Accreditation Decision and Report

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bupa Eden |
| **RACS ID:** | 0842 |
| **Name of approved provider:** | Bupa Aged Care Australia Pty Ltd |
| **Address details:**  | 22 BARCLAY Street Eden NSW 2551 |
| **Date of site audit:** | 29 July 2019 to 02 August 2019 |

**Summary of decision**

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| **Decision made on:** | 16 August 2019 |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. |
| **Decision:** | To re-accredit the service under section 41 of the Rules. |
| **Further period of accreditation:** | 16 August 2019 to 16 February 2020 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Not Met |
| Requirement 1(3)(a) | Met |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Not Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Not Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | Not Met |
| Requirement 2(3)(c) | Met |
| Requirement 2(3)(d) | Met |
| Requirement 2(3)(e) | Met |
| Standard 3 Personal care and clinical care | Not Met |
| Requirement 3(3)(a) | Not Met |
| Requirement 3(3)(b) | Not Met |
| Requirement 3(3)(c) | Not Met |
| Requirement 3(3)(d) | Not Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Met |
| Requirement 4(3)(d) | Met |
| Requirement 4(3)(e) | Met |
| Requirement 4(3)(f) | Met |
| Requirement 4(3)(g) | Met |
| Standard 5 Organisation’s service environment | Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Met |
| Requirement 5(3)(c) | Met |
| Standard 6 Feedback and complaints | Met  |
| Requirement 6(3)(a) | Met |
| Requirement 6(3)(b) | Met |
| Requirement 6(3)(c) | Met |
| Requirement 6(3)(d) | Met |
| Standard 7 Human resources | Not Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Not Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Not Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Not Met |
| Requirement 8(3)(e) | Not Met |
| **Timetable for making improvements:** | By 16 November 2019  |
| **Revised plan for continuous improvement due:** | By 31 August 2019  |

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

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Bupa Eden (the Service) conducted from 29 July 2019 to 02 August 2019.**

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

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

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

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 20 |
| Consumer representatives  | 3 |
| Management | 7 |
| Clinical staff | 5 |
| Care staff | 7 |
| Catering | 1 |
| Lifestyle staff | 2 |
| Business administrator | 1 |
| Visiting service providers such as allied health professionals | 1 |
| Maintenance staff | 2 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 1:

The Assessment Team’s findings are that the organisation meets five of the six requirements under this standard.

The organisation demonstrates that consumers are treated with dignity and respect with their identity, culture and diversity respected. The consumer experience review found 85% of consumers and representatives said “staff always’ treat them with respect and the remaining 15% said staff ‘most of the time’ are treat them with respect. Consumers provided feedback that staff are friendly, able to have a joke. The Assessment Team observed staff interactions and observed consumers are generally treated with respect.

The organisation demonstrates that care and services are culturally safe. There is limited diversity in the cultural consumer group, in keeping with the local community. However staff generally have awareness of any diversity in the cultural make up of consumers. Consumers expressed satisfaction with their ability to take risks and live the best life they can.

Information provided to consumers is generally current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Each consumer’s privacy is respected and personal information is kept confidential.

The organisation does not demonstrate that each consumer is supported to exercise choice and independence particularly regarding consumers living with dementia. Consumers living with dementia do not all have an independent person identified to have input into their care and service delivery and have informed input into decision making. Management and staff have not understood the requirement of alternate decision making for consumers living with dementia or those who do not have cognitive capacity for informed decision making. Whilst management generally have an understanding of the next of kin (NOK) concept there had not been any determination of the legal status of decision makers. The Assessment Team identified deficits in the support provided to consumers living with dementia in the maintenance of their view regarding medication administration, treatments and determining end of life choices.

#### Requirements:

Standard 1 Requirement 3(a) Met

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

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

The organisation demonstrates that care and services are culturally safe.

Standard 1 Requirement 3(c) Not Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

Standard 1 Requirement 3(d) Met

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

Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Standard 1 Requirement 3(f) Met

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

### Standard 2: Ongoing assessment and planning with consumers Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

The Assessment Team’s findings are that the organisation meets four of the five requirements under this standard.

The consumer experience report identified while 38% of consumers believe they “always” have a say in their daily activities; 39% said “most of the time” and 23% said “some of the time” they have a say in their daily activities. The organisation generally demonstrates assessment and planning is based on consultation or partnership with consumers and others to direct care provision.

External services, other organisations and individuals are involved in review and consultation including a podiatrist, dietician, speech pathologist and local area health services. 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. Case conferences have been held to provide current care information to family members. The consumer experience report identified while 61% of consumers said staff “always” follow up things when they are raised with them, 31% said “most of the time” and 8% said only “some of the time” things are followed up.

Generally, the service is able to demonstrate that the effectiveness of care and services is regularly reviewed.

Whilst most consumers express satisfaction with the identification of their current needs and preferences some issues are identified in the delivery of safe and effective care end of life care planning, advanced care directives, lack of comprehensive investigation following incidents. Some care information is not current.

#### Requirements:

Standard 2 Requirement 3(a) Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### **Standard 2 Requirement 3(b) Not Met**

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Standard 2 Requirement 3(e) Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3:Personal care and clinical care Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 3:

The Assessment Team’s findings are that the organisation meets three of the seven requirements under this standard.

The organisation is not able to demonstrate that consumers generally get safe and effective personal care, clinical care, or both personal care and clinical care; that care is best practice, is tailored to consumer needs and optimises their health and well-being. The service did not provide any examples of what they believe to be best practice. Personal and clinical care high prevalence and high risks associated with the care of each consumer are not managed or met. Individualised care is not always provided to optimise consumers’ health and well-being. Best practice in terms of access to expertise in medical review, incident management and end of life care has not been achieved.

The organisation does not demonstrate the effective management of high impact or high prevalence risks associated with the care of the consumers. Deficits in care were identified and risk has not been managed to mitigate and minimise incidents.

The needs, goals and preferences of consumers nearing the end of life are not addressed, their comfort is not maximised and their dignity is not preserved.

Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is not recognised and responded to in a timely manner.

The organisation does demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated. Timely and appropriate referrals are made to individuals, other organisations and providers of other care and services where required.

An effective infection control program is in place and staff demonstrate sound infection control practices.

#### Requirements:

Standard 3 Requirement 3(a) Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.

Standard 3 Requirement 3(b) Not Met

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

Standard 3 Requirement 3(c) Not Met

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

Standard 3 Requirement 3(d) Not Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Standard 3 Requirement 3(e) Met

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

Standard 3 Requirement 3(f) Met

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

Standard 3 Requirement 3(g) Met

The organisation demonstrates minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4:Services and supports for daily living Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 4:

The Assessment Team’s findings are that the organisation meets six of the seven requirements under this standard.

The organisation generally demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence.

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

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

Timely and appropriate referrals to individuals, other organisations and providers of other care and services are made in relation this standard.

Meals are fresh cooked at the service and consumers have choice in meal and drink preferences. The consumer experience report identifies 38% of consumers interviewed stated that “they like the food” all of the time; 81% of consumers said they like the food “most of the time or always; and 8% of consumers said they like the food “some of the time”.

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

Equipment is safe, suitable, clean and well maintained and readily available.

The organisation does not demonstrate that services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment; have social and personal relationships; and do the things of interest to them. Whilst a program of group activities is in place, the service does not provide opportunities for meaningful engagement to consumers who do not wish to, or are not able to participate in the group activities offered. The service does not provide opportunities for engagement suitable to consumers living with dementia.

#### Requirements:

Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Standard 4 Requirement 3(b) Met

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

Standard 4 Requirement 3(c) Not Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

Standard 4 Requirement 3(d) Met

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

Standard 4 Requirement 3(e) Met

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

Standard 4 Requirement 3(f) Met

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

Standard 4 Requirement 3(g) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

The Assessment Team found the organisation met all three of the requirements under this standard.

85 percent of consumers and representatives interviewed for the consumer experience survey said they feel at home in the service most or all of the time and 92 percent of consumers and representatives said they feel safe here most or all of the time. Consumers and representatives interviewed described various ways the service is welcoming and supports their wellbeing. Comments received from consumers and representatives include:

* “this is my home”
* “I didn’t like it at first but now I like it and wouldn’t want to be (living) with one of my kids”.
* “it’s a warm and safe environment”.
* “it is the security; feeling safe here”.

Consumers are accommodated in single bedrooms with ensuite bathrooms. Consumers are able to bring their own furnishings and personal belongs to decorate their rooms as they like. Communal areas are comfortably furnished with homely lounge chairs. There is clear signage to support wayfinding.

The living environment is well maintained, and consumers are able to move freely about the service both inside and outside as they choose.

#### Requirements:

Standard 5 Requirement 3(a) Met

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

Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

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

Standard 5 Requirement 3(c) Met

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

### Standard 6:Feedback and complaints Met

#### Consumer outcome:

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

#### Organisation statement:

1. The organisation 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.

#### Summary of Assessment of Standard 6:

The Assessment Team’s findings are that the organisation meets all four of the requirements under this standard.

All consumers and representatives said staff follow up when they raise things with staff. Regular resident meetings are held, and consumers are asked for their feedback regarding a variety of areas of operation within the service.

The organisation demonstrates it encourages and supports stakeholders to provide feedback or make complaints in various ways. Information is made available regarding access to advocates and other methods for raising and resolving complaints. The organisation demonstrates appropriate action occurs in response to complaints raised and open disclosure occurs when things go wrong. The organisation has a system for monitoring feedback and complaints, they are reviewed and used to improve the quality of care and services.

#### Requirements:

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

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

Standard 6 Requirement 3(b) Met

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

Standard 6 Requirement 3(c) Met

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

Standard 6 Requirement 3(d) Met

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

### Standard 7:Human resources Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found the organisation meets four of the five requirements under this standard.

The organisation demonstrates that the workforce is planned, and that there are sufficient staff to deliver and manage safe and quality care and services.

Most consumers and representatives indicated there are sufficient staff to meet the consumer’s needs. However, some consumers and representatives commented about staff being pressured and at times short staffed*.*

100 percent of consumers and representatives interviewed for the consumer experience survey said that staff interactions with them and kind and caring most or all of the time.

The organisation does not demonstrate that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

The service has experienced a prolonged period of instability in the management team. Whilst a full complement of management personnel is now employed, they are new to their roles and are still development their skills.

Performance management issues continue with some members of staff.

#### Requirements:

Standard 7 Requirement 3(a) Met

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

Standard 7 Requirement 3(b) Met

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

Standard 7 Requirement 3(c) Not Met

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

Standard 7 Requirement 3(d) Met

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

Standard 7 Requirement 3(e) Met

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

### Standard 8:Organisational governance Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team’s findings are that the organisation does not demonstrate that it meets three of the five requirements under this standard.

The organisation demonstrates that work has commenced to involve consumers in the development, delivery and evaluation of care and services and that they are supported in that engagement. Consumers and representatives said the new manager has spoken with them individually and in group meetings. They said she listens to them has been responsive to their concerns and suggestions and 92 percent of consumers said the service is well run most or all of the time.

The organisation does not demonstrate effective risk management systems and practices. The organisation’s risk management system is to capture all improvements, feedback (including complaints), accidents and incidents, and other service and organisational risks. The system includes plans to address issues identified through the system. Management said the system escalates issues of concern up to appropriate levels in the organisation to be addressed and that the efficacy of the system is monitored.

The Assessment Team identified that the system, and monitoring of the system, is not effective in identifying incidents which had not been investigated and actioned and in capturing risk issues in the organisation and risk issues, which management said should have been captured in the system have not been effectively responded to.

The organisation does not demonstrate that an effective clinical governance framework is in place in relation to antimicrobial stewardship, minimisation of the use of restraint and overall clinical guidance to the service.

The organisation does not demonstrate that an effective clinical governance framework is in place.

#### Requirements:

Standard 8 Requirement 3(a) Met

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

Standard 8 Requirement 3(b) Met

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

Standard 8 Requirement 3(c) Not Met

The organisation demonstrates effective organisation wide governance systems relating to the following:

1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.

Standard 8 Requirement 3(d) Not Met

The organisation demonstrates effective risk management systems and practices, including but not limited to the following:

1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can.

Standard 8 Requirement 3(e) Not Met

The organisation demonstrates that where clinical care is provided—a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.