Bupa Morphettville

Performance Report

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**Commission ID:** 6915

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

**Site Audit date:** 7 December 2021 to 9 December 2021

**Date of Performance Report:** 8 March 2022

# Performance report prepared by

Marek Dubovinsky, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Non-compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Non-compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Non-compliant** |
| Requirement 7(3)(a) | Non-compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commissioner’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 14 January 2022.

# STANDARD 1 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

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

The Assessment Team have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied the service was able to demonstrate care and services are culturally safe. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

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

* staff are friendly, helpful and respectful and they are able to personalise their room with what is important to them;
* personal privacy is respected; and
* they are encouraged to maintain their independence, live the life they choose and take risks.

Consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff members interviewed demonstrated familiarity with consumers’ background and could identify cultural and religious events important to their identity. Care planning documentation included information in relation to what is important to the consumers. Staff described how they treat consumers with dignity and respect. Staff interactions observed with consumers were overall respectful, kind and caring.

Care and services are culturally safe. Processes support the identification of factors important to individual consumers. Consumer information packs provided on entry to the service include information on anti-discrimination, cultural and religious activities and diversity policies. In addition, consumers are provided information on cultural diversity through the monthly consumer meeting where it is a standing agenda item.

Consumers are able to exercise choice and independence. Staff interviewed could describe consumer preferences for daily care and how they support consumer choices and independence. Care plans contained information on consumer expectations, including maintaining their independence and how the consumer would like this to occur. 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. A range of brochures, noticeboards and consumer meeting supports effective communication and choice.

Consumers who choose to take risks have risk assessments completed in line with their goals and preferences. Staff were able to describe how they support consumers to take risks. Sampled consumers confirmed they are supported to exercise choice and independence.

Staff were observed to be maintaining consumer privacy by securing sensitive information and ensuring individual consumer privacy is maintained when providing care and services. The service has policies and procedures in place to ensure consumers’ privacy is respected and confidentiality of consumer information is maintained.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

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

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

The Assessment Team were not satisfied the service was able to demonstrate care and services are culturally safe. Five consumers’ choices to participate in their own religious/spiritual beliefs, community affiliations or preferences were not always captured and/or known by staff. This was evidenced by the following;

Consumer A

* The consumer resides in the memory support unit, is supported in their cultural preferences to practice their religion and has identified a particular cultural celebration.
* Staff were unaware of the particular cultural celebration identified in the assessment.

Consumer B

* The consumer has a particular religion recorded in assessment documentation.
* The consumer advised the Assessment Team they would prefer a medical procedure not in alignment with their normal religious practice.
* The consumer’s care planning documentation did not record information in relation to this medical procedure and two staff were unaware of the consumer’s preference.

Consumer C

* There was limited information to guide staff in relation to the consumer’s culture in the progress notes or other documentation.
* Three care staff where unaware of the consumer’s background.

Consumer D and E

* Activities described in relation to Consumer D and E and previous life history were not recorded and supported by the service.
* Care staff were not aware of the activities described to the Assessment Team by the consumers.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

In relation to Consumer A

* The service had consulted with the representative and confirmed the consumer did not celebrate the particular cultural celebration due to their decline in health and physical condition. A symbolic strategy was developed to recognise the particular cultural celebration following the Site Audit.

In relation to Consumer B

* The response indicates the medical procedure referred to by the Assessment Team is not performed by the service and would involve a health service and necessary consents.
* The service had updated the Advance Care Directive during the Site Audit to reflect the preferences surrounding the medical procedure.

In relation to Consumer C

* Records provided showed the consumer had an assessment completed prior to the Site Audit which identified the consumer’s cultural background, likes and dislikes in addition to activity records being provided.

In relation to Consumers D and E

* Records provided showed the service was aware of the activities which are important to Consumers D and E and described to the Assessment Team.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate care and services are culturally safe.

I find in relation to Consumer A, the service had identified a range of strategies to ensure cultural safety. In relation to celebrating a particular cultural celebration identified in the report, I find whilst the particular cultural celebration was not known by staff or celebrated as identified by the consumer’s assessment, however I find the service’s response reasonable to address the deficit identified in the Assessment Team’s report to support cultural safety.

I find in relation to Consumer B, the service had identified a range of cultural practices to ensure cultural safety. Whilst the consumer’s preferences for a particular medical procedure was not identified by the service, I have considered the Advance Care Directive completed prior to the Site Audit involving the legal guardian as an opportune moment for the representative to raise any wishes in relation to the medical procedure which was not expressed. I note the service had updated the consumer’s Advance Care Directive to include the new information expressed by the consumer to the Assessment Team during the Site Audit.

In relation to Consumer C, the service had completed an assessment which identified the consumer’s background. In relation to care staff not being aware of the consumer’s background, this is an opportunity for improvement within the service. Records confirmed the consumer has been regularly attending a range of activities which includes church services to support my view staff are aware and supporting the consumer to reside in a service whilst respecting what is important to the consumer which includes cultural safety.

In relation to Consumer D and E, the response indicates the service was aware of consumers’ background and culture and provided further information addressing information in the Assessment Team’s report. In addition, I have noted both consumers had relevant assessments completed to identify relevant information to ensure cultural safety.

Furthermore, I have considered evidence presented by the Assessment Team which identified the service; has a diversity action plan, monthly consumer meetings where cultural safety is a standing agenda and a cultural safety focus group involving 12 consumers which was held four months prior to the Site Audit which identified no issues or deficits.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Standard 1 Requirement (3)(b).

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

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

### Requirement 1(3)(d) Compliant

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

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

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

# STANDARD 2 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

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

The Assessment Team have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied the service was able to demonstrate assessment and planning processes identifies and addresses consumers’ current needs, goals and preferences. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have come to a different view and find the service Compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

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

* have been involved in the assessment process;
* are aware of referral process and involvement of other service providers;
* satisfied with the level of communication by the staff in relation to the outcomes of assessment and planning; and
* are aware they have been reassessed;

A range of clinical and non-clinical assessments are completed on entry and on an ongoing basis, including when a change in consumers’ health and well-being is identified. The service has an electronic documentation system to support assessment and care planning and a suite of assessments are completed when a consumer first enters the service.

Care planning documents for consumers sampled identify current needs goals and preferences. Staff interviewed were able to describe how they identify, review and implement care and service needs. Assessment and care planning documents sampled showed assessment and planning occurs in partnership with the consumer and other persons the consumer wishes to be involved. This included clinical and non-clinical staff and others, such as representatives.

Consumers sampled confirmed outcomes of assessment and planning are effectively communicated and documented in a care and service plan. Clinical staff were able to describe how consumers and representatives can access care plans on request.

The Assessment Team noted deficits in the use incident of the management system and effective management of behaviours of concern in Standard 3 Requirement (3)(b) and Standard 8 Requirement (3)(d). I have considered this information and found the core deficits in those Requirements as opposed to Standard 2 Requirement (3)(e) in relation to review processes and the use of incidents. Care and services are reviewed based on a set schedule and when changes occur impacting on the needs, goals, and preferences of the consumer.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

The Assessment Team were not satisfied the service was able to demonstrate assessment and planning processes identifies and addressed consumers’ current needs, goals and preferences. Consumers’ care plans had identical strategies and goals and were not individualised for each consumer, specifically in relation to pain, continence, falls prevention and emotional support. This was evidence by;

* Three consumers had care plans to address falls risk which were identical and not individualised despite having varied levels of mobility, with two requiring two physical assistance and one requiring one physical assistance.
* Two consumers, who had care plans to address pain management, had identical goals and strategies. Both had different areas of pain recorded and allied health pain management strategies implemented based on the areas of pain.
* Two consumers’ elimination plans were identical despite having different care needs.
* Four consumers’ emotional support plans were similar.
* Four care plans did not accurately record individual consumer’s identity and meaningful moments in their lives.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* Reviewed the feedback provided in relation to the consumers identified in the Assessment Team’s report and reconfirmed their position that the strategies assessed and planned for were individualised.
* Recognised goal setting can be improved and implemented coaching session in person centred goals for relevant staff.
* In relation to falls risk, all three consumers require physical assistance to mobilise and have been assessed at the same level of falls risk. Review of falls data showed the strategies are effective for all three consumers.
* In relation to pain, both consumers have regular pain management provided by allied health staff which is specific to their individualised needs and assessments are individually tailored which includes their ability to verbalise pain.
* In relation to elimination plans, both consumers elimination care plans were tailored and specific to their individual needs with further examples provided. Documentation was provided confirming one consumer was satisfied with the elimination care plan and it was tailored to their individual needs.
* In relation to accurately recording consumers’ identity and culture, the provider directly addressed the Assessment Team’s report and gave examples of how they had identified and addressed the information for the four consumers identified.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate 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.

In relation to falls, I find all three consumers had assessment and care plans completed which were tailored to their needs. I have considered the evidence which indicates all three had similar clinical presentations which included being assessed at the same level of falls risk and requiring physical assistance to mobilise to support my view of similar plans.

In relation to pain, I find both consumers had pain assessments and care plans tailored to their individual needs. Both consumers had care plans which had different areas of pain identified and planned for. This included an allied health professional providing treatment which was individualised to the needs and goals of the consumer.

In relation to elimination plans, I find both consumers’ elimination care plans were tailored and specific to their individual needs. I have considered the further evidence and clarification in the provider’s response for both consumers. In addition, I have considered the evidence provided which confirms one consumer was satisfied with the elimination care plan following the Site Audit and it reflected and addressed their individual preferences.

In relation to emotional support plans, I find all four consumers had emotional support plans completed with individualised goals and strategies to address their needs. To support my view, I have considered the Assessment Team’s evidence which showed consumers’ care plans were similar but not identical.

In relation to cultural identity, I find all four consumers had relevant assessments completed which identified what is important to them. I have placed weight on the evidence provided in the provider’s response which further clarified and directly addressed the information in the Assessment Team’s report and confirmed the service had identified and addressed the consumers’ current needs in relation to cultural identity.

Finally, I have considered the improvements the organisation will be implementing which is to include education on goal setting and mentoring of staff.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Standard 2 Requirement (3)(b).

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

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

### Requirement 2(3)(d) Compliant

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

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

# 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

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

The Assessment Team have recommended Requirements (3)(a) and (3)(b) not met. The Assessment Team were not satisfied the service demonstrated:

* eachconsumer gets safe and effective personal care and/or clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being in relation to restrictive practises and diabetes management; and
* effective management of high impact or high prevalence risks associated with each consumer’s care, specifically in relation to incident reporting and behaviour management.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service Compliant with Requirement (3)(a) and Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

The following information and examples were provided by consumers in relation to the Standard:

* have been involved in palliative care discussions;
* have been involved in allied health and medical reviews; and
* are involved in the reviews process.

A range of assessments are completed on entry and on an ongoing basis to identify consumers’ needs, goals and preferences. Information gathered is used to develop care plans and strategies are tailored to consumers’ needs and optimises their health and well-being. A range of policies and procedures support best practice care are available to guide staff practice. Consumer files sampled demonstrated best practice care in relation to restrictive practices and diabetes management.

Care files sampled demonstrated the needs, goals and preferences of consumers nearing the end of life are identified. A consumer’s care file sampled demonstrated representatives and the medical officer had been informed of the consumer’s care and deteriorating condition and discussions relating to end of life management had occurred. Additionally, an End of life pathway had been completed and the consumer’s end of life wishes identified.

Documentation viewed by the Assessment Team demonstrated deterioration and changes to a consumer’s health and/or condition had been recognised and responded to in a timely manner. Consumers care files viewed showed that when there was a deterioration or change in consumers’ function and capacity, the condition is recognised and responded to in a timely manner. The service has a procedure for deterioration of a consumer’s health, and processes to transfer consumers to and from hospital.

Care files sampled confirmed referral processes occur to medical officers and allied health professionals. Clinical and care staff described changes to care for individual consumers in response to medical officer's review or allied health referrals.

Processes support the minimisation of infection related risks. Policies and procedures in relation to infection control, including outbreak management are readily available for staff and there are provisions for the management of outbreaks. Staff interviewed confirmed they have training and are kept well informed of any changes in relation to COVID-19. Policies and procedures in relation to antimicrobial stewardship are available to guide staff practice.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

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

The Assessment Team were not satisfied the service was able to demonstrate *each* consumer gets safe and effective personal care and/or clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being in relation to restrictive practises and diabetes management. This was evidenced by the following:

Consumers A to D and restrictive practice

* Consumers A and D, who are able to weight bear, had their bed positioned to the lowest position possible to manage their risk of falls and in turn mechanically restraining the two consumers.
* Two clinical staff confirmed the beds are positioned not to restrain consumers but to manage their risk falls.

Consumer E and restrictive practices

* One staff, at the request of Consumer E, had the consumer’s leg restrained to their mobility aid to prevent their limb from falling from the mobility aid. No risk assessment was completed, and management were unaware of this practice.

Consumers F and G and diabetes management

* Consumers F and G had their blood glucose charts updated but not their diabetic management plans. Both Consumers had their blood glucose levels managed in accordance with the service’s policies and procedures and no adverse events had occurred.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* An education session was held involving clinical staff on restrictive practices and dignity of risk.
* Spot audits have been implemented by the leadership teams to be more vigilant.

In relation to Consumer A

* The provider’s response indicates the consumer does not use their bed and sleeps in their reclining chair, therefore, is not restrained in their bed and this is documented in the care plan.

In relation to Consumer B

* The provider’s response indicates the bed is at the lowest position to cater for the consumer’s needs due to their height. The service provided evidence confirming the consumer’s height and the bed being set at the appropriate level.

In relation to Consumer C

* The consumer is unable to mobilise as they require two staff to physically assist and is unable to get in and out of bed without physical assistance.

In relation to Consumer D

* The consumer’s bed is positioned in the lowest position to support them mobilising in a safe manner to address their underlying medical condition. The consumer is able to get in and out of bed whilst the bed is positioned at the lowest position.

In relation to Consumer E

* An investigation completed identified this was an isolated event and not a practice that had been used previously. Strategies were developed to address the consumer’s needs.

In relation to Consumers F and G

* Acknowledged both consumers did not have their diabetic management plan updated following the change in frequency of blood glucose level monitoring. The service noted blood glucose levels were being completed as directed by the medical officer.
* An audit was completed and management will continue to review diabetic care plans as part of the monthly monitoring process.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate each consumer gets safe and effective personal care and/or clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being.

I find in relation to Consumers A to D, the service was aware of their responsibilities in relation to restrictive practices. To support my view, I have considered the evidence which indicates neither Consumers A to D were restrained through the positioning of the bed.

In relation to Consumer E, I accept the provider’s response in that this was an isolated incident and relevant follow up action had been completed. To further support my view, I have accepted the proactive approach in implementing spot audits and further education sessions.

In relation to Consumers F and G, I acknowledge the diabetic management plans were not reflective of the directives made by the medical officer reflected in the medication charts. I have considered this a documentation issue and noted staff were following the directives in the medication charts which is best practice. In addition, I have placed weight on evidence which indicates neither consumers had experienced adverse events in relation to their diabetic management. I have accepted the proactive approach in completing an audit of all consumers who require diabetic management and implementing an additional monthly monitoring process.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Standard 3 Requirement (3)(a).

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

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

The Assessment Team were not satisfied the service was able to demonstrate effective management of high impact or high prevalence risks associated with each consumer’s care, specifically in relation to incident reporting and behaviour management. Five consumers did not have their behaviours effectively managed and incident forms completed.

* Four of six representatives stated when they attend the service, they have observed behaviours of concern.
* Three non-clinical staff interviewed stated when consumers display behaviours of concern they inform the nurse on duty.
* Management confirmed they will be providing staff with additional training relating to incident reporting and behaviour management.
* Behaviour charting documented incidents of verbal and physical aggression; for Consumers A to D, however, incident reports were not completed.
* Evidence presented in the Assessment Team’s report in Standard 7 Requirement (3)(b) where the Assessment Team observed a staff practice during the Site Audit which was not an effective behaviour management strategy or respectful.

Consumer A

* Consumer A had an incident involving another consumer approximately two months prior to the Site Audit.
* The consumer was to be monitored every 15 minutes, however, records showed the consumer was not consistently monitored according to this schedule.
* Clinical documentation viewed showed the consumer continued to experience behaviours of concern impacting other consumers with strategies only being effective for a short period.

Consumer B

* In the month prior to the Site Audit, Consumer B had 25 incidents of behaviours of concern recorded within a five day period. Strategies were not reviewed following any of the incidents. The only strategy recorded was reassurance provided. Other strategies listed in the behaviour support plan were not recorded as trialled. Incident forms were not completed.
* Five representatives confirmed witnessing the behaviours of concern.

Consumer C

* Three staff confirmed the consumer experiences behaviours of concern impacting other consumers. Staff could describe reassurance as a strategy to manage the behaviours of concern.
* Three staff were not aware of strategies listed in the behaviour support plan.

Consumer D

* The consumer experienced a behaviour of concern approximately three months prior to the Site Audit. The strategy listed in the charting recorded the consumer as being isolated from other consumers.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

In relation to Consumer A

* Acknowledged Consumer A was not being monitored as per the prescribed frequency.
* Had reviewed the consumer following the incident and discussed the consumer’s behaviours of concern with the staff prior to the Site Audit.

In relation to Consumer B

* The consumer’s care plan was updated approximately two weeks after the Site Audit to include further strategies identified in behaviour charting.

In relation to Consumer C

* The consumer’s care plan was reviewed and updated.

In relation to Consumer D

* The response clarified the consumer was re-directed away from other consumers as Consumer D’s behaviours of concern were escalating.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate effective management of high impact or high prevalence risks associated with each consumer’s care, specifically in relation to behaviour management. I find for Consumers A, B and C, the service was not able to demonstrate staff were effectively managing the behaviours of concern which were impacting on other consumers. In relation to completing incident forms following incidents of behaviours of concern, this has been considered in my finding for Standard 8 Requirement (3)(d).

In relation to Consumer A, I acknowledge the service’s approach to managing the consumer’s behaviours of concern which included referring the consumer to an external health service. However, I have noted the consumer’s behaviours of concern continued to impact other consumers within the service with strategies not being effective. In addition, I have considered the evidence which indicates the consumer was not being monitored according to the set schedule prior to the incident involving the other consumer.

In relation to Consumer B, I acknowledge the service reviewed the consumer’s care following the Site Audit. I find Consumer B experienced behaviours of concern impacting other consumers prior to the Site Audit which were not being effectively managed by staff or appropriate strategies trialled and documented for effectiveness.

In relation to Consumer C, I acknowledge the service has reviewed and updated the consumer’s care plan. However, I find the consumer continued to experience behaviours of concern impacting on other consumers which were not effectively managed. In addition, I have noted three staff were not aware of strategies to manage the consumer’s behaviours of concern.

In relation to Consumer D, the response provided noted the strategy used to manage Consumer D’s behaviours of concern was to redirect the consumer following the incident and noted the term isolate was recorded in previous documentation. I accept the provider’s response in that the consumer was not isolated from other consumers and this was incorrectly recorded in the documentation. To further support my view, I have noted the current care planning documentation does not record isolate as a strategy to manage the consumer’s behaviours of concern.

Finally, I have considered the observations of staff practice during the Site Audit which was not an effective behaviour management strategy for one consumer.

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

### Requirement 3(3)(c) Compliant

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

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

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

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

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

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

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

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

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

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

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

The Assessment Team have recommended Requirements (3)(b) and (3)(c) not met. The Assessment Team were not satisfied the service demonstrated:

* services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being; and
* consumers are supported to do the things of interest to them and care plans accurately reflect consumer preferences.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I have come to a different view and find the service Compliant with Requirements (3)(b) and (3)(c). I have provided reasons for my finding in the specific Requirements below.

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

* liked the food;
* are aware of referral processes; and
* are provided a range of activity options and spiritual services.

Initial and ongoing assessment processes assist to identify each consumer’s goals, needs and preferences relating to lifestyle and activities and emotional, spiritual and cultural support. Additionally, consumers’ life history, past interests and activities and current lifestyle choices are also identified and were noted to be reflected in care plans sampled.

Lifestyle staff described how the group activity program is developed. The activities calendar included a range of activities. Consumer engagement with the activities program is monitored for effectiveness.

Consumer files sampled demonstrated consumers’ emotional, spiritual and psychological well-being needs and preferences are identified and assessed and support strategies developed. Care plans identify relationships important to the consumer and staff described how they support consumers to participate in the community both within and outside of the service. Care files demonstrated involvement of other organisations and providers in the provision of care and services. Where required, appropriate and timely referrals are initiated which included referrals for pastoral support. Care files included information about consumers’ conditions, needs and preferences and there are processes to communicate this information within the service and with others where responsibility is shared.

Most consumers sampled provided positive feedback about the food, stating meals were of suitable quality and quantity. Consumers’ dietary needs and preferences are identified on entry and incorporated into assessments and care plans. Meal service includes serving form bain-maries and plated meals according to consumer preference.

Equipment provided appeared safe, clean and well maintained. The monthly consumer review process includes the requirement for monthly review of personal items, such as mobility aids to ensure they are clean and operational.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

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

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

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

The Assessment Team were not satisfied the service was able to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Specifically, there was insufficient staff to provide emotional support and monitoring processes did not ensure appropriate assessment and management of emotional care and service needs.This was evidenced by the following;

* Four of 8 consumers interviewed reported feeling lonely, indicating staff do not have time to notice or spend time with them.
* Monthly monitoring processes do not consider evaluation of emotional, spiritual and psychological wellbeing.
* The service was able to demonstrate involvement of religious services in the provision of care. Staff were able to demonstrate consumers’ religious denomination and care plans included information in relation to consumers’ religious beliefs
* One representative said during the periods of lockdown, most consumers experienced isolation and loneliness because they could not receive visitors.

Consumer A

* The consumer indicated one of their friends, who lives at the service, is no longer around and they feel lonely.
* Two staff were aware the consumer’s friend had recently passed away.

Consumer B

* The consumer has recently entered the service and reported they were lonely and said they have a sensory impairment impacting on their ability to participate in activities. The consumer was observed to be upset.
* One clinical staff member acknowledged the consumer was upset and indicated it was due to a current acute medical issue.
* Management acknowledged the consumer was new to the service and they were in the process of getting to know them.

Consumer C

* The consumer said staff are sometimes too busy to notice that they are lonely. Their family member is no longer able to visit. They settle late at night and they are left alone as the other consumers are already settled.
* The consumer has an emotional care plan which includes a range of strategies.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided

* An education session was scheduled to support staff in developing care plans to meet consumers’ emotional needs.
* Acknowledged the current COVID-19 climate and described the current initiatives which included supporting visits in line with restrictions, virtual visits, veranda and carpark visits.

In relation to Consumer A

* An emotional care plan was completed prior to the Site Audit which identifies the consumer’s emotional care and service needs.
* The consumer has a cognitive impairment and has been informed their friend no longer resides at the service.
* The care plan was updated following the Site Audit to include information in relation to the consumer’s friend who is no longer at the service.
* The consumer is provided significant emotional support through an external provider.

In relation to Consumer B

* A preliminary assessment was completed two months prior to the Site Audit which identified what is important to the consumer.
* Activity records which show the consumer is provided emotional support daily, weekly spiritual church services, and regular one-to-one interaction.
* Information indicating the consumer had experienced an acute medical episode which had impacted the consumer’s overall health status.
* An emotional care plan was completed following the Site Audit outlining a detailed management plan.

In relation to Consumer C

* The consumer’s preferences to settle at night are documented in their care plan.
* The consumer enjoys chatting one-to-one with the other consumers.
* The service has a quite group for consumers who stay up later. However, this is currently not available due to COVID-19 restrictions.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

To support my view, I have considered the Assessment Team’s evidence which indicates consumers are provided regular spiritual care to promote their well-being. In addition, I have considered the provider’s proactive measures to implement strategies, such as further education to staff on care planning. Finally, I have noted the current pandemic environment and how strategies have been implemented to support consumers’ emotional and psychological well-being, such as supporting visits in line with restrictions, virtual visits, veranda and carpark visits.

In relation to Consumer A, I find they have an emotional assessment and care plan which contains information to guide staff in the provision of emotional support whilst noting the consumer has a cognitive impairment which would impact service provision. To further support my view, I have noted the consumer is provided significant emotional support through an external provider which is provided regularly and is ongoing.

In relation to Consumer B, I find the consumer had an emotional assessment and care plan completed which contains relevant information to guide staff. I have noted the activity records contain significant opportunities to promote the consumer’s emotional, psychological and spiritual well-being which the consumer is actively engaging in.

In relation to Consumer C, I find the consumer had an emotional assessment and care plan which contains relevant information to guide staff. In addition, the response provided additional information in relation to an activity plan which outlines how staff are managing and providing emotional support for Consumer C.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Standard 4 Requirement (3)(b).

### 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.*

The Assessment Team were satisfied consumers are able to participate within and outside the community and maintain social and personal relationships, however, were not satisfied consumers are supported to do the things of interest to them and care plans did not always accurately reflect consumer preferences. This was evidenced by the following:

* Six consumers interviewed indicated the activities were not of interest to them.
* Monthly consumer meetings show low engagement and limited opportunities to provide feedback on activities.

Consumer A

* The consumer said they dislike one of the activities and prefers another activity that they are not aware is offered at the service.

Consumer B

* The consumer had the majority of their preferences recorded in their care plan which reflected the information provided to the Assessment Team. However, one of the activities recorded a genre of music was not entirely accurate.

Consumer C

* The consumer’s preferred activities were available at the service and provided examples.

Consumer D

* They prefer to sit outside and listen to the radio and do not enjoy the activities.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* A consumer and representative survey completed one-month prior the Site Audit showed 91 per cent of consumers are involved and have a say in their daily activities.
* The service will further review the activity calendar and will engage those consumers who do not regularly choose to attend the monthly consumer and representative meeting.

In relation to Consumer A

* Activity records provided confirm Consumer A attends both activities.

In relation to Consumer B

* A copy of the consumer’s activity plan was provided which showed the consumer had their preference updated to include an additional genre of music.

In relation to Consumer C

* The consumer’s care plan was updated to reflect the new preferences. The response indicates they trialled the activities reported by the Assessment Team and the consumer had refused to participate in them.

In relation to Consumer D

* Care planning documentation accurately reflected the consumer’s preference for spending time by themselves and listening to the radio.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team and I find the service was able to demonstrate consumers are able to participate within and outside the community and maintain social and personal relationships and are supported to do the things of interest to them.

In coming to my finding, I have noted the satisfaction survey completed in the month prior to the Site Audit which showed significant involvement of consumers in their choice of activities. To further support my view, I have noted the range of activities offered to consumers, and care planning documentation which showed consumers are supported to maintain relationships and participate within and outside the service.

In relation to Consumer A, I find the consumer was being supported to do things of interest which was supported through the activity records provided and the assessment which reflected the consumer’s needs, goals and preferences.

In relation to Consumer B, I find the consumer was being supported to do things of interest. The consumer had an assessment which included a range of activities to support their needs goals and preferences. I have noted the service has updated the consumer’s care planning documentation to include the additional genre of music.

In relation to Consumer C, I find the consumer was being supported to do things of interest. The response indicates the service had reviewed the activities being provided and had trialled the activities.

In relation to Consumer D, I find the consumer was being supported to do things of interest, which was reflected in care planning documentation and through observations made by the Assessment Team.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Standard 4 Requirement (3)(c)

### 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 NON-COMPLIANT Organisation’s service environment

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 5

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

The Assessment Team have recommended Requirement (3)(b) not met. The Assessment Team were not satisfied the service demonstrated the service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service Non-compliant with Requirement (3)(b). I have provided reasons for my finding in the specific Requirement below.

The following information and examples were provided by consumers in relation to the Standard:

* confirmed furniture, fittings and equipment are safe, clean and well maintained;
* said they had been encouraged to decorate their rooms with personalised memorabilia, including photographs; and
* felt as home like as possible.

Communal areas were large and included space for dining and activities, including watching television. The environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Rooms were observed to have been personalised and communal areas, including courtyards, included spaces for consumers to meet together or spend time with visitors.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Care and clinical staff could describe how they ensure equipment is clean, safe and well maintained and maintenance staff were able to describe how they maintain equipment to ensure it is safe, clean and well maintained.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with Requirements (3)(a) and (3)(c) in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

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

### Requirement 5(3)(b) Non-compliant

*The service environment:*

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

The Assessment Team were not satisfied the service was able to demonstrate the service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. Specifically, in relation to the indoor and outdoor environment being safe and clean and consumers having the ability to move freely and safely. This was evidenced by the following:

* Observations of the outdoor environment, including windows and floor surfaces, indicated they were unclean and unsafe. The outdoor courtyards had fallen vegetation on foot paths posing a tripping hazard to consumers and windows appeared soiled.
* Other observations included the sensory garden beds to have dead plants within them. An outdoor courtyard to have a table on top of another table, creating a hazard for consumers. In addition, a garden hose was partly left out over a pathway, creating a trip hazard.
* One door requiring keypad entry was not functioning to allow consumers to enter back into the service.
* Within the service, communal areas and passageways were observed to be clean and tidy. However, the internal floors felt sticky.
* An electrical distribution cupboard door was observed to be unlocked and accessible to consumers.
* The corridor near the kitchen was blocked with empty trollies from the kitchen which restricted access for both staff and consumers.
* Resignation of the current full-time maintenance manager in the month prior to the Site Audit. The position was back filled temporarily three days per week.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* Acknowledged the resignation of the current full-time maintenance manager in the month prior and had back filled the position temporarily three days per week.
* The maintenance schedule was reviewed to increase frequency of monitoring.
* Progression in the recruitment of the new maintenance officer.
* Acknowledged some of the maintenance tasks were not able to be addressed in the month prior to the Site Audit due to the resignation of the maintenance officer.
* Additional cleaning processes were implemented following feedback from the Assessment Team and issues raised have been addressed. Acknowledged the surface floors felt sticky which is attributed to excessive use of a cleaning product. An additional cleaning device has been ordered to address the issues.
* Spot checks have been implemented to ensure the electrical board remains locked and staff do not store kitchen trollies in the corridor.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was not able to demonstrate the service environment was safe, clean, well maintained and comfortable and enabled consumers to move freely, both indoors and outdoors.

In coming to my finding, I have considered and relied on the observations made by the Assessment Team, specifically in relation to floor surfaces for both the indoor and outdoor environment which can place consumers at risk of falls and associated incidents with the environment being a contributing factor. In addition, I have noted the unlocked electrical distribution cupboard contributing to an unsafe environment. Whilst I acknowledge the response which indicates this was an isolated incident, there was an inherent risk to consumers at the time of the Site Audit. In addition, I have noted the observations in relation to the storage of trolleys and broken keypad impacting on consumers’ ability to move freely both indoors and outdoors to further support my view. In addition, I have considered the observations in relation to the cleanliness of the environment and in particular the windows. I acknowledge the resignation of the regular staff member responsible for overseeing maintenance tasks, the potential impact of this on the service and acknowledge the current recruitment that is currently underway.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Non-compliant with Standard 5 Requirement (3)(b)

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 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

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

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

* feel supported to provide feedback;
* feel comfortable to discuss any issues directly with staff and management;
* have their feedback addressed; and
* are aware of advocacy services and other methods for resolving issues.

Consumers, their family, friends, and others are encouraged and supported to provide feedback and make complaints. Mechanisms to provide feedback include feedback forms, meetings, resident surveys, and the care plan review process. Information about how the service seeks feedback and responds to complaints, compliments and suggestions is also available on the organisation’s website and is also available in hard copies throughout the service.

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. Brochures are available at the entrance to the service and throughout in relation to the complaints process and external advocacy agencies.

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Staff are aware of open disclosure processes. Consumers interviewed confirmed that an open disclosure process is used when they made complaints and they felt their concerns were addressed.

Feedback and complaints are reviewed at a site and organisational level to improve the overall quality of care and services. Consumers provided feedback that indicated they were aware their raising of feedback was acknowledged by management and used to improve the quality of care and services. Procedures are in place to guide staff in ensuring feedback provided is identified, captured, actioned and reviewed.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

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

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

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

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

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

# STANDARD 7 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

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

The Assessment Team have recommended Requirements (3)(a) and (3)(b) not met. The Assessment Team were not satisfied the service demonstrated:

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; and

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

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have found Requirement (3)(b) Compliant and Requirement (3)(a) Non-compliant. I have provided reasons for my finding in the specific Requirement below.

The service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Overall, consumers thought staff knew what they were doing when providing personal and clinical and most felt staff were well trained and able to meet their needs.

The service has annual mandatory training requirements and performance reviews for all roles, and management monitor regulatory requirements for staff, including registration requirements and police checks.

The Assessment Team noted deficits in Standard 3 Requirement (3)(b) and Standard 8 Requirement (3)(d) in relation to the use of the incident management system and managing behaviours of concern. I have considered this information and found the core deficits in those Requirements as opposed to Standard 7 Requirement (3)(c) in relation to staff competency.

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Recruitment is commenced by the head office of the organisation, with induction and ongoing training managed internally. The service has access to education through regular training sessions, online training modules and toolbox training, and staff are aware they can request further training if required.

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Sampled staff in a variety of roles could describe the process for annual appraisal, with requirement to complete mandatory training modules prior to their review. Management advised staff are asked to complete questions about achievements and opportunities to support their personal development.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with Requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 7 Human resources.

## 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 Assessment Team were not satisfied the service was able to demonstrate 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. This was specifically in relation to sufficiency of staffing to provide care for consumers, cleaning and maintenance related activities and supporting consumers with their lifestyle activities and preferences. This was evidenced by;

* The service demonstrated effective plans to cover unplanned leave and staff said there were few unfilled shifts.
* The service monitors call bell response times with all call bells above the key performance indicator individually followed up. Most consumers said their call bells were answered promptly with only occasional wait periods.
* Fifteen of 25 consumers and representatives said there were not enough staff to meet consumer needs. One consumer said they are not provided aspects of their personal care every day as per their preference with the Assessment Team confirming this during the Site Audit. Three representatives said sometimes staff can be rushed impacting care, such as inability to assist consumers with activities of daily living due to the attention required for consumers with challenging behaviours.
* Five care staff said there was insufficient staff specifically for consumers who required two staff for activities of daily living in an area of the home. Two care staff gave specific examples in relation to tasks which were not able to be completed which included pressure area care and personal care. One care staff said they have to prioritise care and some consumers who wanted showers could not be accommodated, and repositioning for pressure area care might be missed or done late.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* The manager reviews the roster daily and implements strategies to manage staffing.
* Affirms staffing has been adequate despite the current environment and has processes to ensure the rosters are supplemented.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the service was unable to demonstrate 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. Specifically, in relation to sufficiency of staffing to meet the needs, goals and preferences of consumers for activities of daily living, management of consumers’ behaviours of concern and sufficient staffing to ensure the environment is safe, clean and well maintained.

In coming to my finding, I have considered feedback provided by staff and consumers regarding the sufficiency of staffing impacting on staffs’ ability to meet the needs goals and preferences of consumers. This included meeting needs, goals and preferences in relation to activities of daily living and the safe and effective management of behaviours of concern through sufficiency of staffing. This included staff being delayed to provide pressure area care and being rushed. Finally, I have considered the observations made by the Assessment Team during the Site Audit and in particular where one consumer was not provided an aspect of their personal care.

In coming to my finding, I have also considered the evidence in Standard 5 Requirement (3)(b). Specifically, in relation to deficits to support a safe, clean and well-maintained environment which was contributed to by the resignation of a longstanding staff member. Whilst I acknowledge the service has implemented interim measures which included instating a staff member on a part time basis and prioritising maintenance tasks, I find at the time of the Site Audit ,this interim measure was not sufficient to ensure a safe, clean and well maintained environment for consumers.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Non-compliant with Standard 7 Requirement (3)(a).

### Requirement 7(3)(b) Compliant

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

The Assessment Team were not satisfied the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Specifically, in relation staff delivering culturally safe services. This was evidenced by the following;

* The Assessment Team observed a staff practice during the Site Audit which was not an effective behaviour management strategy or respectful. This has been considered in my finding for Standard 3 Requirement (3)(b).
* Feedback from consumers and representatives in relation to staff practice and associated incident. This has been considered in my finding for Standard 8 Requirement (3)(d).
* Feedback from the representatives of two consumers indicated staff practice was not always kind and respectful towards them.
* One consumer reported an incident of staff behaviour which they found disrespectful, however, was not reported.
* Three other consumers said they found some staff a bit abrupt at times and believed this was due to time pressure and were not intentionally being rude, and indicated most staff were kind, caring and respectful.
* Most consumers have a completed assessment which includes important events in their life history, to enhance staff understanding of the consumer as an individual. Three consumers’ assessments in relation to cultural identity were not completed accurately to support respectful behaviour. This has been considered in my finding for Standard 1 Requirement (3)(b).

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* The staff member was counselled in relation to their behaviour and staff have been scheduled further training on the management of behaviours of concern.
* The response indicates they are working with the representatives to address their concern and the incident was in relation to visitors and the wearing of masks in light of the current pandemic.
* The response indicates management will be addressing the concern in relation to the consumer’s feedback about staff practice which they were unaware of.
* A consumer survey which identified the majority of the consumers found staff kind and caring most of the time or always.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view to the Assessment Team. I find at the time of the Site Audit, the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. In coming to my finding, I have considered and placed weight on the feedback from the survey provided in the provider’s response and feedback from three consumers which indicated overall, they were satisfied with staff practice in relation to being kind and respectful.

In relation to the observation of one consumer in relation to the management of their behaviours of concern. I have considered this information within the scope of Standard 3 Requirement (3)(b). I have considered the evidence in relation to the interactions of staff with the consumers’ representatives and noted the service was aware of the incident and was working with the representatives to ensure a safe COVID-19 environment for consumers residing at the service. I have considered the feedback from the consumer and representative in relation to staff practice and the associated incident in Standard 8 Requirement (3)(d), specifically in relation to identifying and responding to abuse and neglect of consumers.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Standard 7 Requirement (3)(b).

### Requirement 7(3)(c) Compliant

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

### Requirement 7(3)(d) Compliant

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

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

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

# STANDARD 8 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

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

The Assessment Team have recommended Requirements (3)(d) and (3)(e) not met. The Assessment team were not satisfied the organisation demonstrated:

* effective risk management systems and practices in relation to managing and preventing incidents, including the use of an incident management system, identifying and responding to abuse and neglect of consumers and managing high impact or high prevalence risks associated with the care of consumers; and
* an appropriate clinical governance framework in relation to minimising the use of restraint and in particular the use of certain beds positioned in a manner as a form of restrictive practice.

I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and I find the service Compliant with Requirement (3)(e) and Non-compliant with Requirement (3)(d). I have provided reasons for my finding in the specific Requirements below.

The following information and examples were provided by consumers in relation to the Standard:

* they are involved in the development of care and services through a range of feedback mechanisms which includes care plan review process, consumer meetings, food focus groups and an open door policy with management; and
* have access to relevant information.

Management and staff described how consumers have input about their experience and the quality of care and services through care and services reviews process, meetings, feedback, and surveys. The service communicates with consumers and representatives regularly through newsletters, emails, and meeting minutes, which are displayed on noticeboards throughout the service.

The governing body of the organisation promotes a culture of safe, inclusive, and quality, care and services and is accountable for the delivery of those services. The organisation has a range of reporting mechanisms to ensure the Chief Executive Officer and Board are aware of undertakings at the service. A range of clinical and non-clinical data is reported to the Board on a set schedule. Future building works will be commencing identified from consumer and representative input, feedback, preventative maintenance and environmental audits.

Effective organisation governance systems ensure information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. The organisation's, communication and reporting structures, as well as Quality, Risk, Audit, Clinical and Governance committee structures ensure effective oversight and reporting. Minutes from Clinical Review, Quality, Risk and Advisory committees viewed, as well as supporting principles, strategies, policies, procedures, and communication charts support effective governance processes.

Based on the evidence documented above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, to be Compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

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

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

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

### Requirement 8(3)(d) 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*
4. *managing and preventing incidents, including the use of an incident management system.*

The Assessment Team were not satisfied the organisation was able to demonstrate effective risk management systems and practices in relation to managing and preventing incidents, including the use of an incident management system, identifying and responding to abuse and neglect of consumers and managing high impact or high prevalence risks associated with the care of consumers. This specifically related to staff not completing incident forms and recognising trends and responding appropriately following an alleged staff incident of abuse involving a consumer. The Assessment Team were satisfied the organisation supports consumers to live the best life they can. This was evidence by.

* The organisation was able to demonstrate how they support consumers to take risks and how they respect consumers wishes and preferences relating to the risks they choose to take, to enable them to live the best life they can. Staff were able to provide examples of how they support consumers to take risks, such as leaving the service to go on outings unaccompanied or support consumer who chose to smoke.
* In relation to identifying and responding to abuse and neglect of consumers, the organisation did not respond appropriately to a consumer incident which occurred on the first day of the Site Audit. The incident was reported by the consumer to the staff member. An incident form was not completed. The Assessment Team interviewed the consumer who described the incident. The organisation subsequently completed a Serious Incident Response Scheme (SIRS) incident report.
* In relation to managing and preventing incidents, including the use of an incident management system, care file documentation for four consumers showed incidence of behaviours of concern were being recorded. However, incidents were not being recorded, addressed, analysed and trended. Two staff interviewed confirmed they only complete incident reports when there is an injury to staff or to consumers.
* In relation to managing high impact or high prevalence risks associated with the care of consumers, the organisation has systems and processes to manage risks related to the personal and clinical care of each consumer. However, these systems and processes do not ensure appropriate or timely prevention strategies are implemented for consumers who demonstrate behaviours of concern. One consumer had incidents of behaviours of concern impacting on other consumers and did not have their behaviours of concern effectively managed and relevant incident forms completed.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The following evidence was provided:

* In relation to the incident which had occurred on the first day of the Site Audit, the organisation acknowledges a SIRS incident was not completed until after being notified by the Assessment Team. However, asserts the information provided to the staff member by the consumer was misinterpreted at the time by the staff member. Staff training on SIRS has been scheduled.
* In relation to managing and preventing incidents, including the use of an incident management system, the organisation has scheduled training for staff in completing incident reports. The organisation has implemented an additional review process to ensure behaviour charts are reviewed daily to ensure incidents are captured and recorded in the incident management system.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I find the organisation was not able to demonstrate effective risk management systems and practices specifically in relation to managing high impact or high prevalence risks associated with the care of consumers and managing and preventing incidents, including the use of an incident management system. Specifically, in relation to consumers who experience behaviours of concern with relevant incident documentation not being completed to ensure effective analysis and trending to inform the organisation and monitor effectiveness. I find the organisation was able to demonstrate processes for effective risk management systems and practices in identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.

In relation to managing high impact or high prevalence risks associated with the care of consumers, I have considered the evidence documented in Standard 3 Requirement (3)(b) to support my view that the service does not have effective risk management processes to manage high impact or high prevalence risks associated with the care of consumers, specifically in relation to behaviour management. To support my view, I have considered the deficits in staff practice in documenting and addressing incidents related to the management of behaviours of concern with those behaviours impacting other consumers.

In relation to effective risk management systems and practices in identifying and responding to abuse and neglect of consumers, I acknowledge the organisation has policies and procedures to support staff in identifying and responding to abuse and neglect of consumers. I find the organisation responded appropriately once they were made aware of the incident. I acknowledge the initial staff member who received the initial incident information from the consumer may have misinterpreted the information provided by the consumer.

In relation to supporting consumers to live the best life they can, the organisation has policies and procedures to guide staff and supports consumers to take risks which was confirmed by the Assessment Team.

In relation to managing and preventing incidents, including the use of an incident management system. I find the organisation does not have effective processes to ensure all relevant incidents are recorded on an incident management system, addressed, analysed and used to prevent further incidents. To support my view, I have relied on the evidence where four consumer files did not have incident forms completed according to the organisation’s policies and procedures, and effective analysis and trending of incidents did not occur to inform the organisation and support effective monitoring.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Non-compliant with Standard 8 Requirement (3)(d)

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

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

The Assessment Team were not satisfied the organisation was able to demonstrate an appropriate clinical governance framework in relation to minimising the use of restraint and in particular the use of certain beds positioned in a manner as a form of restrictive practice. The organisation was able to demonstrate an appropriate clinical governance framework in relation to antimicrobial stewardship and open disclosure. This was evidence by;

* A documented clinical governance framework.
* Antimicrobial stewardship policies and procedures to guide staff practice. Clinical and care staff could explain antimicrobial stewardship and the need to ensure antibiotics are not the first response to infections.
* An open disclosure policy. Management said the organisation has a comprehensive open disclosure process in place and open disclosure occurs in response to adverse incidents.
* a policy relating to minimising the use of restraint.
* The organisation has a Minimisation of Restrictive Practices and Restraint policy which has been updated in response to the legislative changes within the Quality-of Care Principles 2014 introduced on 1 July 2021
* The organisation was not aware of restrictive practices used in the service through the positioning of certain beds. In addition, one consumer had their limb restrained to their mobility aid to prevent it from falling.

The provider’s response indicates the service was compliant with the Requirement at the time of the Site Audit and refutes the Assessment Team’s recommendation of not met. The provider’s response indicated the service is aware of their responsibilities in relation to restrictive practices and monitors restrictive practice use within the service.

* The service is aware of their responsibilities in relation to restrictive practices and monitors restrictive practice use within the service.

I acknowledge the provider’s response and the additional information provided. Based on the Assessment Team’s report and the provider’s response, I have come to a different view and I find the service was able to demonstrate an effective clinical governance framework relating to antimicrobial stewardship; minimising the use of restraint and open disclosure.

I have considered the evidence documented in Standard 3 Requirement (3)(a) to support my view that the organisation was compliant at the time of the Site Audit and specifically in relation to minimising the use of restraint. This included information in the provider’s response which addressed the information in the Assessment Team’s report and supported my view that neither of the consumers identified were restrained through the positioning of the beds. To further support my view, I have noted the organisation has polices in relation to open disclosure, antimicrobial stewardship and restrictive practices and staff were able to describe those policies and how they apply them as part of their job role.

For the reasons outlined above, I find Bupa Aged Care Australia Pty Ltd, in relation to Bupa Morphettville, Compliant with Standard 8 Requirement (3)(e).

# 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 3 Requirement (3)(b)**

* Review policies and procedures in relation to the effective management of high impact or high prevalence risks associated with the care of each consumer with a focus on ensuring the management of behaviours of concern are initially identified and assessed and when incidents occur, they are identified and management strategies are reviewed for effectiveness.
* Review training processes to ensure relevant staff are aware of their roles and responsibilities to ensure behaviours of concern are effectively managed.
* Staff are provided training on the management of behaviours of concern and are aware of how to implement strategies documented in consumers’ behaviour support plans.

**Standard 5 Requirement (3)(b)**

* Review monitoring processes to ensure both the internal and external environment is safe, clean and well maintained.
* Review processes to ensure appropriate contingency plans exist in the event of staffing deficits for staff responsible for ensuring a safe, clean and well maintained environment.
* Review processes to ensure staff are aware of their roles and responsibilities in relation to identifying, reporting and addressing hazards.

**Standard 7 Requirement (3)(a)**

* Review staffing allocations and processes to ensure staffing is sufficient to meet the acuity of consumers with the relevant skill mix to deliver quality care and services.
* Review monitoring processes to ensure consumers are satisfied with the quality of care and services being delivered.

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

* Review monitoring processes to support the effective identification of all incidents, in particular incidences of behaviours of concern to ensure incidents are identified, addressed and trended to support effective incident management.
* Review governance processes in relation to managing high impact or high prevalence risks associated with the care of consumers to ensure effective oversight, in particular for consumers who experience behaviours of concern.