Bupa Seaforth

Performance Report

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**Commission ID:** 1034

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

**Site Audit date:** 9 December 2020 to 14 December 2020

**Date of Performance Report:** 5 February 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** | **Non-compliant** |
| Requirement 1(3)(a) | Non-compliant |
| Requirement 1(3)(b) | Non-compliant |
| Requirement 1(3)(c) | Non-compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Non-compliant |
| Requirement 1(3)(f) | Non-compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Non-compliant** |
| Requirement 2(3)(a) | Non-compliant |
| Requirement 2(3)(b) | Non-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) | 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) | Non-compliant |
| **Standard 4 Services and supports for daily living** | **Non-compliant** |
| Requirement 4(3)(a) | Non-compliant |
| Requirement 4(3)(b) | Non-compliant |
| Requirement 4(3)(c) | Non-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** | **Non-compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Non-compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Non-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) | Non-compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Non-compliant** |
| Requirement 8(3)(a) | Non-compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Non-compliant |
| Requirement 8(3)(d) | Non-compliant |
| Requirement 8(3)(e) | Non-compliant |

# Detailed assessment

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

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

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

* the Assessment Team’s report for the Site Audit from 9-14 December 2020; 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 Assessment Team’s infection control monitoring checklist dated 9 December 2020.
* the provider’s response to the Site Audit report received on 3 February 2021 and 5 February 2021 with a written response and supporting evidence.

# STANDARD 1 NON-COMPLIANT Consumer dignity and choice

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 1

Some consumers sampled (or a representative on their behalf) considered the consumer was treated with dignity and respect, was able to maintain connections with others, was supported to take risks and had their privacy upheld. However, some provided feedback about the consumer not being treated with respect or not having their privacy upheld, the staff not knowing the consumer’s background and what is important to them, and the consumer’s decisions not being supported.

This feedback and interviews with management and staff, documents reviewed and observations made showed the sampled consumers had been supported to take risks. It also showed that for some sampled consumers their background and what is important to them had not informed the way they were treated by the staff or the provision of culturally safe care and services, and their personal and information privacy had not been upheld. It shows while some information had been provided to consumers it was not always current and accurate and was not easy to understand to enable the exercise of choice, and decisions by consumers about their day to day care and services were not always understood or had not been supported.

The approved provider’s written response and supporting evidence provided additional information to clarify matters relating to some named consumers, however overall this did not demonstrate compliance with most of the requirements under this Standard at the time of the performance assessment.

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

## Assessment of Standard 1 Requirements

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

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

The assessment team’s report includes that most consumers interviewed (or a representative on their behalf) thought the consumer was treated with dignity and respect, however one consumer described an occasion when staff did not show them respect. Care staff interviewed did not have an understanding of each sampled consumer’s background and what is important to them. Documentation about the sampled consumers did not show their background and what is important to them informs the delivery of their care and services. Some observations made showed staff were not treating a consumer with respect and were not upholding the dignity of consumers.

The approved provider’s response includes a description of Bupa’s standard processes for gaining an understanding of the backgrounds and life stories of the consumers and what is important to them, for communicating this information to the staff including through care planning, and for supporting staff in relation to consumer diversity. It includes at the service each consumer has relevant assessment completed and as these are developed with the involvement of the consumer and/or representative they have different levels of detail depending on the information disclosed.

The provider’s response includes that now the draft care plans will be provided to the consumer/representative to verify they fully meet the consumer’s needs, goals and preferences, and the Aged Care Diversity Framework is now being referred to as a way to strengthen the systems. It includes since the performance assessment pre-planned training from The Centre for Cultural Diversity in Ageing has been completed.

The supporting evidence includes consumer focus group results for September-October 2020 with groups of six to 12 consumers and feedback on topics relevant to the Quality Standards. Overall the results were positive with some areas for improvement noted and details provided about the actions taken. It also includes personalisation quality audit results from May and August 2020. From May 2020 there were no areas requiring improvement and from August 2020 some areas for improvement were noted and details provided about the actions taken.

The provider’s response includes information and supporting evidence about the named consumers:

* In relation to feedback given to the assessment team by one consumer the response includes on the one hand the consumer is living with cognitive impairment, and on the other hand the service’s staff have since completed a consumer experience survey with the consumer and they are satisfied with the choice of activities available. The provider’s position about whether this consumer can communicate their views and whether reliance should be placed on any information they provide is unclear.
* In relation to feedback given to the assessment team by another consumer, the response addresses that their stated preference has been to eat breakfast in their room. While one of the supporting documents reflects they like to do so between 9.00am-11.00am this was in May 2020 and the consumer’s feedback to the assessment team was that on the day in question their breakfast was late.
* In relation to staff interviewed by the assessment team knowing some aspects of the consumer’s background and preferences, but not knowing their culture, identity and what is important to them, the response includes a cultural profile was available to the staff and had been communicated to them during a care conference. However, the cultural profile is general information about that culture not information specific to the individual consumer, elsewhere in their response the provider acknowledges that relevant assessment had not been completed for this consumer, and staff did not know the information and said they had not read the consumer’s care plan. The response includes cultural diversity training has since been provided to the staff and the consumer was unable to participate in a consumer experience survey; and elsewhere in the response that the assessment has since been completed as shown in supporting evidence.
* In relation to the assessment team’s observations that staff did not interact with a consumer, the response includes there has since been staff training about interacting and engaging with consumers.
* In relation to staff interviewed by the assessment team not knowing what was important to a consumer, the response includes that information was available to the staff. This does not address that the staff interviewed did not know this information.

The assessment team’s findings and the approved provider’s response show at the time of the performance assessment some consumers were not treated with dignity and respect and/or their identity, culture and diversity were not valued.

I find this requirement is Non-compliant.

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

*Care and services are culturally safe.*

The assessment team’s report includes that two consumers interviewed provided feedback that staff do not know them, including their backgrounds and preferences. It includes relevant staff training had not been completed by many of the staff, the staff interviewed did not know the backgrounds and preference of these two consumers, and could not provide examples of culturally safe care and services for them. The report reflects consumer documentation and observations made did not show culturally safe care and service delivery for the consumers sampled.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to feedback given to the assessment team by one consumer the response includes that the interest the consumer expressed to the assessment team was not one they had expressed to the service’s staff, including during relevant assessment; and a consumer experience survey since conducted with them showed they did not suggest any other activities they would enjoy doing. It includes the consumer’s individual activity plan has been updated to reflect their stated interests.
* In relation to feedback given to the assessment team by one consumer about wanting to attend church services but not having been able to do so and staff not knowing about this being important to the consumer, the response includes the consumer had previously advised they did not wish to attend church services consistent with what is documented in their care and service records and they have been assessed as having cognitive impairment. Progress notes provided about action taken since the performance assessment show the consumer would like to reconnect with their pastor.
* In relation to staff interviewed by the assessment team not knowing what the consumer’s culture meant to them or how to assist the consumer in relation to their spiritual needs, the response includes there was information in the relevant assessment about the consumer’s culture and faith and a relevant cultural guide was available to the staff. It includes action taken since the performance assessment was to meet with the consumer’s representative to review the consumer’s cultural and spiritual preferences.
* In relation to the relevant assessment for one consumer being incomplete, the provider agrees with this statement and action taken since the performance assessment was to review this in consultation with the consumer’s representative. However, the response includes the provider disagrees there was no information to guide staff in assisting the consumer with their spiritual needs as a cultural guide was available. It is noted this is a general cultural guide and not a plan of care setting out how staff are to meet the individual needs, goals and preferences of the named consumer.
* In relation to this consumer remaining in her room with little interaction from staff during the performance assessment, the response includes for the first three days of the performance assessment the consumer was quarantined while awaiting a COVID-19 test result. This information and the evidence of staff training about interacting and engaging with consumers is noted.

The assessment team’s report and the approved provider’s response shows at the time of the performance assessment culturally safe care was not being provided to some consumers.

I find this requirement is Non-compliant.

### Requirement 1(3)(c) Non-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.*

The assessment team’s report includes that most consumers interviewed (or a representative on their behalf) provided feedback that consumers are able to stay connected with family and friends. Some explained they are able to make decisions about their own care and services, but others provided information about their decisions not being supported. This related to COVID-19 restrictions in some cases.

The report includes that from interview with management and staff it was shown that consumers have been supported to stay connected with family and friends, there are processes for consumer decision-making, and consumer choice has been impacted in some ways due to COVID-19 restrictions. It includes that an observation made and review of documentation showed consumer choice in day to day matters had been supported.

The approved provider’s response includes a description of Bupa’s standard processes for understanding consumer choices and what is importance for their independence, for sharing this information with staff and ensuring it is implemented, and for reviewing and updating this information. It includes the service now ensures the care plan is received by the consumer or their representative to verify it fully addresses the consumer’s needs, goals and preferences.

The response includes the assessment team did not understand the organisation’s response to the Northern Beaches COVID-19 hotspot restrictions, and consumer feedback was not considered in this context. Supporting evidence includes results of a focus group in June 2020 that the five consumers who participated felt supported during the COVID-19 restrictions. It is noted this is prior to the additional restrictions required due to the Northern Beaches COVID-19 hotspot.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to feedback given to the assessment team by one consumer that they had not been asked about their preferences, the response includes the provider disagrees with this and a consumer experience survey completed with this consumer found they are happy. While the consumer was satisfied all or most of the time in relation to topics covered these did not include being asked about their preferences. It is noted the assessment team’s report includes feedback from another unnamed consumer saying no one has asked them about their preferences.
* In relation to feedback given to the assessment team by two consumers about not knowing why they are living at the service and feeling restricted as they cannot go out of the service as they used to do, the response includes since the performance assessment the consumers have been made aware of why they are living at the service and are happy, they have been on a bus outing and a case conference was held with their representative. It also includes assessment shows one of the consumers is living with cognitive impairment, and they both went on bus outings in November and December 2020.
* In relation to discussion by the assessment team with service management about this and it being explained consideration was being given to one of the consumers moving to another room in consultation with their family, the provider agrees with this and an update is following further discussions the decision by one of the consumers was that a room move would not take place.
* In relation to feedback given to the assessment team by a consumer and their representative about the consumer not being able to go for walks or to church services and the restrictions impacting the consumer’s mental health, the response includes the consumer goes for daily walks and service management applied within the organisation for permission to facilitate the consumer’s representative taking her out of the service during COVID-19 restrictions. The response includes documentation showing the consumer’s representative asked the consumer be taken to the garden for walks in January 2021, an activity plan for the consumer with an update made following this about gardening and walks, and an activity record that the consumer went for a walk most days in January 2021. It includes documentation confirming assessment of need and referral for additional emotional support being made and permission being sought for the consumer to be taken out of the service prior to the performance assessment.
* In relation to feedback given to the assessment team by a consumer about wanting but not being enabled to go out of the service on social leave, the response includes the consumer’s relevant assessment and planning reflects they enjoy a range of activities and their activity record reflects they are participating in activities including bus outings. It is noted the feedback from the consumer and their representative was not about activities generally, but about going out of the service on social leave and evidence of this in the lead up to the performance assessment showed it occurred once in November 2020. The response shows since the performance assessment a case conference has been held with the consumer’s representative and in January 2021 the consumer had social leave twice. It is noted over this time the health directions in place relating to the COVID-19 restrictions changed.
* In relation to feedback given to the assessment team by a consumer about not being able to go out of the service despite a risk assessment being in place and this restriction affecting their mental health, the response includes the provider agrees with this. It includes a geriatrician has noted since the performance assessment there are known safety risks associated with the consumer going out of the service independently, and they will need to be reassessed in relation to this when relaxation of the COVID-19 restrictions allow going out of the service. No information or supporting evidence was provided about this having occurred.

The assessment team’s report and the approved provider’s response shows at the time of the performance assessment some consumers had not been supported to make decisions about their own care and services.

I find this requirement is Non-compliant.

### 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) Non-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.*

The assessment team’s report includes feedback from consumers (or a representative on their behalf) about some information not being provided that enables the exercise of choice. As documented under this requirement and across other requirements in the report, this relates to availability of the activities schedule and the menu and communication about changes impacting consumers and visitors.

The report includes the activities schedule was displayed in the service environment and in some consumer rooms, and staff advised they verbally notify consumers of any change to the activities. It includes staff said they had access to aids for communicating with two consumers who use a language other than English but not any others, and a minority of staff had received related training.

The approved provider’s response includes a description of Bupa’s standard processes for providing information to consumers and their representatives, including that for 100% of consumers there is a completed orientation checklist and compliance with the care conference process, that resident/relative meetings have been held, and that meeting minutes, newsletters and activities programs have been emailed to consumer representatives monthly. It includes an acknowledgement of a short gap in the menu being published which was being addressed at the time of the performance assessment, that no other consumers required translating and interpreting services, and the provider disagrees the training records reflect poorly on staff practice. The supporting evidence includes minutes showing a resident/relative meeting took place in October 2020.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to feedback given to the assessment team by a consumer and a consumer representative about not receiving the menu, the provider agrees with this and advises menus are again being circulated to consumers, displayed on dining tables and are being sent to consumer representatives on a monthly basis.
* In relation to feedback given to the assessment team by a consumer and a consumer representative about not knowing what activities are scheduled and from a consumer representative about needing to ask numerous times for the activities schedule, the provider’s response includes:
* The activities schedule is available in the consumers’ rooms and in the dining room. This does not address that the consumer did not know what activities were scheduled.
* The activities schedule has been communicated to one of the consumer representatives. The supporting evidence includes a newsletter for October 2020 including the November 2020 activities schedule. It also includes a print out with information about e-communication with the consumer representative from 2 October to 4 December 2020 showing a newsletter was sent on 2 November 2020. The level of detail able to be seen in this document does not show a monthly newsletter was sent with the activities schedule for December 2020.
* The activities schedule has been communicated to the other consumer representative. The provider’s response refers to the evidence as for the consumer representative above and does not include any evidence of e-communication on this topic with this consumer representative. Other records provided of communication with this consumer representative show there has been discussion about the activities the consumer participates in, but these do not show the activities schedule has been provided.
* In relation to feedback given to the assessment team by a consumer representative about communication being poor including in relation to visitation requirements, the provider’s response includes a print out with information about e-communication with the consumer representative from 2 October to 4 December 2020 with some indications, based on the level of detail in the document, that this has included the topics of COVID-19 and visitor arrangements. It includes the family have been invited to attend a case conference and the service is awaiting their response.
* In relation to feedback given to the assessment team by a consumer representative about communication and information needing to improve and there being inconsistencies in this, the provider’s response includes there have been discussions with the representative during the consumer’s monthly focus day and there has been education for the staff about open disclosure as shown in supporting evidence. The response includes other information about church services and spiritual programming on the television and about the need for COVID-19 safe measures to be taken, but not the related information and communication with consumers/representatives about this.

Overall while some information has been provided and some communication has occurred with consumers/representatives to enable them to exercise choice, it has not been demonstrated current and accurate information has been provided or that the information has been provided in a way that is easy to understand to enable some consumers to exercise choice.

I find this requirement is Non-compliant.

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

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

The assessment team’s report includes most consumers interviewed (or a representative on their behalf) said consumer personal privacy is respected. However, a consumer and a consumer representative provided feedback about an unauthorised disclosure of consumer personal and sensitive information; and review of documentation indicated this breach was being looked into. While staff interviewed spoke of relevant ways they uphold consumer privacy, observations made showed consumer personal and information privacy was not upheld on some occasions and a minority of staff had received related training.

The approved provider’s response includes it is not usual practice for consumer files to be left unsecured and the consumer information privacy breach had been identified and addressed prior to the performance assessment. The supporting evidence supports that the consumer information privacy breach was addressed as stated. The provider’s written response does not address other information in the assessment team’s report about staff observed not showing respect for the personal privacy of consumers. Education records provided as supporting evidence show related staff training was recently provided to six staff.

During the performance assessment staff were not respecting consumer personal privacy and were not keeping consumer personal information secure for confidentiality. The provider had not ensured all staff were aware of their related responsibilities prior to the performance assessment and it has not been demonstrated they have done so since then.

I find this requirement is Non-compliant.

# STANDARD 2 NON-COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

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

### Organisation statement:

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

## Assessment of Standard 2

Overall consumers sampled (or a representative on their behalf) provided information about being involved in consumer assessment and care planning on an ongoing basis as a partner in care, being advised of the outcomes of assessment and care planning, and the care plan being made readily available to them.

This feedback and interviews with management and staff, documents reviewed and observations made confirmed assessment and care planning was based on ongoing partnership with consumers and others; and the outcomes of assessment and care planning had been effectively communicated to consumers and care plans made available to them.

However, this feedback and interviews with management and staff, documents reviewed and observations made showed assessment and care planning was not inclusive of the current needs, goals, preferences and risks associated with the health and well-being of the sampled consumers. While assessment and care planning had been reviewed regularly for some consumers, it had not for others; and it had not been reviewed and updated for the consumers sampled when their circumstances changed or an incident occurred impacting their needs.

The approved provider’s written response and supporting evidence provided additional information to clarify matters relating to some named consumers, however overall did not demonstrate that assessment and planning for some consumers addressed their current needs and identified risks associated with their care and did not demonstrate their care and services had been reviewed when the consumer’s circumstances changed or an incident occurred impacting their needs.

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

## Assessment of Standard 2 Requirements

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

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

The assessment team’s report includes the organisation has processes for consumer assessment and care planning inclusive of risks and relevant staff were familiar with those processes. However, those processes had not been effectively implemented as review of care and services documentation for a sample of consumers showed assessment and/or care planning did not reflect known risks associated with the health and well-being of the sampled consumers.

The approved provider’s response has information about staff rosters, staff orientation, staff being appropriately skilled and qualified and matching of staff to the complexity of care needs; this is relevant to other requirements under the Quality Standards and has been considered there. It includes care managers have been provided with additional training in using the Bupa clinical risk register and the consumer focus day process will be reviewed to better align with the requirements under the Quality Standards. The response also includes these actions have been linked to the service’s plan for continuous improvement.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to risk associated with mental health for a consumer, the provider agrees a mental health risk assessment was not completed when new information about increased risk became available and advises this has since been completed as shown in supporting evidence. They write a depression assessment had been completed; it is noted this occurred prior to the time of the increased risk. The provider also advises and provides supporting evidence showing the consumer had been referred to an older persons counselling service and that service provision has since commenced. They write the counselling service did not identify the consumer to have that increased risk. This does not demonstrate an understanding of this requirement, which is about assessment and planning including consideration of risks and that when there was reported increased risk for the consumer this was not acted upon through timely assessment to understand the risk and plan accordingly for safe and effective care and service provision.
* In relation to risk associated with mental health for another consumer, the provider agrees a mental health risk assessment was not completed and the care plan did not include information about risks associated with prescribed psychotropic medications. They advised a depression assessment had been completed as shown in supporting evidence. The provider has advised a mental health risk assessment has since been conducted and a referral to an older persons counselling service had been made as shown in supporting evidence. The provider also agrees the care plan did not include information about risks associated with psychotropic medication and advised a pharmacy is providing this information and it will be incorporated into the medication care plans of all relevant consumers.
* In relation to risk associated with self-administration of medication by a consumer, the provider agrees the risks were not assessed and confirms that relevant assessment with the consumer took place during the performance assessment.

At the time of the performance assessment consumer assessment did not include consideration of risks to the health and well-being of three consumers to inform the delivery of safe and effective care and services.

I find this requirement is Non-compliant.

### Requirement 2(3)(b) Non-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’s report includes there are relevant policies and procedures to guide management and staff and the staff interviewed were familiar with them. It includes staff described their approach to discussions about consumer advance care and end of life planning, and consumers interviewed (or a representative on their behalf) confirmed these discussions had taken place. However, the report shows assessment and care planning did not reflect the needs, goals and preferences of the consumers sampled, and staff were not always familiar with consumer needs, goals and preferences.

The approved provider’s response includes consumers undergoing end of life planning are directly monitored and cared for by registered nursing staff supervised by the clinical care manager. The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to a consumer’s assessment and care plan not reflecting they had been reviewed by an allied health professional and not incorporating recommendations from that review, the provider agrees the assessment was not updated and advised this has since occurred as shown in supporting evidence. Also that a progress note entry was made by a registered nurse at the time and the consumer’s care plan was updated with the information as shown in supporting evidence.
* In relation to this same consumer returning to the service from hospital with a new specialised nursing care need and this not being reflected in the consumer’s care plan, supporting evidence shows the care plan was updated to include this information however that the assessment was completed six days later.
* In relation to one of the named consumers the provider writes they were not receiving end of life care so the findings of the assessment team are not applicable to this requirement. This does not demonstrate an understanding of this requirement which is about assessment and planning to identify and address the current needs, goals and preferences of consumers. This includes but is not limited to advance care and end of life planning.
* In relation to this same consumer and their needs being unclear due to conflicting information, the provider advises the consumer’s dignity of risk care plan was ceased on 10 December 2020 so staff were following the correct process on that day. However, the dignity of risk care plan includes two different dates of when the plan was ceased, on 10 and on 11 December 2020.

In relation to information in the assessment team’s report about changes to a consumer’s swallowing and fluid intake not being updated in their assessments, the provider did not specifically address this in their response.

At the time of the performance assessment consumer assessment and/or care planning had not been updated in a timely manner to reflect the current needs of two consumers.

I find this requirement is Non-compliant.

### 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’s report includes there are relevant procedures to guide management and staff, the staff interviewed were familiar with these, and care planning for some consumers had been reviewed regularly. However, the report includes care planning had not been reviewed and updated when the circumstances of the consumers sampled had changed. It includes that care plans of some consumers had not been reviewed regularly, however it is noted the evidence provided does not support this.

The approved provider’s response includes the service has robust processes that are 100% compliant to Bupa’s clinical governance and process expectations, and a description of the processes is provided such as care plan review being undertaken third monthly at a minimum and when clinically indicated. It includes the consumer focus day process needs to be strengthened to better align with the requirements of the Quality Standards.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to a consumer’s care plan not including information about their changed needs relating to infection and the need for isolation, the supporting evidence shows the consumer’s care plan did include information about the infection and related interventions.
* In relation to a consumer’s care plan not including information about a new specialised nursing care need, supporting evidence shows the care plan was updated to include this information however that the assessment was completed six days later. This has been taken into account under Standard 2, Requirement (3)(b).
* In relation to a change to a consumer’s clinical monitoring plan not reflecting the doctor’s directive, the provider agrees with this and advises of actions taken to address this and prevent it from reoccurring.

The assessment team’s report also included under other requirements information about consumer assessment and care planning not being reviewed when their circumstances changed or an incident impacted their needs; and the approved provider’s response included information about this. For example: for a consumer who had two unwitnessed falls there was no falls investigation undertaken to inform effective care and service delivery, and the provider advises staff have since been provided with falls management training.

The assessment team’s report and approved provider’s response show at the time of the performance assessment the care and services had not been reviewed for some consumers whose circumstances had changed or who had experienced an incident impacting their needs.

I find this requirement is Non-compliant.

# 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

Some consumers sampled (or a representative on their behalf) considered that personal and clinical care had been provided that was safe and right for the consumer, however one consumer reported their pain was not well managed.

This feedback and interviews with management and staff, documents reviewed and observations made showed the needs, goals and preferences of sampled consumers nearing end of life were met; and deterioration or change in the condition of consumers sampled was recognised and responded to in a timely manner. It also showed information about the condition of the consumers sampled had been effectively communicated, and timely and appropriate referrals had been made to other services for the consumers sampled.

However, this feedback and interviews with management and staff, documents reviewed and observations made showed the consumers sampled had not received safe and effective personal and clinical care and that high-impact and high-prevalence risks associated with their care had not been effectively managed. It also showed a lack of training and understanding by some staff of antimicrobial stewardship but that overall it was being practiced, and there were breaches in standard and transmission based infection control measures.

The approved provider’s written response and supporting evidence provided additional information to clarify matters relating to some consumers, however overall did not demonstrate other consumers had been provided with safe and effective personal and clinical care or that high-impact and high-prevalence risks associated with their care had been effectively managed. It did not address all of the specific breaches in infection control practice at the service.

The Quality Standard is assessed as Non-compliant as three 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 assessment team’s report includes there are relevant policies and procedures to guide management and staff and the staff interviewed were familiar with them, but not with the specific care needs of two consumers sampled. It includes care and service documentation did not reflect personal and clinical care had been provided to the consumers sampled consistent with best practice or tailored to needs and it did not reflect that personal and clinical care had optimised consumer health and well-being. The report includes feedback from a consumer that their pain had not been well managed and from a consumer representative that care had been provided consistent with the consumer’s needs.

The approved provider’s response includes there is consent and authorisation for all chemical restraint of consumers and that residential medication management reviews are conducted for consumers, provided to the consumer’s doctor and discussed at medication advisory committee (MAC) meetings. It includes that through the MAC meeting governance process the pharmacy is now required to highlight potential side effects so these can be specifically monitored for individual consumers. The response includes this has been raised as a continuous improvement activity.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to the lack of personal and clinical care for a consumer relating to a new specialised nursing care need, pain, pressure injury management, bowel management and weight management, it shows:
* The provider agrees with the assessment team’s findings in relation to pressure injury prevention, bowel management and weight management.
* The provider also agrees the consumer complained of pain relating to a bruise and an incident report was not created for the bruise, no investigation occurred, and no photographs of the bruise were taken. The provider advises there has been discussion with relevant staff and education for them and the bruise has since been photographed as shown in supporting evidence. The supporting evidence shows the consumer also had other bruising, an incident report was created during the performance assessment and includes the consumer had severe pain from the bruised areas. It is noted the incident report does not include any information about the investigation of these significant skin injuries and nor does any other information or supporting evidence provided about this consumer.
* The provider writes related pain assessment was completed for the consumer, however the incident report includes the consumer had bruises to their left thigh, lower leg and right hand whereas the photographs are labelled as being for bruising to the left thigh and right arm and the pain assessment shows monitoring of pain to the right shoulder and both thighs. This does not show effective assessment of each site of pain or any assessment of pain relating to the bruising to the right hand or arm (as was the case) or the lower leg if this did in fact have bruising.
* The provider writes the specialised nursing care need was addressed, however it is noted the supporting evidence shows this commenced following the performance assessment and 27 days after the consumer had returned from hospital with the instructions about this.
* In relation to the lack of personal and clinical care for a consumer relating to pain management, the provider agrees there were gaps in pain monitoring and assessment.
* In relation to the lack of personal and clinical care for another consumer relating to pain management, blood pressure management and bowel management, the provider agrees initial pain assessment was not completed for the consumer, their blood pressure was not monitored consistent with a doctor’s directive and staff did not on their own motion act on information about the consumer not having their bowels open for days. The provider advises there have been discussions with staff and relevant education for them as shown in supporting evidence.
* The provider disagrees there was a lack of ongoing pain monitoring and assessment for this consumer and writes the consumer’s pain has been continually monitored and evaluated throughout their stay. The progress notes provided as supporting evidence do not demonstrate this generally and, in relation to evaluation of the effectiveness of medication to address a health condition causing pain, show this was evaluated on three of the five occasions specified by the assessment team but not on two of the occasions.
* In relation to the lack of personal and clinical care for a consumer relating to treatment for a health condition affecting their legs, the provider agrees with this and advises that a chart has been put in place to record and monitor the provision of this care.

The assessment team’s report and approved provider’s response shows that at the time of the performance assessment some consumers sampled were not provided with safe and effective personal and clinical care that was best practice, tailored to their needs or which optimised their health and well-being.

I find this requirement is Non-compliant.

### 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’s report reflects two consumer representatives had been informed of changes in the care of the consumer, and staff were able to describe the most significant risks associated with the care of consumers overall. It includes that care and service documentation and observations made did not reflect that high-impact or high-prevalence risks associated with the care of the consumers sampled had been effectively managed. The report reflects there had been education on relevant topics, but it had not been accessed by some staff and some staff lacked knowledge on relevant topics. It includes while there is a system for consumer incident reporting, some behavioural incidents had not been analysed and responded to appropriately.

The approved provider’s response includes there is consent and authorisation for all chemical restraint and that residential medication management reviews are conducted for consumers, provided to their doctor and discussed at medication advisory committee (MAC) meetings. It includes that through the MAC meeting governance process the pharmacy is now required to highlight potential side effects so these can be specifically monitored for individual consumers. Elsewhere the provider’s response includes this has been raised as a continuous improvement activity.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to risks associated with a consumer’s behaviour, the provider agrees the consumer’s plan of care was not updated with recommendations made by a behavioural advisory service and an incident report was not created for a behavioural incident, which has since been addressed. They advise there has been education for the registered nurses about management of risks relating to chemical restraint of consumers.
* In relation to the observation documented by the assessment team of this consumer becoming physically aggressive to another consumer during the performance assessment and staff being aware of this but not intervening, the provider advises actions have since been taken to address this including relevant staff training as shown in supporting evidence.
* In relation to the consumer’s physically aggressive behaviours and staff not undertaking delirium screening or conducting urinalysis, the provider writes that the geriatrician did not order urinalysis. This is noted however a progress note entry shows the registered nurse wrote a urinalysis was to be conducted and a mid-stream urine sample obtained and sent for testing on 29 November 2020 and no evidence this occurred or any delirium screening occurred.
* In relation to feedback to the assessment team from the consumer’s representative, the provider writes the representative was made aware of behaviour management strategies and the progress notes show discussions took place on 30 November 2020 and 2 December 2020.
* In relation to risks associated with a consumer’s behaviour and falls, the provider advises staff training in management of falls was provided as shown in supporting evidence.
* In relation to risks associated with another consumer’s behaviour, the provider agrees the consumer had been displaying behaviours that were not managed effectively by the staff and advises relevant staff training has been provided as shown in supporting evidence.

The assessment team’s report and provider’s response includes information and supporting evidence about management of high-impact and high-prevalence risks associated with the care of other consumers. This has also been considered in relation to this requirement.

The assessment team’s report and provider’s show that high-impact and high-prevalence risks associated with the care of some consumers have not been managed effectively.

I find this requirement is Non-compliant.

### 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) Non-compliant

*Minimisation of infection related risks through implementing:*

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

The assessment team’s report includes the organisation has infection prevention and control policy and procedure, staff said they had accessed relevant training, and most staff interviewed were able to describe relevant infection control measures. However, observations were made of several breaches in infection control practice in general and specifically in relation to some of the consumers sampled.

The report includes registered nurses were not familiar with the term antimicrobial stewardship, most staff said they had not had related training and care staff could not describe how they seek to minimise antibiotic use in their day to day practice. However, the organisation has antimicrobial stewardship policy and procedure and the topic has been discussion in a multidisciplinary forum. Registered nurses were aware of the importance of minimising antibiotic use and were able to describe ways they do this in their day to day practice.

The assessment team’s report and infection control monitoring checklist includes details of the breaches in infection control practice. These related to mask wearing, hand hygiene, surface cleaning and location of bins for infectious waste disposal. The checklist also includes the service’s outbreak management folder did not include information about surge workforce organisations but management were able to explain the process.

The approved provider’s response includes Bupa has comprehensive infection prevention and control policies and processes, a comprehensive COVID safe plan and the service is fully compliant with these. It includes there have been no outbreaks at the service and when individual staff practice breaches occur they are addressed at the time through education and competency re-assessment. The response includes Bupa expects staff to work within their scope of practice and for antimicrobial stewardship (AMS) this is the professional practice domain of registered nurses only; and the processes for AMS are described.

The approved provider’s response includes information and supporting evidence about the two named consumers. In relation to one consumer this clarified that the need to isolate due to infection risk had ceased when the consumer was observed by the assessment team outside of their room. In relation to the other consumer the provider agrees with the observation made by the assessment team and advises relevant staff training has been provided as shown in supporting evidence.

No other information or supporting evidence was provided specifically about mask wearing, hand hygiene, surface cleaning and location of bins for infectious waste disposal.

The assessment team’s report and approved provider’s response show minimisation of infection related risks through implementing practices to promote appropriate antibiotic prescribing and use. They show while there is policy and there are processes to support minimisation of infection related risks through implementing standard and transmission based precautions and staff were familiar with these and said they had related training, there were breaches in infection control practice.

I find this requirement is Non-compliant.

# STANDARD 4 NON-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

Most consumers interviewed (or a representative on their behalf) provided feedback about consumers being supported to have social and personal relationships, and about the meals being of suitable quality and quantity. However, most consumers sampled (or a representative on their behalf) considered the consumer had not received safe and effective services and supports for daily living, had not been supported emotionally, spiritually or psychologically, and had not been supported to do things of interest to them.

This feedback and interviews with management and staff, documents reviewed and observations made showed the consumers sampled had been supported to have social and personal relationships, they had been provided with varied meals of suitable quality and quantity and they had been provided with relevant equipment. It also showed information about the condition of the consumers sampled had been effectively communicated, and timely and appropriate referrals had been made to other services for the consumers sampled.

However, the feedback and interviews with management and staff, documents reviewed and observations made showed some consumers sampled had not received safe and effective daily living services and supports, had not been supported emotionally, spiritually or psychologically, and/or had not been supported to do things of interest to them.

The approved provider’s written response and supporting evidence provided additional information to clarify matters relating to some named consumers, however overall did not demonstrate some consumers had received safe and effective daily living services and supports, had been supported emotionally, spiritually or psychologically, and had been supported to do things of interest to them.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Non-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.*

The assessment team’s report includes information about some consumers sampled not being supported to do the things they wanted to do across various aspects of their daily living, some of which relate to going out of the service during a time of increased risk associated with COVID-19 on the Northern Beaches and others which do not; and two consumers considered there is not enough activities at the service.

The report includes review of care and service documentation shows comprehensive information had been identified for half of the consumers sampled about what was important to them in relation to daily living services and supports, but not for others; and where this had been identified the documentation did not show it had informed the delivery of daily living services and supports to the consumers. It reflects staff interviewed demonstrated an understanding of what was important to some consumers in relation to daily living services and supports, but not others. The report includes observations that some consumers were involved in activities and seemed to enjoy them, but other consumers were not supported to engaged in activities.

The approved provider’s response includes statements about being responsive to consumer expectations and preferences and about transparency of information relating this; it includes continuous improvement has been initiated in relation to documentation for the latter. It also includes a statement of confidence that every consumer is receiving safe and effective services in the daily living.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to a consumer’s feedback to the assessment team that they had not been supported to go shopping with their family, they only go to activities when activity staff ask them and they do not always do so and documentation showing minimal lifestyle services and supports provided, the supporting evidence shows since the performance assessment the consumer has been supported to go out of the service on one occasion and from 15-31 December 2020 the consumer had some other lifestyle input and activity involvement.
* In relation to a consumer’s feedback to the assessment team that they had not been asked their lifestyle preferences or what they would like to do, the supporting evidence provided shows the consumer was asked about this in November 2020.
* In relation to records showing minimal lifestyle services and supports for other consumers:
* For a consumer their activity plan reflects the types of lifestyle services and supports they prefer as documented in the relevant assessment. While the evaluation and attendance records reflect they were provided with some of those lifestyle services and supports, they also show the amount of individual support provided to the consumer has decreased from October to December 2020.
* For another consumer while they do not like to attend many activities, they like one on one conversation and in December 2020 they were provided with individual support once and they enjoy a particular type of food and this was provided as an activity twice.
* In relation to a registered nurse not knowing about a lifestyle support which one consumer enjoys, the response includes the relevant assessment which has information about this. While the information was available to staff, it remains that the staff member interviewed was unaware. In relation to this consumer not being unsupervised and not having any social interaction when observed during the performance assessment, the response includes the provider agrees and a close supervision chart was commenced. Other supporting evidence provided includes staff training has been delivered about interacting and engaging with consumers.

The assessment team’s report and provider’s response include information and supporting evidence about safe and effective daily living services and supports for other consumers as addressed under other requirements. This has also been considered in relation to this requirement.

Lifestyle assessments and care plans generally reflected consumer preferences and it is acknowledged some lifestyle services and supports had to be curtailed due to risks associated with COVID-19. However, in relation to the lifestyle services and supports which were able to continue it has not been demonstrated at the time of the performance assessment they had been provided to some consumers consistent with their preferences to optimise their quality of life.

I find this requirement is Non-compliant.

### Requirement 4(3)(b) Non-compliant

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

The assessment team’s report includes feedback from some consumers interviewed (or a representative on their behalf) about the consumer not being supported emotionally, spiritually or psychologically. It reflects that while care staff said they provide emotional support to consumers, the care and service documentation for a sample of consumers lacked information to show the consumer’s emotional, spiritual and psychological well-being needs and interests had been met. The report includes that activity schedules showed some regular religious services were planned, but management explained these had to be put on hold due to lack of availability and a staff member said it is difficult to get religious support groups to visit the service.

The approved provider’s response includes a statement there is a number of processes for the emotional, spiritual and psychological well-being of consumers. It includes in relation to the availability of religious services at the service, a minister of religion was not able to attend for a period of time, consumers were informed of this and they had access to religious programming on television. The response includes emotional support for consumers was facilitated through video chat with their family and friends. It includes the service has raised an improvement initiative relating to this requirement.

The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to a consumer informing the assessment team they wanted to attend church services but not being asked their preferences and not going, the provider disagrees with this. The supporting evidence shows relevant assessment identified the consumer wants to attend church services and their activity plan includes to involve them in church services. No information was provided about whether this consumer had been supported to access the alternative spiritual support while the minister was unable to conduct weekly church services.
* In relation to a consumer’s care and service records showing they wanted to attend church services but these not reflecting they had done so, the provider advises the consumer declined to attend church services. The activity records provided do not include any capture of information about church services at all in November 2020 and include the consumer declined to attend church once prior to the performance assessment and once during it in December 2020.
* In relation to a consumer’s care and service records showing they have a faith affiliation but these not reflecting they had any faith based or emotional support, the consumer’s activity plan includes they do not want to attend church services and other documents provided as evidence of emotional support show the need for this was identified and on a few occasions staff have spent time with the consumer generally or in relation to an activity.
* In relation to another consumer’s care and service records showing they have a faith affiliation but these not reflecting they had any faith based support, the provider agrees with this. Since the performance assessment they have contacted the consumer’s representative as shown in supporting evidence, and the provider advises the representative believes the consumer would find attending stressful.

The assessment team’s report and provider’s response include information and supporting evidence about emotional, spiritual or psychological well-being services and supports for other consumers as addressed under other requirements. This has also been considered in relation to this requirement.

The assessment team’s report and provider’s response show some consumers were not being provided with daily living services and supports for their emotional, spiritual and psychological well-being at the time of the performance assessment. While church services have not been able to occur and religious television programming is available, it has not been demonstrated consumers have been supported to view this or that any other spiritual supports and services have been arranged for them.

I find this requirement is Non-compliant.

### Requirement 4(3)(c) Non-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’s report includes the consumers interviewed (or a representative on their behalf) considered they are supported to have social and personal relationships, but not that they have been supported to participate in their community and to do things of interest to them. It includes, under this and other requirements of Standard 4, that some staff did not know the interests of some consumers and consumer care and service documentation did not reflect lifestyle services and supports were being provided. The report includes staff explained some consumers used to participate in community life, but had been unable to do so during the time of increased risk associated with COVID-19 on the Northern Beaches.

The approved provider’s response includes that their COVID-19 response plan included implementation of technology to enable consumers to remain connected to others, and there is a diary with evidence of the video chat bookings which were supported by the activity staff. The approved provider’s response includes information and supporting evidence about the named consumers:

* In relation to a consumer not having a sensory activity or assessment plan, supporting evidence shows a sensory assessment was completed in July 2020.
* In relation to a consumer’s care plan reflecting limited information about their interests and progress notes showing minimal lifestyle inputs, their activity plan includes some interests such as they like to chat and an evaluation conducted in January 2021 shows the consumer was refusing group activities and liked one to one support. The consumer’s recent activity records showed in relation to the provision of individual support, there was none in November 2020 and this occurred once in December 2020.
* In relation to staff not knowing about an interest of a consumer, the provider acknowledges elsewhere in the response the consumer did not have a relevant assessment and this has since been completed. The supporting evidence also shows there was handover with staff about the consumer’s culture during the week commencing 25 January 2021.
* In relation to staff not knowing about an interest of another consumer, the response includes the relevant assessment which has information about this. While the information was available to staff, it remains that the staff member interviewed was unaware.

The assessment team’s report and provider’s response include information and supporting evidence about daily living services and supports for community participation, social and personal relationships and doing things of interest as addressed under other requirements. This has also been considered in relation to this requirement.

The assessment team’s report and provider’s response show overall consumers have been supported to have social and personal relationships and consumers had been supported to participate in community life with this having to be curtailed in the lead up to the performance assessment due to COVID-19. However, they also show that some consumers sampled have not been supported to do the things of interest to them with this being particularly evident in relation to individual support.

I find this requirement is Non-compliant.

### 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

Some consumers sampled (or a representative on their behalf) considered the service environment was welcoming, safe, clean and comfortable, however others provided feedback about the service environment and outdoor furniture not being clean, comfortable and not enabling consumers to move freely indoors and outdoors.

This feedback and interviews with management and staff, documents reviewed and observations made showed overall the service environment is welcoming, however that the service environment has not been kept safe, clean, well maintained and comfortable for consumers and that outdoor furniture has not been kept clean. Also that there are various barriers which have prevented consumers from moving freely in the service environment, indoors and outdoors.

The approved provider’s response includes information about actions which were underway prior to the performance assessment to rectify some of these issues, and that those actions have been completed. This did not demonstrate the service environment was safe, clean and comfortable for consumers; or that it enabled consumers to move freely, indoors and outdoors at the time of the performance assessment.

The Quality Standard is assessed as Non-compliant as one of the three specific requirements have been assessed as Non-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) 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’s report includes some consumers (or a representative on their behalf) provided feedback about the service environment not being kept safe, clean and well maintained; and outdoor courtyards not being readily accessible to consumers as doors were kept locked. It reflects observations made showed consumers could not move freely indoors and outdoors due to various barriers and they were not accessing the outdoor areas. Observations made also showed indoor and outdoor areas were not kept clean and safe, and that the outdoor areas did not have anywhere out of direct sunlight for the comfortable enjoyment of consumers.

The report includes explanations from management about related personnel matters and that a professional clean of the service environment would be arranged. It includes management addressed one of the barriers to consumers moving freely around the service environment during the performance assessment. The report includes management explained the reasons for another barrier, however other information gathered from observations and a staff interview showed this was not effective as intended in managing the risk. The report reflects maintenance and cleaning records showed no outstanding tasks.

The approved provider’s response includes a statement that the service is clean and well maintained as evidenced by so few suggestions, comments and complaints. It includes an acknowledgement that access to the external environment could be made easier for consumers and it could be more regularly cleaned, and an improvement has been raised to address this. The response includes information about two of the named consumers:

* In relation to feedback to the assessment by a consumer representative about the consumer being unable to access a balcony as the door is locked, that the door is locked until 6.00am but is unlocked early upon consumer request. No information was provided about how or whether this has been facilitated specifically for this consumer.
* In relation to staff saying a barrier in the service environment was put in place as an interim measure to stop a consumer from entering other consumers’ rooms and this does not work as the consumer steps over it, the provider agrees and confirms the barrier was removed during the performance assessment.

The response includes reference to some related processes for this requirement; of those mentioned the supporting evidence includes:

* Audit results from October 2020 that the 11 participants felt safe and comfortable in the service environment but wanted the balcony doors unlocked each morning to improve access and this was addressed.
* Resident/relative meeting minutes from October 2020, which reflect the windows were to be cleaned and cobwebs removed and a suggestion for improvement was received about courtyard cleaning.

The provider’s response and the supporting evidence do not address one of the access issues in the service environment to enable consumers to move freely indoors or an environmental safety issues observed in the outdoors. They do not demonstrate the service environment is clean and do not specifically address the cleaning issues observed by the assessment team have been or are going to be addressed.

At the time of the performance assessment the service environment was not safe, clean and comfortable for consumers, and it did not enable consumers to move freely, indoors or outdoors.

I find this requirement is Non-compliant.

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

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

The assessment team’s report includes there are relevant policies and procedures to guide management and staff. It includes the staff interviewed said they have access to the equipment which is needed and they were familiar with processes for the cleaning and repair of the equipment. The report reflects there are preventative and corrective maintenance processes and maintenance requests had been actioned in a timely manner.

The report includes most consumers interviewed expressed satisfaction with the furniture and equipment, however three consumer representatives explained they are not comfortable sitting outside as the furniture is dirty, unkept and malodorous. It has observations that some furniture, fittings and equipment were safe, well maintained and suitable for the consumer, however confirmation that outdoor furniture was dirty, unkept and malodorous. It reflects management advised they were aware of the state of the furniture and would arrange for it to be professionally cleaned.

The approved provider’s response includes that these (and other) issues relating to the service environment and fitting and furniture within it had been identified prior to the performance assessment and actions were underway to address them. It includes the malodorous furniture in the outdoor area was addressed during the performance assessment and all other actions have been completed. The provider’s response does not address the feedback from two consumer representatives that the furniture inside is dirty and malodorous, and no supporting evidence was provided.

While some outdoor furniture was dirty and malodorous and this had impact on some consumers, this has been addressed. All other information gathered by the assessment team is in support of this requirement being met.

I find this requirement is Compliant.

# STANDARD 6 NON-COMPLIANT Feedback and complaints

### Consumer outcome:

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

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Most consumers sampled (or a representative on their behalf) provided information about not knowing some of the ways to give feedback or make a complaint or about how to access advocacy and language services. Some said they would not make a complaint as they feared things would get worse or as they did not think there would be any change. Of the five consumers/representatives who had made a complaint, four provided feedback about improvement not made a result of their complaint.

This feedback and interviews with management and staff, documents reviewed and observations made showed consumers have not been encouraged and supported to provide feedback and make complaints, and they have not been made aware of advocacy and language services or other methods for raising and resolving a complaint. It shows while some action has been taken in response to individual complaints, open disclosure is not understood by some staff and has not been consistently implemented; and that feedback and complaints have not been used to improve the quality of care and services.

The approved provider’s written response includes information and supporting evidence to show that consumers and their representatives have been encouraged and supported to provide feedback and make complaints; and overall appropriate action had been taken in response to complaints and open disclosure practiced. However this did not demonstrate that consumers had been made aware of and had access to advocacy and language services or other complaint methods, or that feedback and complaints had been used on an ongoing basis to improve the quality of care and services.

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

The assessment team’s report includes that eight consumers interviewed (or a representative on their behalf) did not know of ways to make a complaint other than talking to staff or going directly to management. Also that two consumers said they would not feel comfortable going to management with a complaint and, under another requirement, two consumers had never raised a complaint as nothing changes. It reflects that while staff knew of ways to support consumers to make a complaint, they did not know the location of feedback forms and suggestion boxes which can be used for giving feedback or making a complaint. The report includes observations made there were feedback forms and a suggestion box in the foyer, but not within the consumer areas on either level of the service and this was addressed during the performance assessment.

The approved provider’s response includes that the information in the assessment team’s report does not show that any consumer or representative did not know how to make a suggestion or raise an issue, and a customer feedback analysis report shows consumers and their representative have make suggestions and complaints. The supporting evidence for this requirement includes minutes from a resident/ relative meeting in October 2020 when use of the feedback and complaints mechanism was encouraged, and the customer feedback analysis report showing suggestions and complaints have been made and that complaints are being resolved. Other supporting evidence provided shows consumers have been supported to give feedback through focus groups and consumer representatives through case conferences.

The feedback from consumers/representatives to the assessment team was they know of some ways to provide feedback and make complaints and while some consumers expressed a reluctance to complain, no information was provided by them or gathered by the assessment team about this being due to a lack of encouragement or support. Their feedback about this reluctance and about not being aware of other ways to raise a complaint has been taken into account under other requirements in this Standard.

While feedback forms were not readily available to consumers and some staff did not know where they and the suggestion boxes were located, the assessment team’s report and provider’s response demonstrate consumers/representatives have been encouraged and supported to provide feedback and make complaints.

I find this requirement is Compliant.

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

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

The assessment team’s report includes most consumers interviewed (or a representative on their behalf) did not know how to access advocates, language services or other methods for complaint, including an external complaint mechanism. It reflects staff did not know about formal advocacy services or how they would support a consumer to access them. The report includes there was information about the external aged care complaints mechanism at reception, but not elsewhere in the service environment; and there was no or minimal information about advocacy and language services available to consumers in the service environment.

The report under another requirement includes that while eight consumers/ representatives knew of some ways to provide feedback and make complaints, they did not know of other ways including how to do so anonymously. It also includes consumers did not have ready access to one method for raising complaints, which was feedback forms; and this was addressed during the performance assessment with more forms displayed throughout the service environment.

The approved provider’s response includes a statement that information is provided about advocacy and language services and complaint mechanisms during the consumer admission process and at each resident/relative meeting as well as being displayed in the service environment. The minutes of the October 2020 resident/ relative meeting do not bear this out; they include encouragement to provide feedback and where to find a feedback form but not information about advocacy or language services or other methods for complaint. The statement that related information is displayed in the service environment was not borne out during the performance assessment through the assessment team’s observations.

The provider’s response includes no complaints have been made with regard to accessing advocacy or language services. This is noted, but does not demonstrate consumers have been made aware of and have access to these services.

Overall it has not been demonstrated that consumers have been made aware of and have access to advocates and language services and other methods for raising and resolving complaints, and some consumers/representatives are not aware of these.

I find this requirement is Non-compliant.

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

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

The assessment team’s report includes there was mixed feedback from consumers (or a representative on their behalf) about satisfaction with actions taken in response to complaints. The negative feedback was that a consumer said they had made a few complaints, but nothing changed as a result; and a consumer representative explained when they initially raised a concern they did not get a response, but they did when they then formally complained.

Under other requirements in Standard 6 there is information from management about how they have dealt with complaints. While some staff interviewed did not demonstrate an understanding of open disclosure, there had been education on the topic for some staff and two registered nurses interviewed knew about open disclosure and how to implement this. The report includes review of complaint records and an observation made showed open disclosure was not being consistently implemented, in particular that an explanation was not provided to the complainant when things had gone wrong.

The approved provider’s response includes the privacy related complaint the consumer representative gave feedback about has been resolved. In relation to the observation made of open disclosure not being implemented the response reflects the staff member provided an apology and took action to prevent the same concern arising in the future. Supporting evidence shows the privacy related complaint was resolved to the satisfaction of all parties prior to the performance assessment and that open disclosure was practiced. The customer feedback analysis report also shows complaints made have been resolved.

The provider’s response in the main addresses the gaps identified in the assessment team’s report about actioning complaints and using open disclosure. Other information in the assessment team’s report was predominantly in support of the requirement being met, including that there was policy/procedure to guide management and staff, registered nurses understood open disclosure and management described how they have addressed complaints. Supporting evidence provided shows complaints are being resolved.

I find this requirement is Compliant.

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

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

The assessment team’s report includes information about five consumers interviewed (or a representative on their behalf) who had made a complaint: one said there had been improvement as a result of their complaint, but four were unable to identify any change made as a result of their complaint. It includes management was asked for examples of feedback or complaints used to improve the quality of care and services, but none were provided. The report includes management advised there is not a register of complaints, and no process was otherwise evident for identifying trends in complaints. It reflects the documentation reviewed showed suggestions had been put forward by consumers, but their feedback was these had not been actioned.

The approved provider’s response includes the customer feedback analysis report was provided to the assessment team and information about improvements made is shared with consumers/representatives at meetings and focus groups. Review of the customer feedback analysis report shows is identifies key themes from feedback and complaints and identifies opportunities for improvement, but does not include information about any improvements made as a result of this. Review of the minutes from the October 2020 resident/relative meeting minutes and records of three focus groups held in 2020 do not bear out that they include information about improvements made as a result of feedback and complaints.

In relation to a complaint about the lack of activities the provider’s response includes this was addressed, and the minutes of the October 2020 resident/relative meeting show a new activity was introduced and other activities were recommencing. In relation to a complaint about access to fruit and feedback to the assessment team by a consumer that there was no change, the provider’s response is this complaint was fully addressed prior to it being raised by the assessment team. No other information or supporting evidence is provided to address the assessment team’s findings for this requirement.

While feedback and complaints are being record and analysed for themes, it has not been demonstrated that they are being used on an ongoing basis to improve the quality of care and services for consumers.

I find this requirement is Non-compliant.

# 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

Overall consumers sampled (or a representative on their behalf) considered staff have been kind and caring to consumers, and staff know what they are doing and do not require further training. While some said the consumer does not have to wait long for staff assistance, others said that the consumer has to wait and there is not enough staff; and some of them provided information about adverse impact on the consumer.

This feedback and interviews with management and staff, documents reviewed and observations made showed the workforce has qualifications and competencies relevant to their role, and that staff performance has been regularly assessed.

This feedback and interviews with management and staff, documents reviewed and observations made showed the workforce as planned and deployed had not enabled the delivery and management of safe and quality care and services to consumers. It shows that some interactions with consumers have not been kind, caring and respectful, and that some staff have not been trained to deliver the outcomes required by the Quality Standards.

The approved provider’s written response and supporting evidence show overall workforce interactions with staff are kind, caring and respectful of consumers. However, they do not demonstrate the workforce as planned and deployed had enabled the delivery and management of safe and quality care and services to consumers; or that the workforce had been trained to deliver the outcomes required by the Quality Standards.

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) 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’s report includes feedback from consumers interviewed (or a representative on their behalf) that they do not have to wait long for staff assistance, however from others that they do and there is not enough staff; and some of them provided information about adverse impact on the consumer. It includes a registered nurse and two care staff said the service is under-staffed, and staff rosters showed a significant number of unfilled shifts. The report includes management explained the roster had been adjusted to reflect (lower) occupancy levels and they did not think the number of unfilled shifts was correct. It reflects that call bell response monitoring showed delays in assistance provided to consumers, and management said they had been reviewing this and there had been improvement. The report includes observations that staff were difficult to locate and an activity officer was on their own and rushing to assist consumers in need in the dementia specific area.

The approved provider’s response includes the roster is aligned to the current number of consumers and their assessed needs and delayed call bell responses are followed up with relevant staff. It includes management has a positive working relationship with the staff, and there have been no complaints about staff responsiveness or from the staff about being short-staffed.

The response includes a statement that the assessment team’s report does not correctly record the information provided to them during the performance assessment. However, the provider does not explain what information is incorrect nor make clear the correct information. For example, the provider asserts information from the call bell response reports is not correct. The information provided for the dates in question was 108 calls were outside the organisation’s target response time of 12 minutes. This is what is in the assessment team’s report. Call bell reports were provided as supporting evidence for two of the 14 days, which means comparison with the data in the assessment team’s report is not possible.

The response includes in relation to one of the consumers who provided feedback to the assessment team about often having to wait long periods for staff assistance, on one occasion they waited 16 minutes and on three occasions the calls were answered within the target response time. The supporting evidence included analysis of call bell use and responses for this consumer from 19 November to 4 December 2020 and this included two calls answered outside the target response time, and apologies given to the consumer about this.

The response includes that agreement has been reached with another consumer’s representative that their call bell will not be turned off when staff answer the consumer’s call, rather when they have finished assisting the consumer. While this will skew the call bell response time data, no amended data has been provided taking this into account.

The assessment team’s report includes feedback from consumers/representatives about a lack of staff availability and responsiveness, staff saying they work short-staffed, there being unfilled shifts on the roster, and some call bells being answered outside of the target response time. The provider’s response does not address all of these matters and does not demonstrate the workforce as planned and deployed has enabled the delivery and management of safe and quality care and services to consumers.

I find this requirement is Non-compliant.

### 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’s report includes consumers interviewed (and representatives on their behalf) considered the staff were kind and caring to consumers. It has information about observations of staff interactions with consumers mostly being respectful, but that some were not. This includes specific examples, under this and other requirements, of staff ignoring or failing to verbally communicate with consumers. Under Standard 1 the assessment team’s report also includes information about staff not being respectful of each consumer’s identity, culture and diversity.

The approved provider’s response includes an explanation for the action of a staff member in relation an observation made by the assessment team of one of the named consumers, and a statement the provider rejects this action was unkind, uncaring or disrespectful rather was in keeping with the consumer’s plan of care.

The consumer/representative feedback is that staff are kind, caring and respectful. The provider has given a reasonable explanation for the actions of a staff member towards a consumer. The information in other requirements of staff not treating staff with respect has been taken into consideration under those requirements. Overall the weight of evidence is that the workforce has been kind, caring and respectful of consumers.

I find this requirement is Compliant.

### 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) Non-compliant

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

The assessment team’s report includes most consumers interviewed (or a representative on their behalf) considered the staff knew what they were doing and did not require further training, although one consumer said staff need training in communication and manual handling. It reflects the staff interviewed said they had not been trained in relation to the Quality Standards, a care staff member who explained they work with consumers with behaviours of concern said they had not received behavioural management training, and two activity staff who assist consumers with their meals said they have not received related training. Also from staff interviews that some staff lacked knowledge in a range of areas relevant to their role and responsibilities.

The report includes that records showed some staff had overdue mandatory training. It includes some short training sessions covered many topics and management undertook to provide information about how quality was maintained taking this into account but did not; and, across other requirements, that while some training has been provided for staff it has not been well attended. The report includes management delivered some staff training during the performance assessment in response to the assessment team’s findings, and they have introduced new short education sessions for the staff.

The approved provider’s response includes activity staff are restricted from completing consumer meal assistance tasks until deemed competent. It includes of the two activity staff who had been undertaking these tasks without competency being established, one changed work locations and the other who had relevant experience has since been deemed competent.

The response includes that all education and training is developed centrally by the organisation and aligns with the Quality Standards, and extensive staff training was undertaken about the new Quality Standards in 2019. The response includes the Bupa induction directs staff to work to the Quality Standards-aligned Bupa policies, protocols and guidelines, and education specifically about the Quality Standards is not a pre-requisite for compliance with this requirement. Elsewhere in the provider’s response there is information about it not being reasonable to expect care staff to have an understanding of antimicrobial stewardship.

The assessment team’s report includes some staff said they had not received relevant training or they expressed wanting training, that some staff training delivered was not well attended, and that some staff lacked knowledge on topics related to the Quality Standards and their role and responsibilities. The provider’s response does not demonstrate the workforce was trained to deliver the outcomes required by the Quality Standards.

I find this requirement is Non-compliant.

### 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

Some consumers sampled said they do not think the service is well run or it could be run better.

Interviews with management showed the organisation’s governing body had promoted and been accountable for the delivery of a culture of safe, inclusive and quality care and services.

The consumer feedback and interviews with management and staff, documents reviewed and observations made showed overall consumers had not been engaged in the development, delivery and evaluation of care and services. It showed there had not been effective organisation wide governance in relation to information management, workforce governance, regulatory compliance, and feedback and complaints. It is also noted that service performance against the Quality Standards over time shows that organisation wide governance for continuous improvement has not been effective.

The consumer feedback and interviews with management and staff, documents reviewed and observations made showed there had not been effective risk management in relation to high-impact and high-prevalence risks associated with the care of consumers or supporting consumers to live their best life. It also showed clinical governance had not been provided in relation to use of chemical restraint.

The approved provider’s written response and the supporting evidence show that while consumers have been engaged and supported in the evaluation of care and services, it does not demonstrate they have been engaged and supported in the development and delivery of them. The response and supporting evidence does not demonstrate effective organisation wide governance systems, risk management systems and practices, or use of the clinical governance framework.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Non-compliant

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

The assessment team’s report includes three consumers did not think the service is well run or it could be run better. It reflects consumers can put forward suggestions through meetings and focus group discussions. The report includes management spoke about a suggestion by a consumer representative regarding service development which is under consideration, but advised outside of this consumers have not been involved in the delivery and evaluation of care and services. It is noted consumers can also put forward suggestion through the service’s broader feedback mechanisms as outlined by the assessment team elsewhere in their report.

The approved provider did not provide a response specifically in relation to this requirement. It is noted that the information and supporting evidence from across the response shows a resident/relative meeting and consumer focus groups have occurred, the feedback mechanisms have been used by consumers, and that a focus group conducted in December 2020 with six consumers included they believed the service was well run. There is also some information about a suggestion made about use of a QR code for visitor sign-in, but that this remained under consideration as privacy/security issues had to be explored.

While the organisation has processes for consulting consumers and gaining their feedback for the evaluation of care and services, it has not been demonstrated consumers have been actively engaged in the development and delivery of care and services across the service.

I find this requirement is Non-compliant.

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

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

### Requirement 8(3)(c) Non-compliant

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

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

The assessment team’s report has a statement that there is effective organisation wide governance, but that on one occasion a consumer reportable assault was not handled consistent with regulatory requirements. It includes some information to support effective organisation wide governance for information management, continuous improvement, financial governance and regulatory compliance. However:

* It is noted that the report across other requirements includes information about organisation wide governance not being effective in relation to:
* Information management based on gaps in consumer assessment and care planning and staff lacking relevant knowledge about the consumers to inform the delivery of their care and services.
* The workforce as the data and information available to the organisation showed the workforce as planned and deployed did not enable responsive care and service provision and while there was a response to some individual matters, this was not being addressed overall.
* Feedback and complaints as the data and information available to the organisation showed themes in the feedback and complaints which had been identified, but these have not been demonstrated to be addressed.
* While the assessment team gathered information about effective organisation wide governance for continuous improvement, the service has a history of non-compliance with the Quality Standards and the assessment team’s findings from this performance assessment show that improvements previously made to achieve compliance have not led to compliance being sustained over time.
* The assessment team’s report includes information about the provider not meeting all regulatory obligations in relation a consumer reportable assault. The approved provider’s response includes those obligations were met, and an incident report provided includes details about the incident and actions taken.
* The assessment team’s report includes information about regulatory obligations relating to chemical restraint not being met, and the provider’s response includes information about actions underway to address this.

While there are organisational governance systems these have not been effective at the service in relation to information management, continuous improvement, workforce governance, regulatory compliance, or feedback and complaints.

I find this requirement is Non-compliant.

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

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

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

The assessment team’s report includes the organisation has a documented risk management framework and policies and procedures relating to the three sub-requirements. However, that some staff had not been educated on these topics or were not familiar with the subject matter and how it applies to their day to day practice. Across the report there is information which shows there has not been effective management of high-impact and high-prevalence risk associated with the care of some consumers and that some consumers have not been supported to live their best life. There is also information about a consumer reportable assault not being managed consistent with organisational policy and procedure.

The approved provider’s response includes a description of the Bupa processes for the effective management of high-impact and high-prevalence risk associated with the care of consumers, and statements that those processes are reducing the risks and have been assessed as compliant at other Bupa services.

While the provider’s response for Standard 3 includes information and supporting evidence about individual consumers and the management of high-impact and high-prevalence risks associated with their care, the provider’s response overall does demonstrate effective management of high-impact and high-prevalence risk associated with the care of consumers across the service as a whole for organisational governance.

The provider’s response includes reference to the information provided for Standard 8, Requirement (3)(c)(v) about a consumer reportable assault, which is outlined above under that requirement.

While there are organisational risk management systems and practices these have not been effective at the service in relation to any of the sub-requirements.

I find this requirement is Non-compliant.

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

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

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

The assessment team’s report includes the organisation has a documented clinical governance framework and policies and procedures relating to the three sub-requirements. However, that some staff had not been educated on these topics or were not familiar with the subject matter and how it applies to their day to day practice. Across the report there is information which shows a lack of clinical governance in relation to minimising the use of chemical restraint. The report also has information about some changes made more broadly to clinical governance at organisational level, which have been implemented at the service.

The approved provider’s response includes a description of the Bupa processes for staff to access and understand organisational policy/procedure. It includes there are learning modules on topics relevant to this requirement which are part of a compulsory learning plan, 77% of staff have completed this and it is expected 100% will have done so by end February 2021. It includes the Bupa clinical governance framework in place at the service has been assessed as compliant at other Bupa services.

While the organisation has a clinical governance framework this has not been used to minimise the use restraint at the service.

I find this requirement is Non-compliant.

**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.

In relation to all Standards a required improvement is to complete the actions outlined in the approved provider’s response to the assessment team’s report.

**Standard 1**

* Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Ensure care and services are culturally safe.
* Review the processes for staff knowing about consumer identity, culture and diversity as these have not been effective.
* Ensure each consumer is supported to exercise choice and independence, including to make decisions about their own care and the way care and services are delivered.
* Ensure information provided to each consumer is current, accurate, timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.
* Review the processes for informing consumers about scheduled activities to ensure these enable consumers to exercise choice.
* Ensure each consumer’s privacy is respected and personal information is kept confidential.
* Educate all relevant staff and monitor staff practices in relation to consumer personal and information privacy.

**Standard 2**

* Ensure 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.
* Review the processes for identifying risks to consumer health and well-being and undertaking relevant assessment and care planning as these have not been effective.
* Ensure assessment and planning identifies and addresses the consumer’s current needs, goals and preferences.
* Review the processes for reflecting current needs in consumer assessment and care planning as these have not been effective.
* Ensure 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.
* Review the processes for consumer assessment and care planning when consumer circumstances change and incidents occur which impact their needs as these have not been effective.

**Standard 3**

* Ensure each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being.
* Review and improve personal and clinical care for consumer pain management, bowel management and pressure injury management.
* Review and improve the actioning of clinical care directives given by consumer doctors and recommendations made by other allied/health specialists and advisors for consumer personal and clinical care.
* Ensure staff understand their responsibility to report consumer incidents at the time they occur and monitor this does occur.
* Ensure consumer incident management includes investigation to understand what went wrong and that this informs the development and implementation of interventions to prevent future incidents.
* Ensure effective management of high-impact and high-prevalence risks associated with the care of each consumer.
* Review staff knowledge and skills in relation to consumer behaviour and behavioural management and provide them with relevant training and support.
* Ensure minimisation of infection-related risks through implementing standard and transmission-based precautions to prevent and control infection.
* Reinforce and monitor staff practice in relation to mask wearing, hand hygiene and cleaning of surfaces and equipment where there is shared use.

**Standard 4**

* Ensure each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preference and optimise their independence, health, well-being and quality of life.
* Review the processes for staff knowing about consumer goals and preferences relating to daily living services and supports as these have not been effective.
* Ensure services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.
* Review the service and supports for consumer spiritual well-being as these have not met the needs and preferences of some consumers.
* Ensure services and supports for daily living assist each consumer to participate in the community within and outside the organisation’s service environment, have social and personal relationships, and do the things of interest to them.
* Review the processes for consumer individual support to do things of interest to them to ensure this is consistent with needs, goals and preferences.

**Standard 5**

* Ensure the service environment is safe, clean, well maintained and comfortable; and enables consumers to move freely, both indoors and outdoors.
* Review the internal and external cleaning processes as these have not been effective.
* Review consumer access to move freely within the service environment and between the indoors and outdoors, including in consultation with them.

**Standard 6**

* Ensure consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* Review the processes for communicating information about advocates, language services and other methods for raising and resolving complaints as these have not been effective.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Review the processes for information about themes in feedback and complaints being used to improve the quality of care and services, including in consultation with consumers; and document the improvements made.

**Standard 7**

* Ensure 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.
* Review the number and mix of members of the workforce and their deployment to meet the needs, goals and preferences of consumers and to manage risks associated with their care and services.
* Regularly evaluate workforce planning and deployment against key performance indicators linked to consumer quality care and service outcomes.
* Ensure the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Review the training and support needs of the workforce and develop and implement a plan to address those needs.
* Evaluate and monitor the effectiveness of the training and adequacy of the support provided to ensure staff can deliver the outcomes required by the Quality Standards.

**Standard 8**

* Ensure consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Develop and implement ways to engage consumers in the development and delivery of care and services across the service as a whole and to support them in that engagement.
* Ensure effective organisation wide governance systems relating to information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.
* Ensure effective risk management systems and practices, including but not limited to managing high-impact and high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can.
* Ensure a clinical governance framework is used including but not limited to minimising the use of restraint.
* Review implementation and compliance with these organisational governance systems and frameworks at the service as they have not been effective.