Accreditation Decision

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

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Bupa Kyneton |
| **RACS ID:** | 3876 |
| **Name of approved provider:** | Bupa Aged Care Australia Pty Ltd |
| **Address details:**  | 2 Edgecombe Street KYNETON VIC 3444 |
| **Date of site audit:** | 08 October 2019 to 10 October 2019 |

**Summary of decision**

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| **Decision made on:** | 10 November 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:** | 29 December 2019 to 29 December 2022 |
| **Assessment of performance with the Aged Care Quality Standards** |
| Standard 1 Consumer dignity and choice | Met  |
| Requirement 1(3)(a) | Met  |
| Requirement 1(3)(b) | Met |
| Requirement 1(3)(c) | Met |
| Requirement 1(3)(d) | Met |
| Requirement 1(3)(e) | Met |
| Requirement 1(3)(f) | Met |
| Standard 2 Ongoing assessment and planning with consumers | Met |
| Requirement 2(3)(a) | Met |
| Requirement 2(3)(b) | 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) | Met |
| Requirement 3(3)(c) | Met |
| Requirement 3(3)(d) | Met |
| Requirement 3(3)(e) | Met |
| Requirement 3(3)(f) | Met |
| Requirement 3(3)(g) | Met |
| Standard 4 Services and supports for daily living | Not Met |
| Requirement 4(3)(a) | Met |
| Requirement 4(3)(b) | Met |
| Requirement 4(3)(c) | Not 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 | Not Met |
| Requirement 5(3)(a) | Met |
| Requirement 5(3)(b) | Not 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 | Met |
| Requirement 7(3)(a) | Met |
| Requirement 7(3)(b) | Met |
| Requirement 7(3)(c) | Met |
| Requirement 7(3)(d) | Met |
| Requirement 7(3)(e) | Met |
| Standard 8 Organisational governance | Met |
| Requirement 8(3)(a) | Met |
| Requirement 8(3)(b) | Met |
| Requirement 8(3)(c) | Met |
| Requirement 8(3)(d) | Met |
| Requirement 8(3)(e) | Met |
| **Timetable for making improvements:** | By 03 February 2020  |
| **Revised plan for continuous improvement due:** | By 25 November 2019  |

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

Site Audit Performance
Assessment Report

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 Kyneton (the Service) conducted from 08 October 2019 to 10 October 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 contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

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

## Assessment Details

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

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Care staff | 6 |
| Chef | 1 |
| Cleaning staff | 1 |
| Clinical Care Manager | 1 |
| Consumers | 14 |
| Enrolled nurse | 3 |
| General manager | 1 |
| Kitchen staff | 1 |
| Laundry staff | 1 |
| Maintenance officer | 1 |
| Recreational Activities Officer | 3 |
| Regional manager | 1 |
| Registered nurse | 1 |
| Representatives | 9 |
| Volunteer | 1 |

## Detailed findings

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

### Standard 1: Consumer dignity and choice 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:

2. The organisation:

(a) has a culture of inclusion and respect for consumers; and

(b) supports consumers to exercise choice and independence; and

(c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

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

The service demonstrated that consumers are treated with dignity and respect. Of consumers and representatives randomly sampled for the consumer experience report, 100% said staff treat them with respect most of the time or always.

The service did not demonstrate consumers’ cultural and diversity is identified or valued. Staff feedback included consumers’ cultural, spiritual and religious needs are not consistently respected or considered when developing programs or delivering care.

Of consumers and representatives randomly interviewed for the consumer experience report 87% said staff explain things to them most of the time or always.

Staff provided examples of how they help consumers make choices through day to day conversations and how they provide consumers and representatives with information through meeting minutes and brochures available. Staff also provided examples of how they help consumers to make choices and assist them in doing what they want to do.

The service demonstrated how consumer information is protected and kept confidential.

#### Requirements:

##### Standard 1 Requirement 3(a) Not Met

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

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

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

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

(i) make decisions about their own care and the way care and services are delivered; and

(ii) make decisions about when family, friends, carers or others should be involved in their care; and

(iii) communicate their decisions; and

(iv) make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

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

##### Standard 1 Requirement 3(e) Met

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

##### Standard 1 Requirement 3(f) Met

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

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

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 2:

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

The service demonstrates the consumer is a partner in ongoing assessment and planning that helps the consumer get the care and services needed for their health and well-being. Of consumers and representatives randomly sampled for the consumer experience report 86% said consumers have a say in their daily activities most or all of the time. Feedback through other interviews with consumers and representatives was consistent with this level of satisfaction. Consumers are confident that staff listen to their preferences, and that the service gets input from other professionals to ensure consumers get the right care and services to meet their needs.

Management and staff could describe how others who contribute to the consumer’s care including general practitioners, allied health professionals and family work together with the consumer to deliver a tailored care and service plan and monitor and review the plan as needed.

Staff demonstrated an understanding of adverse incidents or near-miss events and how these were identified, documented and reviewed by the service, and used to inform changes to the consumer’s care.

Consumer files reviewed by the Assessment Team demonstrate that plans provide current information, have been developed and regularly reviewed by registered nurses and updated in response to changes in the consumer.

Management demonstrated assessment and planning processes to address consumer’s needs, goals and preferences relating to advance care and end of life planning if the consumer wishes.

#### 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) 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:

(i) 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

(ii) 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:

2. 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 found the service has met six of the seven requirements under Standard 3.

The organisation was not able to demonstrate that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimising their health and wellbeing.

Most consumers and representatives said they felt safe and were satisfied they received the care they needed. The organisation was not able to demonstrate that each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimising their health and wellbeing.

While most consumers and representatives interviewed said they are satisfied with the care provided, the Assessment Team identified wounds are not managed appropriately.

Care and service plans reviewed by the Assessment Team evidenced the delivery of safe and effective care in other clinical areas including end of life care, mobility, dietary needs and diabetic management. Management demonstrated how timely and appropriate referrals to other health services and professionals occur for consumers and how relevant correspondence is included in care plans.

Except for wound care management, the service demonstrated the ongoing reviews are conducted in consultation with the consumer or representative and ensure personal and or clinical care is safe and right for each consumer. Management demonstrated how policies relating to clinical care are accessible to staff.

#### 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:

(i) is best practice and

(ii) is tailored to their needs and

(iii) optimises their health and well-being.

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

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

##### Standard 3 Requirement 3(c) Met

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

##### Standard 3 Requirement 3(d) Met

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

##### Standard 3 Requirement 3(e) Met

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

##### Standard 3 Requirement 3(f) Met

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

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

(i) standard and transmission based precautions to prevent and control infection; and

(ii) 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:

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

#### Summary of Assessment of Standard 4:

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

While the majority of consumers and representatives interviewed confirmed satisfaction with services and supports for daily living, the Assessment Team received mixed feedback in relation to how the service supports consumers to participate in the things of interest to them.

Not all consumers are satisfied they are encouraged and supported to participate in a wide range of interests and activities of interest to them. Not all consumers or representatives are satisfied with the lifestyle program. The activity program does not meet the needs of all consumers. Consumers who are isolated in their rooms do not receive support to participate. The activity program is not meeting the needs of consumers living in the memory support unit

The majority of consumers and representatives interviewed confirmed they are generally satisfied with the services they receive especially in relation to their physical care. Of consumers and representatives randomly sampled, 73 % said consumers like the food most or all of the time, whilst 27% said consumers like the food some of the time. Concerns expressed about catering related to the repetitiveness and temperature of meals provided. Management said they will continue to consult with consumers to increase satisfaction with their dining experience and plan to make changes to the dining experience.

The service demonstrated the process for providing information to health professionals when a consumer’s health needs change. Information provided and shared between the service and other health professionals is documented in consumer progress notes and updated in consumers’ care plans to ensure care processes are relevant and current.

#### 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:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) 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 that 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 Not Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 5:

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

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items consumers have brought from their home. The service environment overall is clean, well maintained and safe including external areas such as gardens, paths and outdoor furnishings.

Appropriate furniture, fittings, signage and clear corridors support consumers to move freely. However, consumers do not have free access to outdoor areas. External doors remained locked and impeding access.

Consumers and their representatives expressed satisfaction with how the service and staff maintain a safe, clean and comfortable environment that is welcoming and provides comfortable temperature control systems. Consumers have access to quiet sitting areas within and outside the service that allow family, friends and other visitors to maintain relationships in a comfortable environment.

The service has procedures to ensure the monitoring and reviewing of the environment is safe, clean and well maintained. Key staff and a range of contracted services attend to the service’s corrective and preventative maintenance and fire and safety schedules. Cleaning systems ensure compliance with cleaning and infection control guidelines. Staff responsible for these areas confirmed their understanding of these systems.

Staff interviewed confirmed their understanding of how to report hazard/incident forms and reporting faulty equipment to maintenance staff. Management ensure monitoring and reviewing of the service’s environment using audits, surveys, feedback forms and incident/hazard data. Management discuss information with staff and consumers through relevant meetings.

#### 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) Not Met

The organisation demonstrates that the service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) 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 found the service has met all four of the requirements in relation to Standard 6.

All consumers and representatives interviewed said management and staff encourage feedback. 93% of consumers and representatives randomly selected for the consumer experience report said staff follow up when things are raised, most of the time or always. Several consumers and representatives interviewed spoke about how management respond to their feedback.

The service demonstrated that it encourages and supports consumers and their representatives to provide feedback and make complaints. The service informs consumers about these processes and how they can access assistance to make a complaint using advocates, if required.

There is a ‘complaints management’ policy and procedure which includes a system to record, track and manage feedback. Staff interviewed demonstrated an understanding of how to help consumers provide feedback. Feedback is reviewed and analysed to identify trends leading to improvements in care and service.

#### 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 Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 7:

The Assessment Team found the service has met all five of the requirements in relation to Standard 7.

Of consumers and representatives randomly sampled for the consumer experience report, 100% said staff are kind and caring, and staff know what they are doing, most of the time or always. Some consumers and representatives felt there could be more staff and that agency staff did not know consumers’ needs as well as the permanent staff. Management said they have a few gaps in the current roster due to some unplanned events however they are actively recruiting more staff.

The service has a base workforce roster that reflects consumers’ care and service needs. The number and skill mix of staff is regularly reviewed and has recently increased slightly, including the introduction of an additional community nurse in the afternoon. Staff interviewed confirmed attendance to a range of education.

The organisation’s recruitment and selection processes ensure the workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Staff complete mandatory education and accompanying competencies annaully and additional training when needs are identifed. The service uses a range of processes to monitor staff performance including observation, monitoring incidents, analysis of consumer feedback and a formal annual performance appraisal.

#### 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) Met**

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

##### **Standard 7 Requirement 3(d) Met**

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

##### **Standard 7 Requirement 3(e) Met**

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

### Standard 8:Organisational governance Met

#### Consumer outcome:

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

#### Organisation statement:

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

#### Summary of Assessment of Standard 8:

The Assessment Team found the service has met all five of the requirements in relation to Standard 8.

Consumers and representatives interviewed said management and staff encourage feedback and seek their opinion on care and services. Of consumers and representatives randomly sampled for the consumer experience report, 100% said they always feel safe and 93% said the home is well run, most of the time or always.

The service consult consumers and their representatives in the development, delivery and evaluation of care and some services. For example, consumers were consulted about the recent refurbishment and menu.

The organisation’s governing body is implementing new systems to promote a culture of safe, inclusive and quality care and service. The governance structure including committee structure and monthly reports demonstrate how information is reported to key decision makers within the organisation. This includes information and data on continuous improvement, financial governance, workforce governance, regulatory compliance and complaints. High-impact or high-prevalence risks, and abuse and neglect are also identified, managed and reported. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and open disclosure.

#### 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) Met**

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

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

##### **Standard 8 Requirement 3(d) Met**

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

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

##### **Standard 8 Requirement 3(e) Met**

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

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