are encouraged to use all areas of the service including the outdoor areas where activities and celebrations are held. The service regularly seeks feedback about how the service environment could be improved and made more welcoming

Management confirmed that environmental audits are conducted to assess potential risk areas and instigate improvements. The service environment is a standing agenda item for management meetings and organisational executive meetings where any emerging risk or environment issues are discussed along with consumer feedback on the service environment.

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

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

#### Summary of Assessment of Standard 6:

The Assessment Team found the service has met the four requirements under Standard 6.

Of consumers and representatives randomly sampled, 100% said that staff follow up when they raise things with them most of the time or always. Consumer’s reported overall, they are supported and encouraged to give feedback and make complaints and appropriate actions are taken.

Stakeholders are encouraged to attend meetings to provide feedback and have access to feedback forms in multiple areas throughout the service and a secure lodgement box at reception. Feedback forms outline timeframes for acknowledgement and response to feedback, other methods for raising and resolving complaints and elder rights advocacy information. Staff described how they would support consumers to provide feedback and or make a complaint.

The service is developing a framework for open disclosure for when things go wrong and elements may include an apology or expression of regret, an opportunity for the consumer and/or representative to express their experience, a factual explanation of what happened, and steps being taken to manage and/or prevent reoccurrence.

The service demonstrated how it uses feedback and complaints to improve the quality and care of services.

##### **Standard 6 Requirement 3(a) Met**

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### 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.

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has met the five requirements under Standard 7.

The service demonstrated they ensure the numbers and mix of the staff is planned, managed and reviewed to enable safe and quality care and services.

The service demonstrated they ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers provided various examples of what this means to them including in relation to events of cultural and social significance, specific care and relationship needs. Interactions between consumers, representatives and staff were observed to be kind, caring and generally respectful.

The service demonstrated the workforce is recruited to specific roles, trained and equipped to undertake these roles and supported to deliver outcomes for consumers. New staff are satisfied with the induction/orientation process and the support provided.

The service demonstrated they monitor staff qualifications and ensure through staff selection and extensive education and training processes that the workforce is competent, and they have the knowledge and skills to effectively perform their roles.

The organisation demonstrates that regular and ongoing assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Standard 7 Requirement 3(a) Met

The organisation demonstrates that 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.

Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Standard 7 Requirement 3(c) Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

### Standard 8: Organisational governance Met

#### 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.

#### Summary of Assessment of Standard 8:

#### The Assessment Team recommend that the organisation has met all five requirements under Standard 8.

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

Consumers confirmed they are involved in care planning, delivery and evaluation illustrating how this occurs in practice. Consumer experience report interviews showed 81% of consumers agree the service is well run.

Consumers and representatives interviewed stated that there are opportunities for them to be involved in care and services design and delivery. These include consumer and representative meetings, focus groups and one on one meetings with staff or management when requested.

The service demonstrated they are working to involve consumers in the development, delivery and evaluation of care and services through updated ‘resident of the day’ processes. The service encourages consumer directed groups including palliative working group and food focus.

Service key performance data including incident data is monitored and reviewed at a local and at an organisational level. Management said data from the organisational risk management system and audits is reported through to leadership weekly and monitored by the quality assurance team.

Service level responsibility and reporting requirements in relation to information management, financial governance, workforce governance, regulatory compliance and feedback and complaints is clearly outlined with the organisation’s governing body and sub-committees meet regularly.

High risk or high prevalence risk management includes individual consumers being provided information regarding their right to take risk. Examples of the way staff have individually supported consumers were given. Recent staff training addressed behaviour management. The service is currently evaluating clinical risk indicators and have completed weight loss and psychotropic medication use. The service is currently reviewing restraint with medical officers, including the evaluation of psychotropic medications to minimise their use. Management engages a consultant pharmacist to minimise use of antibiotic therapy. Clinical risk information is reviewed and addressed in management meetings.

Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(d) Met

The organisation demonstrates 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.

Standard 8 Requirement 3(e) Met

The organisation demonstrates that 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.