Bupa Campbelltown

Performance Report

1 Steele Street
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**Commission ID:** 6089

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

**Site Audit date:** 11 March 2021 to 12 March 2021

**Date of Performance Report:** 7 May 2021

# Publication of report

This Performance Report **may 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) | Compliant |
| Requirement 2(3)(b) | Non-compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Non-compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | 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** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | 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 consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 9 April 2021
* the Performance Assessment Report for the Site Audit conducted 9 December 2019 to 11 December 2019
* the Assessment Contact – Site report for the Assessment Contact conducted 14 January 2021
* the Performance Assessment Report dated 16 March 2021 for the Assessment Contact – Site conducted 14 January 2021.

# STANDARD 1 COMPLIANTConsumer 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

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

The Assessment Team found overall, sampled consumers considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers during interviews with the Assessment Team:

* staff provide care when they like and how they like and this makes them feel safe, valued and respected.
* described ways staff provide care which is respectful and kind and in line with their unique cultural needs.
* are consulted about the way they want care delivered, who is involved and this is documented in their care plan.
* satisfied with information provided and stated they receive information in large font which they like as it is easier to read.

Consumer files sampled included specific information relating to consumers’ preferences, specific cultural needs and what is important to them. Organisational documentation included a Diversity and culturally appropriate care overview and work instruction for staff which acknowledged and supported consumers’ right to make choices about their care based on their personal cultural ideas, beliefs and values. Staff demonstrated familiarity with consumers’ backgrounds and described how this influences day-to-day delivery of care.

The Assessment Team observed noticeboards, posters and brochures located throughout the service with up-to-date information, including in languages other than English. Consumers sampled described ways they participate in discussions related to care and services provided, including through meeting forums.

All consumers and representatives sampled stated consumers’ privacy is respected and their personal information is kept confidential. Staff described how they support consumers to communicate their preferences for how they want their privacy maintained. Additionally, staff confirmed they have received training in privacy and confidentiality and are required to sign a code of conduct.

The Assessment Team found the organisation has monitoring processes to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

The service was found Non-compliant with Requirement (3)(d) following a Site Audit conducted 9 December 2019 to 11 December 2019 where it was found risks associated with activities two consumers chose to partake had not been sufficiently assessed or strategies to mitigate risks developed and communicated. The Requirement was again found Non-compliant following an Assessment Contact conducted 14 January 2021 where it was found a risk assessment had not been sufficiently undertaken to identify all risks and ensure the consumer understood the risks and potential negative outcomes. Additionally, a plan of care for another consumer had not been completed in relation to a specific activity to ensure specific strategies were implemented to minimise risk. In response to the Non-compliance, the service has implemented a range of actions to address the deficiencies identified which are detailed in the specific Requirement below.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## 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.*

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified at the Assessment Contact – Site conducted 14 January 2021 and have recommended this Requirement as met. Actions and improvements implemented, inclusive of those implemented since the Site Audit conducted 9 December 2019 to 11 December 2019 include, but are not limited to:

* Development of a care plan consultation matrix identifying the appropriate person to consult with in relation to consumers’ care needs and reviews. Clinical staff have been consulted about the matrix.
* Consulted with a consumer and their representative in relation to activities the consumer undertakes involving risk and the care plan updated to reflect preferences.
* Developed a Dignity of risk framework and guidelines for recognising the balance of risk and benefit to each consumer.
* Management and staff have received training in relation to the new framework.

In relation to Standard 1 Requirement (3)(d), information provided to the Assessment Team by consumers and staff through interviews and documentation sampled demonstrated:

Consumers were satisfied they could go out and do things for themselves, however, did not find the need to do so. Staff interviewed described strategies to support consumers to undertake activities which include an element of risk.

Consumer files viewed included Dignity of risk guidelines and Case conference forms, as well as discussions and comments from consumers about how they want to live their lives and how they want services delivered.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Compliant with Standard 1 Requirement (3)(d).

### 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

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

The Assessment Team have recommended Requirements (3)(b) and (3)(e) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(b) and (3)(e). I have provided reasons for my findings in the specific Requirements below.

The Assessment Team found overall, most consumers considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* described occasions where they have been consulted in relation to assessments, reviews and changes to consumers’ care needs following Medical officer and allied health specialist visits.
* are satisfied with the level of communication by staff in relation to assessment and planning.

A range of assessments are completed on entry and on an ongoing basis. Information gathered is used to develop care plans which are used by staff to deliver care and services. Additionally, a range of clinical risk assessment tools are utilised, including for skin, nutrition and falls. Staff described how consumers’ needs, goals and preferences are identified and stated for consumers who enter the service, an interim care plan is completed to guide care.

Care plans are made available to consumers and/or representatives on entry and on request. Consumers and representatives sampled stated they were aware of care plan documents, staff had discussed care plan documents with them, and were aware they could request a copy of the care plan if they wished.

Clinical staff described how outcomes of assessment and planning are communicated to consumers and representatives. Additionally, staff described how they are notified of changes to consumers’ care and service needs, including through handover processes. Care files sampled demonstrated consumers and/or representatives are involved in assessment and planning of care and services on entry and on an ongoing basis. Additionally, consumer files demonstrated consultation with consumers and/or representatives occur relating to outcomes of Medical officer and allied health professional reviews.

However, the Assessment Team were not satisfied assessment and planning sufficiently identified and addressed consumers’ current needs, goals and preferences, specifically in relation to advance care planning and end of life planning. Additionally, the Assessment Team were not satisfied the service demonstrated adequate reassessment of consumers following incidents, specifically falls.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Non-compliant with Requirements (3)(b) and (3)(e) in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) 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.*

### 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 were not satisfied the service adequately demonstrated assessment and planning captures consumers’ goals, wishes and preferences in relation to end of life planning. Additionally, the service did not effectively demonstrate effective assessment and planning was undertaken for two consumers at the end of their life. This was evidenced by the following:

* Three of six consumer files did not include advance care directives and information on one of six was incomplete.
* All six care plans did not include consumers’ goals, needs or preferences for end of life care. This is not in line with the organisation’s Palliative care work instruction.
* An End of life pathway includes only yes or no questions and does not inform staff of consumers’ needs or wishes.

Consumer A

An End of life pathway was commenced approximately eight hours prior to Consumer A passing. Documentation in the consumer’s file indicated Consumer A was palliating and in the terminal phase of life several days prior to death.

* A family conference, held 19 days prior to the consumer passing, indicates Consumer A was for palliative care management.
* The consumer’s last care plan review occurred 21 days prior to the consumer passing. A further review did not occur when the consumer required palliative care.
* An Advance care directive was in place, however, the document did not include Consumer A’s goals, needs and preferences in relation to end of life care.
* Progress notes in the 11 days prior to Consumer A passing indicate the consumer was palliative, comfort care interventions were being attended, mobility had decreased and minimal intake was being tolerated.
* An End of life pathway was not commenced in line with the organisation’s policy in response to Consumer A’s deteriorating condition.
* Management stated Consumer A declined rapidly within 24 hours.
* Clinical staff confirmed Consumer A was palliative for approximately one to two weeks prior to passing.

Consumer B

An End of life pathway was not commenced despite documentation in the consumer’s file indicating Consumer B was palliating and in the terminal phase of life several days prior to passing.

* A medical note, 22 days prior to Consumer B passing, indicates the consumer was palliative care. All oral medications were ceased at this time.
* A family conference, held 16 days prior to the consumer passing, indicates Consumer B was for palliative care management.
* A progress note entry three days prior to Consumer B passing indicates the consumer is ‘currently on comfort care’.
* An End of life pathway was not commenced in line with the organisation’s policy in response to Consumer B’s deteriorating condition.
* Clinical staff confirmed Consumer B was palliative for approximately one to two weeks prior to passing.

The provider’s response provided information directly addressing information in the Assessment Team’s report. The provider’s response also included information relating to actions implemented by the service in response to the Assessment Team’s report. Documentation to support the information in the provider’s response was not provided. Information provided included:

* The Palliative care work instruction states an appropriate palliative care pathway will be developed for each consumer ‘as required’.
* Acknowledge the service was not utilising Palliative care plans that included specific palliative care wishes, and this is not a mandatory requirement.
* Utilising the Palliative care wishes care plan is now part of the care plan process. An education session with Registered nurses is scheduled to further develop in this area.
* Commenced development of an initial Palliative care wishes plan to direct staff to Advance care directives information. This is to be used with care planning to build a person-centred end of life preference picture where the Advance care directive does not describe this in detail.
* The service refutes they did not provide appropriate support and care to consumers in end of life stages of care.

In relation to Consumer A

* Progress notes in the 11 days prior to the consumer passing describe the palliative approach being undertaken for Consumer A.
* The consumer suddenly progressed to end of life care, 24 hours prior to passing.

In relation to Consumer B

* At a family conference it was documented the consumer was for palliative care management, not end of life care.
* A review by a Palliative care team indicated the consumer was managed well.
* Progress notes in the 14 days prior to Consumer B passing demonstrate the consumer was well enough to attend the dining room, mobilise and indicated they felt well in themselves during this period.

I acknowledge the provider’s response, and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service’s advance care planning and end of life planning processes were not effectively implemented. Information relating to consumers’ end of life and palliative care goals, needs and preferences is not routinely captured and available to staff to ensure care and services are provided in line with consumers’ wishes in the palliative phase.

For two consumers highlighted, whilst there was evidence both consumers had transitioned into the palliative phase of care, this did not trigger a review of care planning documentation or further discussions with the consumer or representatives to identify consumers’ individualised, end of life and palliative care goals, needs and preferences.

I acknowledge information provided in the Assessment Team’s report demonstrates appropriate care and support is provided to consumers during the active palliative phase of care. This information has been considered under Standard 3 Requirement (3)(c) which has been found Compliant.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Non-compliant with Requirement (3)(b) in Standard 2.

### Requirement 2(3)(c) 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.*

### Requirement 2(3)(d) 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.*

### 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 were not satisfied the service adequately demonstrated consumer care plans are consistently reviewed for effectiveness when circumstances change or when incidents impact on the goals, needs or preferences of the consumer. This was evidenced by the following:

* Consumer care plans were not reviewed or Falls risk safety assessments completed following consumer falls.
* A Falls and safety risk assessment for one consumer was last completed eight months prior to the Site Audit despite falls being sustained within this period.
* One consumer had a fall nine days after entering the service, however, the Falls and safety risk assessment was not reviewed or updated.
* Care plans for two consumers had not been signed as reviewed following falls, in line with the service’s process.
* Falls data for a three month period indicated ineffective falls management strategies.
* Forty-eight falls were recorded relating to 23 consumers. Ten of the 23 consumers had multiple falls. Eight of the 23 consumers sustained injuries.
* Five consumers had four falls and one consumer had seven falls over this period.

The provider’s response acknowledged the Assessment Team’s findings and included actions to address the issues identified in the Assessment Team’s report. Information provided included:

* Care plans may not have documented the date of the last fall for the consumer. Care plans were updated when a demonstrated change was required.
* Provided all Registered nurses with education and guidance relating to Bupa’s Falls work instruction and processes.
* Introduced a worksheet to guide staff in post falls management processes ensuring staff are aware of what stage of the process consumers are on their shift. Worksheets will be reviewed by senior clinical staff to ensure all actions are completed.

I acknowledge the provider’s response, and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, consumer care plans, specifically falls management strategies and risk assessments, were not routinely reviewed to ensure care plans were up-to-date, reflective of consumers’ current care and service needs and continued to meet consumers’ current needs, safely and effectively

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Non-compliant with Requirement (3)(e) in Standard 2.

# STANDARD 3 NON-COMPLIANTPersonal 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

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

The Assessment Team have recommended Requirement (3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirement (3)(b). I have provided reasons for my findings in the specific Requirement below.

Most sampled consumers considered that they receive personal and clinical care that is safe and right for them. The following examples were provided by consumers during interviews with the Assessment Team:

* they get the care they need.
* have access to Medical officers and are referred to allied health professionals as required.
* are notified of outcomes of Medical officer and allied health visits.
* are confident staff know them well and would recognise, report and manage any issues with their health and/or well-being.

A range of assessments, including validated risk assessment tools, are completed on entry and an ongoing basis. Care plans are developed for each consumer from information gathered ensuring management strategies are tailored to consumers’ needs and optimises their health and well-being. Consumers’ end of life needs and preferences are monitored and appropriate assessments initiated to ensure consumers’ comfort is maximised and dignity preserved. Staff provided examples of care provided to consumers during the palliative phase, including in relation to emotional, spiritual and cultural needs and preferences.

Consumer files sampled demonstrated where a deterioration or change in a consumer’s function and capacity is identified, the condition is recognised and responded to in a timely manner, further charting initiated and care plans updated to reflect care strategies in line with consumers’ current condition. Care staff described how they report changes to consumers’ condition and clinical staff provided examples of how consumer deterioration is identified and responded to, including initiating referrals to Medical officers and/or allied health staff. Additionally, there are processes to ensure information is communicated within the organisation and with others where responsibility of care of the consumer is shared.

The service demonstrated appropriate infection control measures are in place, including in relation to COVID-19. The service’s practices promote appropriate antibiotic prescribing and use, and clinical staff demonstrated knowledge of antimicrobial stewardship principles.

The service was found Non-compliant with Requirement (3)(b) following an Assessment Contact – Site conducted 14 January 2021 where it was found falls prevention strategies had not been effectively reviewed to minimise risk of falls reoccurring or injury associated with falls. At the Site Audit, the Assessment Team were not satisfied the service sufficiently demonstrated consumers are monitored and reviewed following falls.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) 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.*

### 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 were not satisfied the service adequately demonstrated consumers’ falls management strategies are reviewed or new strategies implemented following falls to assist in the management of falls. This was evidenced by the following:

* Consumer A had five falls in a three month period, two resulting in injury. Documentation did not demonstrate falls management strategies were reviewed or strategies implemented prior to a fall occurring in February 2021 where the consumer sustained a laceration requiring hospitalisation.
* A Falls and safety risk assessment to review current falls management strategies and identify new strategies had not been completed in line with the service’s process.
* Documentation indicated Consumer A’s health and cognitive function had been declining.
* Consumer B had seven falls in a three month period. Aside from a call bell pendent being initiated, no further strategies have been implemented. Consumer B confirmed no additional strategies have been implemented since the call bell pendent was implemented, four months prior to the Site Audit.
* Falls meeting minutes over a three month period include the same falls management recommendations for Consumer B. No additional strategies to reduce Consumer B’s falls have been discussed.
* Falls meeting reports for two consecutive months in late 2020 included the same number of falls for five of six consumers and the same risks and recommendations for all six consumers.
* The Falls report for December 2020 falls data identified three consumers who were not included on the falls register.

The provider’s response indicated parts of the data the Assessment Team collected were incorrect and negatively impacted the outcome of the service’s compliance with effectively managing high risks. The provider’s response included information directly relating to consumers highlighted in the Assessment Team’s report. Information provided included:

* Refute Consumer A had five falls in a three month period. Data indicates the consumer had two falls in the previous eight month period.
* Supporting information submitted as part of the provider’s response included a Comprehensive (incident) report for a fall in February 2021. The investigations/findings section indicates ‘ very unsteady on feet’. ‘Continues to have medication that increases risk of falls’. However, the preventative/corrective actions are limited to ‘ensure sensor mat is working in resident room’.
* Consulted with Consumer B in relation to falls management strategies. The service plans to continue to work with Consumer B to ensure appropriate falls prevention measures are in place.
* Supporting information submitted as part of the provider’s response included a Safety/falls prevention plan of care which has been updated post Site Audit following consultation with Consumer B.
* Page two of the Safety/falls prevention plan of care includes a section indicating ‘Does this plan of care still meet my needs (evaluation)’. Four entries in February, and one each in March and April 2021 include brief descriptions of unwitnessed falls with all but one indicating no injuries. It is noted that a comprehensive evaluation of the plan, and falls management strategies, have not been competed following each fall.
* In relation to Falls meeting reports:
* One consumer’s falls management strategies were discussed in February 2021. A review of the consumer’s progress notes indicated no fall in December 2020, however, two falls occurred in November 2020.
* There is no evidence to support a consumer had a fall in December 2020. The Falls committee minutes for February 2021 addressed the consumer’s falls management strategies.

I acknowledge the provider’s response, and the actions taken in response to the Assessment Team’s findings. However, based on the Assessment Team’s report and the provider’s response, I find at the time of the Site Audit, the service did not effectively manage high impact or high prevalence risks associated with the care of each consumer, specifically falls management for two consumers.

In coming to my finding, I have placed weight on information documented in the Assessment Team’s report relating to Consumer A and Consumer B. For both consumers, falls management strategies were not reviewed or additional strategies implemented following incidents of falls. I have also considered feedback from Consumer B indicating no additional strategies have been implemented since the introduction of a call bell pendent four months prior to the Site Audit. Consultation with Consumer B relating to falls management strategies did not occur until after the Site Audit despite documentation, included as part of the provider’s response, indicating the consumer had four falls in February and another in March 2021. This was further supported by information documented in Falls meeting minutes over a three month period which included the same falls management recommendations for Consumer B with no additional strategies to reduce Consumer B’s falls.

For the reasons detailed above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, Non-compliant with Requirement (3)(b) in Standard 3.

### 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.*

### Requirement 3(3)(d) 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.*

### Requirement 3(3)(e) 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.*

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

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

### Requirement 3(3)(g) 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.*

# STANDARD 4 COMPLIANTServices 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

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

The Assessment Team found that overall, sampled consumers considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* feel supported to be independent and are satisfied with the range of activities and social supports provided to them.
* are encouraged to do things of interest to them and the service supports them to maintain relationships.
* the service effectively communicates information about their needs and preferences.
* equipment provided is comfortable, clean and maintained.

Assessment and consultation processes identify each consumer’s emotional, spiritual, cultural and social needs. Care plans are developed from the information gathered and include consumers’ background, life story and experiences, past and current interests and religious and cultural aspects. Staff demonstrated an understanding of sampled consumers’ needs, preferences, life experiences and interests, in line with consumers’ documented care plans.

Lifestyle staff described how the activity program is developed and tailored to consumers’ interests and provided examples of how they support consumers do things of interest to them, either in a group or individually. The activity/lifestyle schedule is regularly reviewed and included a variety of activities, including individual and group events.

Consumers’ emotional, spiritual and psychological well-being is assessed and considered in the development of care plans and lifestyle activities. Staff sampled provided examples of how they have provided emotional support to consumers and consumer files sampled included Emotional support plans outlining management strategies to support consumers’ emotional, spiritual and psychological well-being.

Consumers and representatives sampled confirmed meals served are varied and of suitable quality and quantity. Consumers’ dietary needs and preferences are identified on entry and provided to catering staff. The menu includes alternatives and Chef’s choices during the week. Consumers are provided opportunities to provide feedback on the menu, including through focus groups, meeting forums and the service’s feedback processes.

The Assessment Team found the organisation has monitoring processes to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## 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 COMPLIANTOrganisation’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

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

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* happy with the environment, are welcome to have visitors and there are lots of nice places to sit with them.
* they can access all areas of the service.
* furniture, fittings and fixtures are well maintained and maintenance staff undertake repairs promptly.

The Assessment Team observed the service environment to be welcoming and homely with sufficient space for consumers to sit or participate in activities in various communal spaces. The service environment was also noted to be safe, clean and well maintained. Consumer rooms were decorated with personal belongings and furniture which reflected consumers’ personalities. Consumers were observed moving freely both indoors and outdoors and were seen to be enjoying outdoor courtyard areas and moving without restriction throughout the service environment.

There are preventative and reactive maintenance processes in place and maintenance staff described processes for cleaning, maintenance and replacement of equipment. Contracted services are utilised to maintain and inspect the service environment and equipment. Staff sampled described maintenance requests, incident and hazard reporting processes.

The Assessment Team found the organisation has monitoring processes to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## 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.*

# STANDARD 6 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

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

The Assessment Team found that overall, sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers during interviews with the Assessment Team:

* they feel comfortable talking to staff about their concerns because they listen to them.
* described how they provided feedback and how their concerns were resolved.
* stated management work closely with them to ensure feedback is actioned in a timely manner and service improvements are identified and implemented in response to feedback.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints avenues, language services and advocacy services on entry. Information in relation to feedback mechanisms and advocacy was also noted to be displayed throughout the service, including in languages other than English. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, feedback forms and directly to staff and management.

Staff sampled described how they support consumers to raise concerns, including consumers with communication difficulties. Management and staff demonstrated an awareness of open disclosure principles and practices.

A complaints register is maintained and documentation viewed by the Assessment Team demonstrated management respond to complaints and apologise to consumers. Documentation viewed demonstrated feedback and complaints are followed up, analysed and reported at various meeting forums.

The Assessment Team found the organisation has monitoring processes to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## 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) Compliant

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

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

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

# STANDARD 7 COMPLIANT Human 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

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

The Assessment Team found that overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers during interviews with the Assessment Team:

* they are treated with respect and staff are kind, caring and responsive to their needs
* there are adequate numbers of staff with appropriate skills.
* call bells are answered in a short period of time.
* satisfied with skills and knowledge of staff.

Management described processes implemented to ensure the workforce is planned and the number and mix of staff deployed enables delivery of quality care and services. Staffing levels are monitored in line with the service’s occupancy rate and consumer acuity. There are processes to manage planned and unplanned leave.

The Assessment Team observed staff interactions with consumers to be kind, caring and respectful. The organisation’s Code of conduct and Employee handbook outline the organisation’s expectations of staff, including treating consumers with respect, in line with the organisation’s values.

Recruitment and initial onboarding processes are tailored to each position and include mandatory training and a buddy shift process. Duty statements are available and outline skills and knowledge for each role and work instructions to guide staff practice.

Staff are required to complete an annual mandatory training program and there are processes in place to monitor staff completion of mandatory training components. An annual training needs analysis, incident data and staff feedback assist the service to identify training needs outside of the mandatory training program. Staff interviewed said there is a lot of training offered by the service and they felt confident to perform their roles.

A staff performance appraisal and development process is in place, including probationary and annual reviews. The performance review framework is supported by policies and procedures and a performance appraisal register is maintained.

The Assessment Team found the organisation has monitoring processes to ensure the workforce is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) 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.*

### 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) Compliant

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

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

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

# STANDARD 8 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

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

The Assessment Team found overall, sampled consumers considered that the organisation is well run, and they can partner in improving the delivery of care and services. Management described, and documentation viewed by the Assessment Team demonstrated how consumers have input about their experience and the quality of care and services through care plan review processes, meeting forums, surveys and feedback mechanisms.

The organisation has an established governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance and feedback and complaints. Reporting to the leadership team and Board occurs, enabling the organisation to promote and ensure a culture of safe, inclusive quality care and services.

Policies and procedures in relation to risk management systems and practices are in place, including in relation to managing high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live their best life.

The organisation has a clinical governance framework which includes policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and procedures and provided examples of their relevance to their work.

The Assessment Team found the organisation has monitoring processes to ensure the organisation’s governing body is accountable for the delivery of safe and quality care and services.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Campbelltown, to be Compliant with all Requirements in Standard 8 Organisational governance.

## 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) Compliant

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

### Requirement 8(3)(c) 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.*

### 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.*

### 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.*

# 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.

**Standard 2 Requirements (3)(b) and (3)(e)**

* Ensure staff have the skills and knowledge to:
* identify consumers’ end of life and advance care planning wishes, needs and preferences. Initiate discussions with consumer and/or representatives on a regular basis to ensure wishes, needs and preferences remain current.
* implement, assess, monitor and review care and service needs of consumers who are involved in incidents, such as falls and those who are palliating.
* recognise changes to consumers’ health and well-being and initiate assessments, implement and/or review strategies and monitor effectiveness.
* Ensure assessment processes include processes for staff to identify consumers’ needs and wishes in relation to palliation and end of life care.
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services. Specifically, in response to incidents and consumers who are palliating.
* Ensure policies and procedures in relation to falls and incident management and advance care planning and end of life planning are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to falls and incident management and advance care planning and end of life planning.

**Standard 3 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to:
* implement, assess, monitor and review care and service needs of consumers who are involved in incidents, such as falls.
* implement appropriate falls management strategies to minimise risk of injury for consumers and monitor effectiveness of strategies.
* Ensure consumer care plans are updated and reflective of consumers’ current and assessed needs and preferences to enable staff to provide quality care and services. Specifically, in response to incidents.
* Ensure policies, procedures and guidelines in relation to high impact or high prevalence risks, including falls management are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to management of high impact or high prevalence clinical risks, including falls management.