Bupa Portland

Performance Report

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**Commission ID:** 3885

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

**Site Audit date:** 16 March 2021 to 18 March 2021

**Date of Performance Report:** 18 May 2021

# Publication of report

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

# Overall assessment of this Service

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

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Site Audit report received 15 April 2021
* the infection control monitoring checklist.

# 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers said they are treated with dignity and respect, can maintain their identity and culture and diversity is valued. Consumers said they can make informed choices about their care and services and live the life they choose. The majority of consumers and representatives expressed satisfaction and said consumers are treated with dignity and respect.

The majority of consumer and representative feedback demonstrates that consumers feel supported to exercise choice and independence around making care decisions, making connections and maintaining relationships. Staff were able to provide examples of how consumers are supported with decision making and maintaining social interaction.

Consumers and representatives interviewed, and the Assessment Team observations confirmed that information provided to each consumer is current, accurate and timely. Information is communicated in a clear and easy to understand manner which enables consumers to make decisions.

Feedback from consumers, representatives and staff, documentation reviews and observations made by the Assessment Team demonstrates that the service respects consumers’ privacy including consumers’ personal information and private space.

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

## Assessment of Standard 1 Requirements

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

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

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

*Care and services are culturally safe.*

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

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

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

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

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

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

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

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

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

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Overall most sampled consumers considered that they feel consulted in the ongoing assessment and planning of their care and services.

The service demonstrated that care plans include relevant information to guide staff with consumers’ current needs. Risks to consumers’ health and wellbeing are identified.

#### Although regular review of care plans occurs, not all care is reviewed for effectiveness. For example, consumers with ongoing pressure injuries and increased incidence of pressure injury development do not always have strategies reviewed for effectiveness in order to prevent pressure injuries. Consumers already highlighted as at risk are also not reviewed and monitored effectively. Assessment and planning is not regularly revised to reflect ongoing requirements in response to effectiveness of care and as consumers’ health needs change.

The service demonstrated that processes for assessment and planning address consumers' needs, goals and preferences for advanced care and end of life planning.

The service demonstrated that assessment and planning processes are mostly based on partnerships with consumers, representatives and other relevant organisations or providers involved in consumers’ care.

The service demonstrated that outcomes of assessment and planning are effectively communicated to consumers and representatives. Care plans are readily available and provided to consumers and representatives.

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

## 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.*

### The Assessment Team sampled consumer files based on consideration of risks to the consumer’s health and well-being such as restraint, skin integrity, falls and pain. The team found the requirement not met and that assessment and planning does not always consider risks.

I have come to a different view. I consider the Assessment Team have not provided sufficient evidence to demonstrate non-compliance with this requirement. Some of the evidence provided in the Assessment Team report will be considered under requirement 3(3)a.

The approved provider’s response acknowledges some gaps in relation to assessment and planning. However, the response outlines the planning and assessment process including how risk is considered and informs the delivery of consumer care and of services. The response provided an overview of specific consumer care planning and assessments. Based on the material supplied I am satisfied that the approved provider has demonstrated assessment and planning considers risk and it informs the delivery of care and services. I therefore consider this requirement is met.

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

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

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

*The organisation demonstrates that assessment and planning:*

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

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

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

### Requirement 2(3)(e) Non-compliant

*Care and services are* *reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

The Assessment Team found the service did not demonstrate care and services are reviewed for effectiveness and when circumstances change. Although regular review of care plans occurs, not all care is reviewed for effectiveness. At the time of the site audit the Assessment Team found the service did not demonstrate it reviews the effectiveness of care for consumers with ongoing wounds, pressure injuries and increased incidence of pressure injury. It did not demonstrate it undertakes regular review of the effectiveness of care and services when consumers are highlighted as at risk.

Care file reviews identified the following:

* no plan is in place to guide staff with positioning a consumer needing improved arterial circulation to the lower limbs
* a skin integrity care plan for a consumer does not specify the level of pressure injury risk, individual wounds or stage of a pressure injury
* strategies for the prevention of pressure injuries are not reviewed regularly for effectiveness
* information about consumers’ with multiple pressure injuries or wounds is not sufficiently detailed or differentiated in assessments or care plans and progress notes do not describe or differentiate which wound is being reported on. Instead general statements such as ‘wound care attended’ are documented. There is no clear guidance to understand which wound is being referenced limiting any review of effectiveness of wound care and changes in circumstances
* the level of risk for developing pressure injuries or standardised skin assessment has not been updated or noted on the care plan or handover information to guide staff
* for a consumer sampled no clinical review or reassessment of physical needs had taken place for effectiveness of care when circumstances changed such as increased restlessness and agitation.

Staff described ‘resident of the day’ review and care plan review processes which occur monthly to three-monthly, however, could not explain why effectiveness of care plan strategies is not considered in relation to unsuccessful pressure relieving strategies.

Management could not explain why referral to allied health professionals was not initiated as part of an investigation into causative factors or how, for example, the pressure, is offloaded from a consumer’s lower extremities, during the day.

The approved provider’s response refuted some of the findings in the Assessment Report. The response included further and recent information about the consumers identified by the team as not having reviews for effectiveness for of care and services delivered. The response provides evidence of recent care planning and reviews of consumers.

In making my decision I have considered the Assessment Team’s report and the response from the approved provider. Based on the evidence available I consider that the service has not demonstrated that care and services are reviewed for effectiveness and when circumstances change and in particular in relation to clinical care and management of changes to skin integrity and pain and behaviour management. I therefore find this requirement not met.

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 3

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall most sampled consumers considered that they receive personal care and clinical care that is safe and right for them.

The Assessment Team found the service did not demonstrate that all consumers receive effective clinical and personal care that is best practice, tailored to their needs or optimises their health and wellbeing.

The service manages high impact or high prevalent risks particularly in relation to pressure injury management and behavioural management.

The service did not demonstrate that all consumers’ information is updated and current. Handover information within the service is not communicated in a way that identifies current conditions and for example does not consistently include risks such as pain, chemical restraint or skin integrity changes.

The service demonstrated that timely referrals to specialist services or other organisations are conducted as soon as practicable after a change in condition is identified.

The service demonstrated that consumers who are nearing the end of their lives are treated with dignity and respect, their wishes recognised and their comfort maximised.

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

### Assessment of Standard 3 Requirements

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

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

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

The service did not demonstrate that all consumers receive effective clinical and personal care that is best practice, tailored to their needs or optimises their health and wellbeing.

The Assessment Team reviewed the files of sampled consumers which did not demonstrate clinical care is always safe and effective in particular related to managing wound care and pressure area care. Pain management was not consistently in line with best or contemporary practices. Risk identification did not consistently prompt early interventions for consumers’ health and wellbeing or was not always tailored to their needs.

The Assessment Team sampled consumer files and the documentation did not demonstrate that risks to skin integrity are always identified in early stages. The team found skin assessments do not consistently identify the wound stage, document deterioration or give direction about specific individualised pressure relieving equipment in response to the level of risk when identified.

The Assessment Team found in relation to skin integrity:

* pressure injury staging is not consistently conducted or documented by clinical staff when injuries are identified or as part of an ongoing review of pressure injuries
* wound assessments and care plans do not always describe current levels of pressure injury risk or the current status and staging of, for example a consumer’s sacral pressure injury
* wound documentation assessments and photographs do not consistently record measurements and although rulers are generally utilised in photographs, measurements are not clearly depicted in the images
* skin assessments conducted by the service’s clinical staff do not address investigations into causative factors or consistently list pressure relieving equipment required.

The Assessment Team found in relation to pain:

* a consumer who cannot verbalise pain, has documentation including progress notes, pain assessments and evaluation, in which staff continue to describe verbal responses. For example: notes describe “no pain voiced or “no pain verbalised”
* consumers’ pain is consistently documented as a verbal response even when consumers are unable to accurately voice their pain due to advanced cognitive impairment
* pain charting does not always occur in response to a consumer’s changed needs for example since their entry to the service in May 2018, pain charting has been conducted only once on the 17 March 2021 in relation to a consumer’s stage ‘2’ and ‘3’ pressure injuries
* although wound assessments cite that a consumer has experienced pain on a verbal scale on ‘7 out of 10’ during dressing changes, there is no follow up or review of successful strategies
* when used, non-pharmacological pain management strategies are not regularly reviewed for effectiveness.

The Assessment Team noted that clinical staff regularly administered chemical restraint medication to a consumer in response to agitation and requests for assistance. The pain and agitation was not adequately managed and the cause of the consumer’s pain not resolved in a timely way. Progress notes document behaviours of the consumer with no satisfactory follow up investigation or tailoring of care to optimises consumer health and well-being. Representatives raised concerns about the management of consumer pain.

The Assessment Team also found a consumer with bilateral contractures of the hands and an advanced cognitive impairment, has a care plan stating they can use a call bell for assistance. There are no strategies listed to guide staff on monitoring requirements for the consumer who actually cannot use the call bell for assistance

In response to the Assessment Team’s findings the approved provider submitted further documentation. It outlines ways the service is addressing the documentation and identification of wounds, pressure area care, the management and identification of wound and pressure area deterioration and pain management. The approved provider also outlined the information management system used to manage and document actions taken to minimise instances of unidentified risk to consumers. The response included some consumer care plans and progress notes. It also included information about education and guidance provided to staff members since the site audit involving maintaining and managing skin integrity, pain and behaviour management.

In making my decision I have considered the Assessment Team’s report and the response from the approved provider. I acknowledge that the provider has considered deficits identified at the site audit and there have been actions taken to address the findings in the Assessment Team report. For example, educating staff not to document verbalising nil pain, when residents are unable to verbalise and counselling staff about correct documentation and proper pain assessment practices as well as the use of other methods for consumers to convey pain levels. I also acknowledge that some wounds reviewed at the site audit have been resolved and attempts at managing the behaviour of a consumer are ongoing. However, I consider that at the time of the site audit the safe and effective clinical care in particular in relation to pain, wound management was not demonstrated. I therefore find this requirement not met.

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

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

The Assessment Team found the service does not consistently manage high impact or high prevalent risks particularly in relation to pressure injury and behavioural management and falls. It found the post fall review process is not consistently timely and multidisciplinary meetings to discuss falls prevention are not conducted as per the service’s stated approach.

The response from the approved provider demonstrates falls are reviewed in consultation with physiotherapists, general practitioners, registered nurses and other allied health as required (i.e. psych-geriatrician/aged care mental health support team). The service has in-house physiotherapist/occupational therapist services that reviews all residents post falls. A falls investigation is completed with the above multi-disciplinary team and a subsequent falls investigation tool is completed for all residents at risk of falling that also takes into account psychotropic medication reviews.

Behaviour management while acknowledged by the approved provider as challenging is ongoing including sourcing appropriate support from general practitioners in consultation with representatives and includes when required reviews of psychotropic medication.

Recent changes to the management of wound care have been instituted and all wounds are to be managed by the Clinical Care Managers to ensure strategies are effective. General practitioners, wound consultants and other allied health are engaged where necessary to assist the service in the ongoing care of the wounds and or pressure injuries.

In making my decision I have considered the Assessment Team’s report and the response from the approved provider. Based on the evidence available I find that the service has satisfactorily addressed the deficits identified in the Assessment Team report and instituted practices demonstrating compliance with this requirement. High impact or high prevalent risks particularly in relation to falls is effectively managed. Behaviour management is ongoing. I therefore find this requirement met.

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

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

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

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

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

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

The Assessment Team found the service did not demonstrate that all consumers’ information is updated and current. Handover information within the service is not communicated in a way that always identifies current conditions and for example does not consistently include risks such as pain, chemical restraint or skin integrity changes.

Care plans reviewed at the site audit demonstrated inconsistent or limited information regarding care needs.

The Assessment Team findings include:

* care needs, interventions and monitoring was not always communicated within the organisation to reflect the consumer’s condition, needs and preferences
* progress notes are not adequately detailed to describe interventions, wound location and wound progression
* lines of communication such as handover, verbal escalation, incident reporting and meetings did not effectively communicate consumer information between those who share care of consumers
* clinical risk and wound stage information was not current, not updated on handover documents until after the site visit was commenced and the reason given was issues with the transfer of documentation to an electronic system
* consumer clinical data was found to be inconsistent and incomplete and clinical risks not addressed appropriately resulting for example, in adverse outcomes for consumers such as a lack of timely and often inadequate identification of wound and pressure area deterioration being communicated to all stakeholders.

I have considered the response from the provider stating that the service has quarterly care plan reviews and monthly resident of the day reviews that involve staff, residents, general practitioner and family/representatives and that weekly clinical risk meetings are held resulting in the escalation of high-risk issues. The service considers the Assessment Team findings about a sampled consumer is an anomaly, and that the service’s information systems support consumer needs and preferences being documented and communicated within the organisation.

However, based on the available evidence from the approved provider and the overall Assessment Team findings about incomplete and inconsistent documentation, adverse consumer outcomes for wound care, pressure injuries and behaviour management at the time of the site visit, I do not consider the service has demonstrated compliance with this requirement. I accept that the service is transferring information to an electronic system and while it maintains it communicates effectively within the organisation I consider at the time of the site audit the service has not adequately demonstrated compliance with this requirement. I therefore find this requirement not met.

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

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

The Assessment Team found the service did not demonstrate that timely referrals to specialist services or other organisations are conducted as soon as practicable after a change in condition is identified. File review demonstrated delays with referrals to specialist services when consumer’s wounds deteriorate or remain unhealed for extended periods of time resulting in adverse outcomes for consumers including delays in the management and resolution of wounds.

The response from the approved provider supplied further information demonstrating timely multidisciplinary approaches including referrals to individuals and providers of consumer care are in place. For example, specialist referral was made to explore the cause of a consumer’s behaviour and for support to be offered for more effective strategies for ongoing consumer care.

In making my decision I have considered the Assessment Team Report and the information supplied in the approved provider’s response. Based on the evidence available I find that the service has demonstrated compliance with this requirement and that the further information supplied satisfactorily demonstrates timely and appropriate referrals are undertaken. I therefore find this requirement met.

### 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 support for daily living

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 4

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

Most sampled consumers and residents considered that they get the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do. For example:

“I like playing on my ‘iPad’, watching television, gardening, sleeping and doing what I feel like throughout the day. I also like driving my care to go shopping and meet my friends.

Consumers and representatives sampled indicated satisfaction that their emotional, spiritual and psychological wellbeing were promoted. They were satisfied communication about consumer needs occurred within the organisation and with others as appropriate.

Care and lifestyle staff know the consumers and their care plans reflect the current goals, and preferences of consumers to optimise their independence, quality of life and maximise their health and wellbeing.

Consumers sampled are supported by staff to maintain relationships and connections with those people who are important to them and do things of interest to them.

Consumers sampled mentioned that they are satisfied with the meals provided and that the meals are varied and of suitable quality and quantity.

Staff described ways they provide effective services and supports for consumers including meal services. Equipment provided is safe, suitable and well maintained.

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

## Assessment of Standard 4 Requirements

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

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

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

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

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

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

### Requirement 4(3)(d) Compliant

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

### Requirement 4(3)(e) Compliant

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

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

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

Consumers and representatives commented they feel at home and representative felt welcome when they visit the service.

Consumers a representative interviewed find the service environment safe, clean and well-maintained.

Consumers expressed their satisfaction on the cleanness of their environment and furniture and equipment is safe and fit for purpose.

Staff interviewed confirmed cleaning and maintenance processes for equipment.

Observations showed the furniture, fittings and equipment are safe, suitable and well-maintained.

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

## Assessment of Standard 5 Requirements

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

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

### Requirement 5(3)(b) Compliant

*The service environment:*

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

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

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

# STANDARD 6 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

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers considered that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

Most consumers said that they felt comfortable raising concerns about their care and services, and confident that management would take action.in response to feedback.

Management described ways that consumers with difficulty communicating due to language or cognition are supported to make complaints and provide feedback.

Consumers and representatives said that when something goes wrong they are contacted by management and the issue is explained to them, and staff apologise.

Most consumers and representatives were satisfied with the complaints process and could describe changes that had been made to improve care, and comfort as a result of their complaint.

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

## 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-COMPLIANTHuman 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

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

Some sampled consumers did not consider that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives said that the number of staff and the variety of tasks in their roles does not always enable quality of care and provided examples of how staffing impacts on them however spoke highly of staff and said that they are kind and respectful. However, some consumers gave feedback that a few staff who were not and described occasions where they had been spoken to briskly by staff or been upset by staff.

Staff said that shift vacancies impact on consumer care through lack of supervision and assistance, difficulty completing assigned tasks and providing individualised care.

Although most interactions observed by the Assessment Team were kind and respectful, two separate observations of multiple staff ignoring a consumer requesting help, and the frequent use of condescending language were noted to be unkind and not respectful.

It was reported during the site audit recruitment across a number of vacancies was ongoing.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

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

The Assessment Team found that management was aware of current staffing issues raised by consumers and staff. It found this requirement not met as staff said that shift vacancies impact on consumer care resulting in a lack of supervision and assistance to consumers, difficulty completing assigned tasks and providing individualised care to consumers.

However, I have come to a different view based on further information submitted by the approved provider in response to the Assessment Team report. Management demonstrated they use a range of strategies to fill vacant shifts, to ensure staffing levels and the skill mix meet consumer’s needs, and there is ongoing recruitment. Daily review is undertaken monitoring staffing in order to address specific shortages and consumer acuity and numbers.

While management actively recruits staff across all workgroups, staff retention was acknowledged as an issue. The service maintains 24-hour registered nursing coverage, as well as a clinical care managers and a general Manager who are all qualified registered nurses. The response from the provider included detailed analysis of call bell response times indicating a very high level of responsiveness and follow up of any responses not meeting the response time criteria.

In making my decision I have considered the Assessment Team report and the response from the provider in relation to staffing, rosters and call bell activity. Based on the information available and notwithstanding the acknowledgment of issues with staff retention, on balance I consider the provider has demonstrated compliance with this requirement. The service always maintains 24-hour registered nursing coverage, as well as a clinical care managers and general manager who are all qualified registered nurses. The provider has demonstrated it maintains appropriate staffing numbers and the workforce is planned and actively monitored. I therefore find that this requirement is met.

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

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

Most consumers and representatives spoke highly of staff and said that they are kind and respectful however some gave feedback that a few staff were not and described occasions where they had been spoken to briskly by staff or been upset by staff. Although most interactions observed by the Assessment Team were kind and respectful, two separate observations of multiple staff ignoring a consumer requesting help, and the frequent use of condescending language were noted to be unkind, neglectful and not respectful.

For example, the Assessment Team observed a consumer with behavioural issues not attended to for an extended period of time and when calling out for assistance noted interventions by staff are ineffective and behaviour charting was absent.

The Assessment Team found staff did not consistently display an understanding of dementia care or how to respond to unmet needs in a timely or respectful manner. The team observed a consumer who called out for help on five occasions at the time of 2.15 pm with no response from care or clinical staff who were seated in the nurses’ station with clear view and within auditory range.

Progress notes did not reflect staff knowledge related to dementia care, pain assessment or clinical analysis of arising needs. Notes were not written in a person-centred manner and did not consistently demonstrate a respectful approach.

I acknowledge management reported an ongoing focus on staff culture through discussion with staff around what language and values are acceptable at the service, and non-negotiable values’ code of conduct training was conducted during the site audit. ‘Non-negotiable’ values are displayed throughput the service, regular training sessions are held through the year on codes of conduct. Management has noted in its response Person First training is mandatory and customer service and staff behaviour is addressed as it arises.

In making my decision I have considered the Assessment Team report and the response from the approved provider. I acknowledge that management have engaged in ongoing education and addressed the concerns raised by the Assessment Team about staff behaviour by educating staff.

However, based on the information available including observations of consumers, representatives and the Assessment Team of impact on consumers from staff behaviour I consider that the service has not demonstrated compliance with this requirement. I therefore find this requirement not met.

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

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

Some consumers and representatives identified areas of care where staff knowledge was lacking or where staff were not competent in providing care. The Assessment Team found staff interviewed provided feedback regarding their practices and clinical reasoning which indicates some gaps in competence.

The Assessment Team also note progress notes did not demonstrate consideration of pain, potential bladder irritation related to infection or urinary retention for a consumer with a history and diagnosis of prostate cancer. No urine test or delirium screen was conducted when the consumer exhibited agitation or restless behaviour.

The Assessment Team responded to a consumer with dementia being ignored repeatedly by staff, asking for help on his behalf approaching a care staff member for assistance. The care staff member stated they had “no intention of providing assistance as the consumer just wants us at their beck and call all the time and we just do not have time for it. They want to go to the toilet and then just sits there doing nothing. This happens over and over again”.

Another staff member said, “We can’t babysit the consumer all the time”.

In response to the Assessment Team’s question about whether the consumer had pain both the registered nurse and the care staff member said categorically that the consumer did not have pain. When questioned by the Assessment Team about when the consumer was last assessed for pain, both responded that they did not have pain, however, could not explain how that conclusion was drawn without an assessment and there was no discussion about why the consumer was calling for help.

The Assessment Team observed the consumer still seated at the dining room table not engaged in any activities from 2.15 pm until 4.05 pm. At no time during these observations did the Assessment Team observe staff interactions with the consumer.

A representative said staff were not always knowledgeable about dementia care and could improve competence in deescalating challenging behaviours.

Another representative said there is a lack of time for person centred care and a lack of consumer supervision.

A consumer reported having to explain to staff the importance of having her medication at regular set times to reduce her risk of adverse outcomes and pain. The consumer does not think the staff understand the importance of administering medication at regular times or the impact not receiving the medication has on her.

I acknowledge the organisation has set out clear competencies for each role and provided information about staff completion of education and training and has a person-centred care approach and ethos. However, based on the information available in the Assessment Team report and the approved provider’s response I consider that while education may have been provided there are gaps in the staff knowledge in relation to some aspects of clinical and personal care. Further education is needed to ensure staff are competent and can effectively perform their roles. I therefore find this requirement not met.

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

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

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

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

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 8

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers considered that the organisation is well run and that they can partner in improving the delivery of care and services.

Consumers interviewed were satisfied that the service was well run.

Management reported ways consumers are engaged and supported to develop, deliver and evaluate care and services through varied strategies.

The governing body promotes safe and inclusive care through recognition of the individual consumer, their choices and identity.

Management described the identification of continuous improvement opportunities through monthly review of consumer feedback, monitoring clinical incidents and through internal audits conducted by the quality team.

The Assessment Team found risk systems and practices are in place and the service has a clinical governance framework, based on the framework of the approved provider.

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

## Assessment of Standard 8 Requirements

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

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

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

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

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

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

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

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

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

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

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

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

The Assessment Team found that while the service has a framework of clinical governance it did not demonstrate that it was effective in delivering best practice or identifying clinical risk to consumers. Staff described knowledge of identifying risk, but it was found that reports of wound deterioration in a consumer did not trigger identification and monitoring by management.

The response from the approved demonstrates the service references Bupa’s clinical governance framework as a guide with clinical policies and practices relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. While the Assessment Team found the requirement not met I consider that the service does have a framework of clinical governance and it is used where clinical care is provided for monitoring the clinical care undertaken. The impact of the effectiveness of the delivery of clinical care has been considered under requirement 3(3)a

In making my decision I have considered the Assessment Team Report and the evidence available in the response from the approved provider. I have found the approved provider has demonstrated compliance with this requirement. I therefore find this requirement met.

# 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.

* ensure improvements are made to management of clinical care relating to wounds, pressure care injuries, pain and behaviour
* implement further education about understanding and caring for consumers with dementia and audit staff knowledge and competencies to ensure they are equipped to perform their roles
* implement further education to foster workforce interactions with consumers that are kind, caring and respectful of each consumer’s identity, culture and diversity.