Bupa Dural

Performance Report

1 Stonelea Court   
DURAL NSW 2158  
Phone number: 02 9653 9600

**Commission ID:** 0570

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

**Site Audit date:** 28 January 2020 to 31 January 2020

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Non-compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Non-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) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | 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) | Non-compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Non-compliant |
| Requirement 6(3)(d) | Non-compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Non-compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Non-compliant |
| Requirement 7(3)(e) | Non-compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-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 9 March 2020

# STANDARD 1 NON-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

Most sampled consumers feel 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. However, the Assessment Team observed instances of consumers not being treated respectfully or with dignity.

For example:

* Most consumers interviewed confirmed they feel their personal privacy is respected. However, one consumer said staff do not always knock. The Assessment Team observed staff entering rooms without knocking.
* The Assessment Team observed, on several occasions when staff were not present at the nurses’ station, that the cupboards containing consumer files were unlocked and accessible.
* Staff handover was observed to be conducted in open areas. On another occasion the Assessment Team was present whilst staff were discussing a consumer’s wounds in public at the nurses’ station.
* The Assessment Team observed instructions for the delivery of eye drops for a consumer on the countertop of the nurse’s station in clear view of anyone passing by.
* The service is not planning, adapting and reviewing ways to support consumer choice and decision making when it involves risk. Currently there are no methods or strategies in place to support consumers when making choices that may include a risk. The service does not reassess/review risks once initially identified.
* Consumers interviewed confirmed that they are treated with respect most of the time saying most staff are nice. One representative said, “overall yes”, she felt her mother was respected.
* Consumers interviewed confirmed that they are encouraged to do things for themselves saying they have choices in what they do every day. Examples provided by the consumers interviewed include food choices being respected by staff, choosing what activities to participate in and choosing to go out when desired.
* Consumers interviewed confirmed the service supports them to spend time with people who are important to them and say staff go out of their way to make them feel welcome.

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 team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Observations by the Assessment Team demonstrates that not all consumers are treated with dignity and respect at all times. Risk Assessments and review of risk is not being undertaken. Additionally, staff are not observing confidentiality when speaking about consumers during handovers and other clinical conversations. Consumer documents are not consistently stored in a confidential/locked area.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Non-compliant

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

Staff could describe what it meant to treat consumers with respect, what to do if they saw another staff member being disrespectful to a consumer, and the chef was able to demonstrate respect and understanding of consumers individual preferences. In addition, consumers and representatives interviewed said that most staff make them feel respected by knowing their choices and decisions. However, some consumers said they have to repeatedly ask for care and services and the Assessment Team observed a number of interactions between staff and consumers that showed disrespectful behaviour by staff. For example, staff attended to consumers with little engagement and interaction, did not knock or ask before entering a consumer’s room or were overheard speaking with a harsh tone of voice to consumers.

The service has committed to the delivery of an education program and competency assessment regarding dignity, respect and consumer choice to reinforce appropriate behaviours and understanding of this Requirement.

### 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) Non-compliant

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

While the service has a resident safety policy in place to support consumers in undertaking risks and staff said that they are discussing risks with consumers, these risks are not being documented and where documented, some contain incorrect information. Insufficient documentation also meant that it was difficult for the service to demonstrate that while it may be discussing initial risks with consumers, it is not adapting or reviewing these risks to ensure currency.

The service states that the service’s resident of the day process (introduced 17 January 2020) includes consideration of the risks involved with any activity in conjunction with the consumer. Care plans are updated at this time as required and a risk assessment undertaken if a new risk is identified. I note this information, however I am not persuaded that risks had been adequately reviewed since the inception of this process in January of this year, particularly in the absence of documentation and the incorrect information identified by the Assessment Team.

### 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.

Consumers interviewed said that they were provided with information verbally and in writing that assisted them to make decisions and exercise choice. This included the provision of invitations to meetings, copies of activity schedules and staff asking them about their choice of meal daily. Staff were also able to articulate the different ways that information is provided to consumers or requested by them. Although communication methods at the service appeared to be generally effective, the service was unable to demonstrate they had provided all consumers with a copy of the Charter of Aged Care Rights. This has been considered further under Standard 6, Requirement 3(b).

### Requirement 1(3)(f) Non-compliant

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

Consumers interviewed said that they felt their personal privacy was respected, although on occasion, some staff do not ask or knock before entering their room. Staff were able to describe actions taken to ensure information discussed is handled discretely, however the Assessment Team observed a staff handover where information about the consumers was able to be overheard. In addition, the Assessment Team observed unlocked cupboards containing consumer files on several occasions and copies of handover notes that could be accessed or viewed by others as they were not locked away.

While consumer feedback was positive, and staff were able to articulate what it meant to protect consumer confidentiality and privacy, these practices were not implemented by staff as observed by the Assessment Team. In addition, while the service has stated that the files are not in an open area that is easily accessible, this information may be viewed by others as it was not locked away. It was not kept confidential.

# STANDARD 2 NON-COMPLIANT Ongoing 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

While some sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services, others do not.

For example:

* Some representatives are kept informed of changes in the consumers’ condition or when an incident occurs, however don’t have direct input into assessments and care planning. Consumers interviewed are not aware of their assessment and or development of a care plan or could not recall this being discussed with them.
* Plans of care are in place and care consultations are in the process of occurring. However, these mechanisms appear to inform consumers and their representatives of care issues and/or needs, but do not demonstrate a partnership with consumers.

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 including whether they review them on an ongoing basis.

* The service is unable to demonstrate that the system in place for the consumers or their representatives to be involved in their immediate and ongoing care needs is effective. The service is unable to demonstrate effective incident management, review and care updates.

While the service has in the last week commenced ‘resident of the day’ which includes reviews of consumers plans of care and assessments, together with case conferences, this information is limited and is not always transferred to the assessments and/or plans of care updates.

The Quality Standard is assessed as Non-compliant as three of the five specific 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 reviewed care plans for a sample of consumers, identifying that risks to consumer health and well-being were not being consistently identified and reassessed as consumer’s needs and health changed. Consumer feedback supported this gap, with consumer representatives stating that they had to continually monitor their relative’s care. Others stated that staff did not show an awareness of the frequency and triggers for the health matters for their relative. In addition, staff interviewed did not demonstrate that all staff understand how to identify, assess and manage risks in relation to consumer health and well-being. Assessment and planning to inform the delivery of safe and effective care and services at the service is variable with not all assessments completed and not all staff understanding how to assess care needs.

The service has committed to review each consumer’s care plan and commenced this process. Service staff will receive further education and clinical oversight will be strengthened.

### Requirement 2(3)(b) 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.

### 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.

While plans of care reflect that others are involved in the assessment and planning of consumer care as required, information provided by consumers during interviews shows that care planning is either not undertaken or not documented in partnership with the consumer and/or others that the consumer wishes to involve. For example, consumers said that they make repeated requests for care which do not occur and that the service is yet to discuss assessment and care planning with them. The service has commenced activities to improve consumers’ partnership in their care.

### 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.

A review of care planning documents shows that staff are not reviewing care plans as needed, in particular when changes occur following incidents. In addition, documentation shows that staff are not ensuring that consumer care plans consistently reflect current interventions for consumers. For example, several consumers were identified as having pain. However, the medications were not identified for managing the pain were not identified in the care plan and pain monitoring and assessment were not evident. Staff interviewed showed limited understanding of when to review consumers’ care needs and a review of clinical indicator data shows that the service is not taking the time to review and understand why incidents are occurring or why they have increased. While plans of care are routinely reviewed, they are not consistently being reviewed following changes to a consumer’s condition or when needs change.

# 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

Most sampled consumers and representatives said consumers received the care they needed. They confirmed they had access to doctors and other health professionals when needed.

For example:

* One consumer said they are satisfied with the care they receive and believe they get safe care.
* One consumer representative said the consumer gets the care they need due to the family consistently following up with staff on care issues related to their relative.

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.

* Assessment and care planning processes have not been effective in ensuring positive consumer outcomes in clinical care.

While the needs and preferences of consumers nearing the end of life have been met, consumers have not consistently received clinical care that is best practice and optimises their health and wellbeing. In relation to effective management of high impact or high prevalence risks associated with the care this has not been identified for each consumer.

The Quality Standard is assessed as Non-compliant as four 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.

For the consumers sampled, clinical care records do not support they receive safe and effective care that is tailored to their needs nor optimised to support their health and well-being. For example, staff are not consistently monitoring consumers’ care as per medical directives and do not understand contemporary restraint management practices, with consumers on psychotropic medications not being viewed by staff as subject to chemical restraint. Staff were also unable to describe during interviews how they know the care they provide is safe and effective. The Assessment Team’s review of other evidence found that wounds are not identified accurately on all occasions and pain assessment and management is not tailored to consumer needs. While the organisation has a high impact/high prevalence risk database, the service is not identifying individual risks for consumers. Consumer/representative feedback is mixed, with some expressing concerns about their care, with others stating that care was fair or okay. The service has advised that they have since rectified the matters found by the Assessment Team.

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

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

Following a review of care planning documents for a sample of consumers, the Assessment Team identified that the service is not effectively managing high impact or high prevalence risks. Consumer files revealed that staff have administered medications contrary to medical officer instruction, including instruction that the medication should only be administered by a doctor. The incident was registered four days later and classifies the incident incorrectly. On sixteen occasions, staff administered an excess of medication to a consumer, with documentation showing that the risks of this event occurring were not assessed or identified. Staff interviews showed that staff were not aware of some of these medication errors, highlighting that staff have not been followed up to ensure appropriate interventions are implemented to mitigate the possibility of this risk reoccurring. Management advised the Assessment Team, however that they had notified the consumer’s medical officers and their representatives.

While the service has stated that they have suite of policies and procedures in place to guide staff in the management of high prevalence or high impact risks, the information noted by the Assessment Team shows that these policies are not always being implemented or that when implemented, they are effective at assisting staff to manage these risks.

### 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) 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.

For the consumers sampled, wound care records did not provide adequate information to document the care delivered for consumers, nor support the communication of those needs and preferences to ensure delivery of safe and effective care. For example, staff are not recording information in wound charts about those consumers who have particular bacterial infections and directives regarding monitoring for blood glucose levels for consumers are not being implemented according to medical instructions as a result of incorrect information being recorded in electronic files versus paper files.

Feedback from consumers was mixed, however the majority shows that communication of care is not occurring consistently, with consumers needing to follow up with staff to ascertain what actions have occurred regarding care for their relative. On other occasions, information provided to the service about how to communicate with representatives while they are overseas has not been adhered to and requests to have only female staff attend to the care of a consumer have not been actioned.

Staff interviews showed that verbal handovers occur that are supported by a written handover sheet. Despite this, an agency staff said that they deliver care based on what other staff advise them to do. This staff member was not aware that there were some consumers with bacterial infections of their wounds as this information had not been communicated to them.

The service has commenced improvements to the way in which information about consumer’s conditions, needs and preferences is documented and communicated.

### 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.

While the service has educated its staff in antimicrobial stewardship, with the exception of the Registered Nurse and Enrolled Nurse, general staff were unable to articulate to the Assessment Team what it entails. Similarly, staff had different understandings of the service’s process for managing consumers with bacterial skin infections. During interviews, staff advised that the service delivered a voluntary vaccination service in 2019. However, the service was unable to provide records of the consumers who had been given the vaccination. While the service has an outbreak kit and protocols in place to manage an infection outbreak, the service’s process for analysing and reviewing data in relation to consumer infection is not occurring.

I note the service provider’s view that they only expect general staff’s ability to understand antimicrobial stewardship to be based upon their need to use that knowledge. Staff were not able to articulate what antimicrobial stewardship was despite being educated about it. They were not asked to articulate the process.

# 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

Overall sampled consumers confirm 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.

For example:

* Consumers and representatives interviewed mostly confirmed that they are supported by the service to do the things they like to do and are supported to keep in touch with people who are important to them.
* Some consumers are not being supported to maintain their best possible level of independence and function. For further information please see Requirement 4(3)(a).
* Emotional needs, goals and preferences and support for when new consumers enter the service could be strengthened and better documented. For further information please see Requirement 4(3)(b).
* Feedback from consumers interviewed included that meals provided are of a suitable quality, variety, and quantity and are provided in a safe, pleasant environment. Consumers said they enjoyed the meals provided and all said they are consulted about their dietary needs, meal preferences and are able to have choice and provide feedback on menu options.

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.

The service demonstrates services and supports for daily living are generally in line with some consumer’s assessed needs, goals and preferences to enable consumers to maintain their best possible level of independence and function. However, the service would benefit from engaging consumers in the memory support unit with strategies and activities that are tailored to their needs.

The Quality Standard is assessed as Compliant as all 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.

Consumers interviewed were largely positive about how they are supported to engage in activities at the service, including that they are reminded about daily activities. Care and services documentation was reviewed and mostly reflected that assessments had occurred to ensure the supports for daily living reflected consumer needs, goals and preferences. However, the Assessment Team observed that consumers in the memory support unit were not supported to engage in activities in the afternoon. In addition, some consumers said, which was also supported through interviews with staff, that consumers with challenging behaviours are not provided with suitable strategies that meet the individual needs of those consumers. Management advised the Assessment Team that they are continuing discussions with consumers to ensure activities provided meet their individual needs and that additional resources will be brought in to assist the service in providing tailored activities.

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

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

Consumers interviewed said they were happy, and if they felt sad, they felt they could talk to staff. Most consumers said that care staff talk to them every day, with one consumer saying she would have preferred more emotional support while she was settling into the service. Consumers care plans included information about their emotional and spiritual well-being, staff were able to articulate that different ways in which consumers’ emotional and spiritual well-being is supported and knew how to recognise when a consumer was feeling low. However, the service is not documenting all of this information. The Assessment Team observed staff interactions with consumers to be caring and supportive.

### 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 services 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

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

* Consumers interviewed confirmed that they feel safe at the service. They said the staff are kind and have the skills and knowledge required to look after them and they are satisfied with the care they receive.
* Consumers interviewed stated that they were happy living at the service. They confirmed that their visitors are made to feel welcome and gave examples of how staff help welcome their visitors. For example, ensuring they have enough seating and offering to make a cup of tea for them. Consumers said there are plenty of areas they can meet with privacy and comfort.
* Consumers confirmed that the service is always kept clean and well maintained. Consumers spoke positively about the staff and confirmed that they keep the environment in their room and in the communal areas clean and tidy.

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 Quality Standard is assessed as Compliant as all 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.

# STANDARD 6 NON-COMPLIANT Feedback 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

Some sampled consumers considered that they are encouraged and supported to give feedback and make complaints. Most sampled consumers and representatives have issues with having to make repeated complaints and indicated that appropriate action is not taken in a timely manner. For example:

* Some consumers and representatives interviewed reported that if they had any concerns or complaints they would speak to the General Manager (GM) or raise them at the consumer and representative meetings.
* Care staff interviewed stated that if a consumer raised any concern, they would assist them if they could and report the matter to the registered nurse/clinical care manager. The registered nurse/clinical care manager reports feedback and complaints to the general manager.
* The GM stated they would create a log in their electronic reporting system when a complaint had been made by a consumer, a representative or reported to them by other staff.

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.

An open disclosure process is not always used when things go wrong. Consumers’ complaints are not always recorded on the electronic complaints system. Staff have not received effective training about open disclosure. Some complaints are not resolved in a timely manner and sometimes consumers and/or their representatives are not consulted about their complaint or asked if they are satisfied with the outcome.

Feedback and complaints are not always reviewed and used to improve the quality of care and services. Complaints and feedback information for management to review is limited as appropriate action does not always take place to report complaints or escalate complaints to the GM as required. Complaints are not always recorded or resolved in a timely manner.

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

## Assessment of Standard 6 Requirements

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

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

Consumer and representative feedback does not demonstrate that consumers, family, friends and carers are encouraged and supported to provide feedback and make complaints. Some consumers and/or their representatives have not been informed about the complaints process and did not know their right to have complaints dealt with fairly, promptly and without reprisal. Several consumers and/or their representatives have made repeated complaints to care staff and written complaints to the care manager, which they believe have not been escalated as the issues continue to occur. Others said that they had raised their complaints at resident and relatives meeting, however a review of meeting minutes did not record a solution that was specific to the issue raised. In addition, the service has limited written materials about how to make a complaint.

While the service states that they do have material available about how to make a complaint, including in the Residential Agreement, this requirement is about whether consumers are supported and encouraged to do so. I note that the service’s advice that they have since acted to rectify the matters raised during the audit.

### 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.

While consumer and representative feedback did not demonstrate that the service is providing information in a way that encourages consumers to make complaints, staff interviewed showed an understanding of how to make consumers aware of mechanisms and avenues for making complaints and the Assessment Team observed some information available about how to make a complaint.

### 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.

Staff interviewed did not demonstrate an understanding of open disclosure processes and how to apply the process. In addition, staff said they have not received education about the open disclosure process. This was supported by training records that showed limited training in the new Quality Standards including open disclosure.

Consumers also advised that appropriate action is not always taken in response to complaints and an open disclosure process is not always followed, and were able to provide examples of when an open disclosure process had not been applied to their complaints. The Assessment Team also sighted documents that showed that an open disclosure process was not followed in relation to the erroneous administration of a medication to a consumer.

The service has advised that Bupa Dural’s complaints monitoring process has since been developed further to analyse and evaluate feedback received and consider as part of the continuous improvement process.

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

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

The service has an electronic system for recording complaints and serious complaints are alerted to the Board and can be escalated to the Chief Executive Officer. The service also has written policies and work instructions in relation to feedback and complaints processes, however these are not effectively implemented, with consumers feedback confirming that complaints are not always reviewed and used to improve the quality of care and services.

While staff interviewed mentioned that several improvements have been identified and registered and are being prioritised with advice form external consultants, consumer feedback was that the issues raised are still occurring. This is supported by the Assessment Team’s review of the electronic improvement log that shows that most actions are yet to be implemented. This would suggest that complaints are not reviewed and actions are not always implemented that result in improvements to the quality of care and services. In addition, the Assessment Team observed that the service’s continuous improvement folder was not available to enable consumers, family and friends to provide feedback.

The service has advised they are now able to demonstrate that feedback and complaints are actively being sought, reviewed and included in the current continuous improvement plan to improve the quality of care and services.

# STANDARD 7 NON-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

Some sampled consumers and representatives indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Most consumers and representatives interviewed confirmed that staff are kind and caring but there are not enough staff to deliver quality care and services. Staff are too busy to engage with consumers in a meaningful way. Consumers and representatives commented about high staff turnover in care staff, registered nurses, clinical care managers and the general manager. They said staff are stressed and that there are many agency staff that do not know the consumers.

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 and training records.

Consumer and representative feedback was negative about the number of staff rostered per shift, the skill and knowledge of staff and the ability of staff to engage meaningfully with consumers. Staff interviewed said they do not get enough time to deliver quality care and services and they do not get enough training, education or support from management. Most staff performance appraisals are overdue. The Assessment Team observed staff are rushed and are not interacting with consumers in a meaningful way or attending to them when they call out for help. Supervision has been limited for new staff and agency staff and some do not know what they are doing.

The Quality Standard is assessed as Non-compliant as four 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.

The service initiated a review of staffing, rosters and structure, with recruitment processes also underway. While the service reports that this has resulted in an improvement in staffing levels with Agency staff no longer required on the roster, feedback from consumers and staff during the audit was that there were insufficient staff to deliver safe and quality care and services. In addition, the Assessment Team reviewed rosters and other documentation that shows that while shifts are now being filled, there was ongoing use of agency staff and occurrences of staff doing double shifts.

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

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

Most consumers and representatives indicated that there is not enough staff and with limited experience, they also said that in general, staff are kind, caring and respectful. However, the Assessment Team observed numerous interactions where staff were not kind and caring (see also Standard 1, Requirement 3 (a)). In addition, some representatives provided some negative feedback that staff rush their relatives, and do not ask permission to do things and do not provide sufficient time to their relative to respond or make choices. Other representatives said that staff walk away when they ask for something.

The service has committed to the delivery of an education program and routine audits to ensure that all staff interact with consumers in a way that is kind, caring and respectful.

### 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.

Service staff are qualified and the service monitors professional registrations to ensure currency and has documented position descriptions, including core competencies required for roles. A staff member interviewed confirmed that the service has already identified that the competency and experience of some clinical staff requires improvement, with an education program commenced in January 2020. While the workforce may have the required qualifications to undertake their roles, the Assessment Team identified via interviews with consumers and their representatives, that there is a perception that staff do not seem to know what they are doing,

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

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

Consumer and representative feedback indicated that staff could be better supported and educated to ensure they know what they are doing and increase their level of understanding to effectively meet consumer needs and requests. Staff interviews confirmed that staff do not get enough education to support them in delivering the outcomes required under the standards. While the service uses a mixed method training approach including informal quizzes, documents reviewed by the Assessment Team confirmed that there has been limited formal training since   
1 July 2019, with most staff not having had formal training about the new Quality Standards. The Assessment Team also observed that there is limited supervision for new staff and agency staff.

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

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

All staff interviewed said they had not had a performance appraisal or had not had one in a very long time. The Assessment Team also examined documents that showed that only 23% (approximately) had had a performance appraisal in that year and that performance issues such as failure to follow medical directives and subsequent individual staff training needs were not being recognised as part of the performance appraisal process. The service has since implemented processes to monitor and see consumer feedback on staff performance.

# STANDARD 8 NON-COMPLIANT Organisational 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

While some sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services, most indicated that the service is not well run and there are ongoing staffing issues which impact of quality delivery of care and services. Some consumers said they attend case conferences and consumer/representative meetings but issues about delivery of care are not resolved.

To understand how the organisation understands and 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).

The service engages with consumers and representatives to develop care and services. However, the service’s governing body does not effectively promote a culture of safe, inclusive and quality care and services and does not implement remedial actions in a timely manner to ensure the Quality Standards are being met when issues are identified. Organisation wide systems, risk management systems and clinical governance systems are not effective or are not being effectively implemented.

The Quality Standard is assessed as Non-compliant as three 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) 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) 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 service has a range of information systems in place to manage information and effective budget processes to ensure that purchases can be made when needed to support and maintain the delivery of care and services. The service also has a governance system to ensure regulatory compliance, however the Assessment Team identified that the system had not been effective in ensuring consumers had been advised of the Charter of Aged Care Rights.

While the service is working towards improvements and has engaged an external consultant to assist them in doing so, at the time of the audit the service was unable to demonstrate that the newly implemented workforce strategies and systems had resulted in any material changes. In addition, the service’s systems for managing continuous improvement and feedback and complaints have not been effective as seen through interviews with consumers and/or their representatives, documentation reviewed and observations by the Assessment Team under Standard 6 and 7.

### Requirement 8(3)(d) Non-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.

The Assessment Team found that although the service had some risk management systems and processes in place, these were not effective, with management advising that there had been gaps in trending and root cause analysis of incidents. In addition, at the time of the audit, alleged assaults and risks were not being consistently recorded, reported, escalated or managed. While the service has provided a list of ways in which the service manages risk, documentary evidence has not been provided to support that the service has specific risk guidance setting out how high impact/high prevalence risks for consumers is to be managed. In summary, while the service has some risks management systems in place, these are not yet supported by effective risk management practices.

### Requirement 8(3)(e) Non-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.

While the Assessment Team identified that there are written policies, procedures and some systems to support clinical governance, the systems and processes are not being effectively implemented. This was evident from staff interviews, where most staff did not demonstrate an understanding of these policies and stated that they had not received education in the Quality Standards, including matters relating to clinical governance, antimicrobial stewardship and open disclosure. This was supported by a review of education records that showed that most staff had not received training in the Quality Standards. While Bupa may be committed to and supportive of the need for open disclosure, minimising the use of restraint and antimicrobial stewardship, the Assessment Team identified that at the time of the audit, the service has not been implementing these aspects of the clinical governance framework effectively.

# 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 1, Requirement 3(a) and Standard 7, Requirement 3(b): you must test staff knowledge of this Requirement and follow up with consumers to ensure staff are implementing this knowledge.
* Standard 1, Requirement 3(d): you must develop and implement strategies to support consumers in when making choices that may include risk and regularly review and adapt strategies to ensure they are current and tailored to the risk.
* Standard 1, Requirement 3(e) and Standard 6, Requirement 3(b): you must ensure that consumers are aware of their rights as they relate to the Charter of Aged Care Rights
* Standard 1, Requirement 3(f): you must test staff knowledge of privacy and confidentiality and follow up with an internal review to satisfy the Commission that staff understanding of privacy and confidentiality has improved.
* Standard 2, Requirement 2(a): you must put a system or process in place to ensure that staff ability to assess and identify risks to consumer health is consistent and completed for all consumers
* Standard 2, Requirement 2(c): you must develop a system to ensure that all consumers are not only advised of care outcomes, but can also partner with the service in their care delivery by having direct input into their care planning
* Standard 2, Requirement 2(e): you must put a system or process in place to ensure that staff understand when and how to reassess the effectiveness and currency of consumers’ needs, goals and preferences
* Standard 3, Requirement 3(a): you must ensure that staff are implementing medical directives for consumers and that care delivery is monitored.
* Standard 3, Requirement 3(b): you must develop processes to ensure that staff know when to escalate unsafe practices, poor care and/or risks to staff with appropriate authority to act upon these matters.
* Standard 3, Requirement 3(e): you must implement processes to ensure that communication within and outside the service is proactive. Information captured should be documented consistently and actioned where required.
* Standard 3, Requirement 3(g): you must test staff knowledge of this Requirement and ensure that clinical indicators for infections are reviewed, trended and analysed to minimise the risk of infection
* Standard 6, Requirement 3(a): you must action and document complaints when they are initially received and apply an open disclosure process. You must seek feedback from consumers and/or their representatives to test whether consumers feel supported and encouraged to make complaints.
* Standard 6, Requirement 3(c) and (d): you must take appropriate action in response to complaints and train staff in the importance of open disclosure. You must provide the Commission with an updated copy of your complaints register, including how complaints raised in the 3 months following this decision have been resolved and how these complaints have been used to improve care delivery at the service
* Standard 7, Requirement 3(a) and (c): you must plan, monitor and manage the risk of staff absences and attrition to ensure that sufficient and competent staff are available to deliver safe and quality care and services.
* Standard 7, Requirement 3(d) and (e): you must improve staff competency through training, and test their knowledge via competency assessments, observation and consumer feedback. Where gaps in competency is identified you must undertake a performance review with staff
* Standard 8, Requirement 3(c), (d) and (e): you must audit staff practices to ensure that the systems that are in place relevant to these Requirements are being implemented.