Performance

Report

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| Name of service: | Bupa Clemton Park |
| Service address: | 1 Tedbury Street CLEMTON PARK NSW 2206 |
| Commission ID: | 1024 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 17 October 2022 |
| Performance report date: | 15 November 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Clemton Park (**the service**) has been prepared by, Gill Jones delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 8 November 2022 and 10 November 2022.

# Assessment summary

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

A detailed assessment is provided later in this report for each assessed Standard.

# 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.

*Requirement 1(3)(a)*

* The Approved Provider ensures each consumer’s dignity, identity, culture and diversity is valued and respected which includes allowing each consumer to make choices about their personal care and be treated respectfully. This may include training staff and conducting discussions with consumers to establish their views.

*Requirement 2(3)(a)*

* The Approved Provider ensures 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, particularly with regard to the management of dysphagia, wounds, pain, falls and responsive behaviour.

*Requirement 2(3)(b)*

* The Approved Provider ensures assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning, if the consumer wishes.

*Requirement 2(3)(c)*

* The Approved Provider ensures assessment and planning 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 includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. This may include implementing the Partners in Care Program to promote the involvement of the consumer’s representative, where appropriate.

*Requirement 2(3)(d)*

* The Approved Provider ensures 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. This may include reviewing the mechanisms in place currently for communication with consumers and their representatives.

# *Requirement 2(3)(e)*

* The Approved Provider ensures 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.

*Requirement 3(3)(a)*

* The Approved Provider ensures each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: is best practice; and is tailored to their needs; and optimises their health and well-being. This may include ensuring staff are adequately trained to deliver best practice care in relation to wound care, management of restrictive practices, behaviour management, complex care management, falls management, pain management, and diabetes management.

*Requirement 3(3)(b)*

The Approved Provider ensures effective management of high impact or high prevalence risks associated with the care of each consumer. This may include ensuring staff are adequately trained to assess and manage risk associated with certain clinical conditions including dysphagia and dementia.

*Requirement 3(3)(d)*

* The Approved Provider ensures 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. This may include ensuring staff are adequately trained to recognise and escalate clinical deterioration.

*Requirement 3(3)(e)*

The Approved Provider ensures 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. This may include ensuring staff are adequately trained to use and share information using the new electronic database recently introduced.

*Requirement 3(3)(g)*

The Approved Provider ensures minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection, and ensures practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. This may include ensuring staff are adequately trained in safe infection control practices and antimicrobial stewardship.

# *Requirement 5(3)(b)*

# The Approved Provider ensures the service environment is safe, clean, well maintained and comfortable; and consumers can move freely, both indoors and outdoors.

*Requirement 7(3)(a)*

The Approved Provider ensures the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. This may include monitoring staffing allocations and call bell response times as well as communicating regularly with staff and consumers about the adequacy of staffing.

*Requirement 7(3)(c)*

The Approved Provider ensures the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles and provide safe quality care and services. This may include tracking education attended by staff and evaluating its effectiveness.

*Requirement 7(3)(e)*

The Approved Provider ensures the regular assessment, monitoring and review of the performance of each member of the workforce is effective in developing staff.

*Requirement 8(3)(b)*

The Approved Provider ensures the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery at both a corporate and local service level.

*Requirement 8(3)(c)*

The Approved Provider ensures effective organisation wide governance systems particularly in relation to information management, continuous improvement; workforce governance, and regulatory compliance.

R*equirement 8(3)(d)*

The Approved Provider ensures effective risk management systems and practices particularly in relation to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, and managing and preventing incidents.

*Requirement 8(3)(e)*

The Approved Provider ensures the clinical governance framework is effective and its clinical governance system and practices are effective at both the corporate and local service level.

# Other relevant matters:

The Service was found non-compliant in Standard 3 Requirement 3(3)(g) and a Notice of Decision to Impose Sanctions and Notice of Requirement to Agree to Certain Matters was issued 11 January 2022.

The Service was also issued a Notice of Requirement to Agree to Certain Matters on 28 October 2022 following the site audit conducted 11 October 2022 to 17 October 2022.

**Standard 1**

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | 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. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | 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. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 1(3)(a) is non-compliant.

The service demonstrated that sampled consumers’ identity, culture and diversity are valued, but it did not demonstrate each consumer is treated with dignity and respect with regard to their personal appearance. Consumer representatives complained consumers looked dishevelled and unkempt compromising their dignity.

The Approved Provider provided a response and did not dispute the findings of the Assessment Team. The Approved Provider submitted an improvement plan which included reviewing all consumers to ensure their dignity is being respected by ensuring personal care is delivered in a way that preserves the consumer’s dignity. The plan included the provision of further staff education about dignity, choice and diversity.

I am satisfied that the five remaining requirements are compliant.

The service demonstrated that care and services are culturally safe. Consumers/representatives described how appreciative they were of staff knowing the consumers’ backgrounds and that the care and services they receive are culturally safe.

The service demonstrated consumers are supported to exercise choice and independence. Consumers/representatives said they are supported to make decisions about their care and involvement of family, friends and others. Communication about their care is effective, and friendships, including intimate relationships, are supported and encouraged.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers/representatives are satisfied they are supported by staff to take risks and live their best lives. Staff could describe areas in which those consumers want to take risks, how the consumer is supported to understand the benefits and possible harm when they make decisions about taking a risk, and how consumers are involved in problem-solving solutions to reduce risk where possible.

The service demonstrated that the information provided to each consumer is current, accurate, timely, clear and easy to understand, enabling them to exercise choice.

The service demonstrated consumers’ privacy is respected and personal information is kept confidential.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Non-compliant |
| Requirement 2(3)(b) | 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. | Non-compliant |
| Requirement 2(3)(c) | 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. | Non-compliant |
| Requirement 2(3)(d) | 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. | Non-compliant |
| Requirement 2(3)(e) | 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) are non-compliant.

A review of the sampled consumers' care planning documents shows they do not always consider specific risks or reflect comprehensive assessment and planning for each consumer. Inconsistencies were identified in the sampled consumers' care planning documents and not all risk elements were included in all consumers' assessment and care planning information.

A review of assessment and planning documentation shows that some consumers' care plans do not reflect the consumer's current needs. There were gaps in documentation in the electronic care planning system, where consumers' needs and preferences were not identified or addressed in accordance with their current health condition.

Most of the sampled consumers and representatives interviewed did not consider that they feel like partners in the ongoing assessment and planning of their care and services. For some consumers sampled, the service did not demonstrate the assessment and planning processes are undertaken in partnership with consumers, or their representatives, on their behalf. Care documentation provided demonstrated only 48 out of 139 consumers had care plans with advanced care directives and most care plans sampled did not detail end-of-life information and planning.

Most consumers and representatives explained that they are informed when the consumer's condition changes or an incident occurs. Twenty three consumers and representatives said they do not have a copy of their care plan and it has not been discussed with them. A review of consumers' care and services records did not demonstrate that assessment and care planning outcomes were communicated to consumers or their representatives.

The service is unable to demonstrate incident forms are routinely completed when incidents occur impacting the development of strategies to mitigate risk and ensure the consumer’s safety. Care plans did not demonstrate a review when circumstances changed or incidents occurred, including when consumers returned from hospital, resulting in their needs not being effectively met.

The Approved Provider provided a response and did not dispute the findings of the Assessment Team. The Approved Provider acknowledged that care planning documents do not consistently reflect assessment and planning has occurred to identify risks to the consumer’s health and well-being. To ensure risks are identified the Approved Provider is upskilling staff to ensure they are aware of the risks associated with aspiration, wounds, pain and responsive behaviour. Training in incident management is being conducted and plans are being put in place to allow greater oversight of the management of incidents to ensure causes are identified and risks mitigated. Training on falls prevention and medication management is also being commenced. All consumers with dysphagia, wounds, pain and responsive behaviour are being reviewed and their care plans updated accordingly. Additionally, the service is conducting a review to ensure all consumers have been offered the opportunity to develop their advanced care/end of life plan. Staff will be provided with training on the electronic record keeping system recently introduced to ensure all relevant consumer assessment and care planning information, including advanced care planning is available to inform care delivery. The Service will be rolling out the Partners in Care initiative to improve partnering with consumers and their representatives and information will be circulated informing consumers and representatives about how they can obtain a copy of their care plan. Changes will be made to the service’s Spotlight program to ensure it accurately captures any issues that have emerged since the last review of the consumer’s care needs to inform assessment and care planning.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | 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. | Non-compliant |
| Requirement 3(3)(e) | 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(g) are non-compliant.

Sampled consumers were not receiving best-practice care tailored to their needs and not optimising their health and well-being. This included the management of restrictive practices, behaviour, complex care falls, wound care, pain and diabetes management.

The service was unable to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. While the service has a clinical risk register that highlights the risk for all consumers, the Assessment Team identified several high-impact or high-prevalence risks associated with consumer care that not been identified at an early stage placing consumers at very significant risk.

Consumers with cognitive impairment were not provided timely and adequate hygiene care to ensure they were not at risk of infection. A risk assessment was not undertaken to identify and mitigate the risk for a consumer who has exit seeking behaviour. A consumer at high risk of aspiration was not receiving care in line with specialist recommendations to reduce the risk of aspiration. Consumers are experiencing serious incidents during invasive procedures caused by the failure of staff to correctly identify the correct consumer and correct route. One consumer had a urinary catheter inserted which was meant for another consumer. A second consumer had a suppository inserted into the wrong orifice. These incidents were not investigated thoroughly to identify key contributing factors and effective measures put in place to prevent future incidents.

Clinical deterioration was not recognised and responded to in a timely manner. Most sampled consumers and their representatives expressed dissatisfaction that they identify clinical deterioration in the consumer's health and well-being in most cases, rather than the service. Some representatives said they prompt staff to follow up with MOs when they notice clinical changes and deterioration in the consumer's health.

Overall, the service was unable to demonstrate there is an effective process to ensure consumer information is documented accurately and is communicated within the organisation and with others where responsibility for care is shared. Most of the consumers and representatives sampled said they feel communication at the service has been an ongoing issue.

A review of documentation, feedback from staff and observations of staff practices show a lack of standard and transmission-based precautions to prevent and control infections. Clinical waste bins were not locked. Staff interviewed were unable to describe the infection prevention measures in place specific to safely manage consumers at the service living with Hepatitis C, Hepatitis B and HIV. Although some staff have a good understanding of antimicrobial stewardship, many do not, and this includes registered nurses. Deficits were identified by the Assessment Team regarding applying non-pharmacological strategies before using antimicrobials.

The Approved Provider provided a response and did not dispute the findings of the Assessment Team. The Approved Provider acknowledged that the management of restrictive practices, behaviour, complex care, falls, wound care, pain management, and diabetes management has not been managed according to best practice or in a way that optimised the consumer’s health and well-being. The Approved Provider stated that they are in the process of reviewing all consumer care plans to ensure best practice care is being provided that meets the consumer’s needs. In addition, they are providing comprehensive education to staff to ensure all staff are up to date with national guidance material and are obtaining support from specialists including wound consultants to ensure best practice care is being delivered. Education to minimise the use of restrictive practices has commenced and care plans updated to ensure non-pharma logical strategies are trialled first so that psychotropic medication is used as a last resort.

The Approved Provider acknowledged that high risk, high prevalence risks had not been managed. Work has commenced to ensure risks are mitigated while supporting consumers to make choices to take risks. This includes a review of care plans for consumers with high prevalence high risk conditions including skin integrity issues and wandering/exit seeking behaviour with further education provided to staff on how to more effectively manage risk.

Changes in processes will be implemented to improve the management of consumers who are exit seeking and referrals made to Dementia Service’s Australia and the Emotional Wellbeing Older Person’s Service for advice on additional strategies for managing consumers with behaviours.

The Approved Provider stated they are working to improve their risk escalation process so that clinical deterioration is managed in a timely manner. This will include education for staff on identifying deterioration in skin integrity, behaviour and clinical presentation and how to assess and manage.

The Approved Provider agreed that improvement is required to communication processes to ensure accurate information is held about consumers and is communicated to the team including specialist and allied health to assist in the delivery of safe and effective care. Improvements identified include training staff in using the new electronic database and uploading reports from external service in a timely manner to ensure information is both current and shared.

The Approved Provider agreed that improvements were needed to how infection related risks were managed. Further education will be provided to staff on preventative measures to manage blood borne infections including Hepatitis and HIV, infection control practices including the use of PPE and antimicrobial stewardship. Spot checks have commenced to monitor staff practices and ensure clinical waste bins are locked.

I am satisfied that the two remaining requirements are compliant.

The service was able to demonstrate a process for recognising and addressing the needs, goals and preferences of consumers nearing the end of life.

With the exception of one consumer reviewed by the Assessment Team, care planning documents show timely and appropriate referrals to allied health professionals, medical specialists, and others; and consumers’ and their representatives’ preferences are considered in this process. Care and medical notes also show that referrals are made when required.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | 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. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | 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. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have assessed this Quality Standard as compliant as I am satisfied Requirement 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) are compliant.

Consumer/representatives said consumers are supported to engage in activities that are of interest and enjoyable to them and are provided with relevant supports, equipment and resources, to promote their well-being, independence and quality of life.

Sampled consumers/representatives said the service provided emotional, spiritual and psychological support when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers.

Consumers/representatives said consumers are supported to be involved in community activities outside of the service, to visit family, go shopping or pursue other interests. Care planning documentation identified people important to individual consumers and those involved in providing care and activities of interest to the consumer.

Overall, consumers/representatives sampled said they were satisfied staff and other organisations involved know their care and service preferences.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and described how they collaborate to meet the diverse needs of consumers.

Overall consumers/representatives said the meal service is satisfying, varied and appropriate in quality and quantity.

Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained. Consumers and staff interviewed said equipment is available, safe and fit for purpose

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 5(3)(b), is non-compliant.

The service is unable to demonstrate that it consistently provides a service environment that is safe and clean. In both the indoor and outdoor areas potential safety hazards were observed. Issues were identified with fire evacuation diagrams as they did not correctly identify the assembly point. It was observed that one wing and multiple access points to outdoors areas were locked prohibiting consumers from moving freely both indoors and outdoors. Representative and staff interviews indicated that doors are often locked.

The Approved Provider provided a response and did not dispute the findings of the Assessment Team. The Approved Provider accepted that doors were locked during the site audit and stated that they have taken action to remind staff that doors must remain open so consumers can move freely. All environmental restraints will be reviewed and key pad code numbers to consumers. The Approved Provider acknowledged that cleaning was not meeting expectations and is taking action to address through education for cleaning and care staff and spot checks to monitor cleanliness. The maintenance team is addressing the evacuation diagrams, potential trip hazards are being dealt with and works are planned to address uneven ground in the garden.

I am satisfied that the two remaining requirements are compliant.

Consumers were observed walking independently and with staff assistance around the service to join activities and sitting outdoors. Consumers' rooms have their own ensuites and rooms were observed to be decorated with personal belongings. Consumers and representatives sampled did not raise any concerns in relation to the service environment.

Consumers and representatives sampled did not raise any concerns in relation to equipment. Furniture, fittings and equipment appeared to be safe, however some outdoor furniture was covered with bird droppings. Documentation review verified that maintenance was complete and up to date.

**Standard 6**

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

I have assessed this Quality Standard as compliant as I am satisfied Requirement 6(3)(a), 6(3)(b), 6(3)(c), and 6(3)(d) are compliant.

Consumers/representatives sampled said they feel encouraged, safe and supported to provide feedback and make complaints; and could describe the various methods available for them to do so including speaking to management or staff directly, during consumer meetings, and through the use of feedback forms.

Consumers/representatives demonstrated an awareness of the internal and external complaints mechanisms available for them to lodge complaints if required.

Overall consumers/representatives said management address and resolve concerns raised following a complaint and when incidents occur.

Consumers/representatives sampled described situations where the service has utilised feedback and complaints to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 7(3)(a), 7(3)(c), and 7(3)(e) are non-compliant.

Conflicting information was received in relation to staffing levels. Management stated that staffing levels were adequate, shifts were always filled and there was definitely enough staff. However, a large amount of feedback from consumers, representatives and staff indicating staff shortages and shifts being unfilled. Feedback from three consumers and/or their representatives was that consumer’s care needs are not being attended to as ‘staff do not come back’ to attend to them (having turned off the call bell) and are difficult to locate on the floor when needed. Staff stated they are short staffed which impacts the personal care being provided to consumers. Staff said they are working double shifts and are short staffed every day. Staff also said they don’t have time to complete clinical documentation during their shift. It was observed that clinical documentation had information missing or was incomplete. Management stated this was due to the implementation of the new electronic care planning system, not staffing levels.

Staff have the qualifications necessary for their roles however staff were unable to demonstrate that they have the competency and clinical knowledge to effectively perform their roles in order to provide safe and quality care and services. The Assessment team identified clinical care provided was not best practice placing consumers at significant risk and deficiencies were identified in infection control practices.

The service was unable to provide evidence that the regular assessment, monitoring and review of staff performance was effective in identifying deficiencies in staff knowledge, competencies or clinical skills. Incidents did not result in further assessment of staff competencies or training needs. Appraisal documentation was incomplete and appraisal forms did not show how staff will be supported though an individualised development plan. Staff continued to request the same training supports year on year.

The Approved Provider provided a response and did not dispute the findings of the Assessment Team. The Approved Provider stated that for the period 26 September to 9 October 2022 they had been able to fill all shifts but did not comment on staffing levels prior to that period. The Approved Provider acknowledged that communication with staff and consumers about staffing levels and the location of staff when on shift needed to be improved and is actioning this. The Approved Provider will provide time management skills training to staff, continue to monitor call bells through spot checks, review the adequacy of staffing in line with consumer needs as well as continue with their ongoing recruitment strategies. To improve staff capability a comprehensive training plan will be implemented which includes assessing staff competencies which will reviewed every three months to ensure it is meeting the needs. Each member of staff will have an individual development and education plan and HR files will be update to ensure they include accurate information. Feedback from consumers and representatives will be sought to inform the delivery of quality care.

I am satisfied that the two remaining requirements are compliant.

Consumers and representatives interviewed and observations by the Assessment Team consistently demonstrated consumers are receiving care from staff that is kind, gentle and respectful.

The service demonstrates that it has a system to recruit, train, equip and support staff to provide safe care and services as required by the standards. The orientation program includes training of mandatory modules and buddy shifts to help new staff onboard and staff are supported with a comprehensive training program.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Non-compliant |
| Requirement 8(3)(c) | 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Non-compliant |
| Requirement 8(3)(e) | 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied Requirement 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) are non-compliant.

Although the organisation’s mission, vision and values are captured in the strategic plan and displayed in the service, the service was unable to provide sufficient evidence demonstrating how the Board promotes, ensures and satisfies itself that the service has a culture of safe, inclusive and quality care and is meeting the Quality Standards. It was not clear how the Board utilise clinical indicator and key performance data to demonstrate their accountability for standards of care. Neither was it clear how the Board promotes a culture of safe, inclusive quality care at a local service level.

The organisation has effective governance systems in place for feedback and complaints and financial governance but was not able to demonstrate effective governance systems relating to continuous improvement, information management, workforce governance and regulatory compliance to ensure the delivery of safe, effective and quality care and services. Due to the introduction of a new electronic care system critical information was missing from consumer files and there were issues with the transfer of data making information retrieval very difficult. The service’s plan for continuous improvement contained an item about rectifying discrepancies in data in the electronic care planning system but no actions were recorded on how this was to be achieved. The service had difficulty generating up to date and accurate reports on clinical indicators. With regard to workforce governance, feedback from staff and consumers was that there was not enough staff and staff were not trained adequately to deliver quality care. Whilst SIRS are logged within the service, the service was unable to demonstrate how the organisation learns from any investigations, including root cause analysis, in response to a serious incident. Furthermore, the service did not demonstrate that it has effective systems and practices in place to manage high impact or high prevalence risks associated with the care of consumers to provide them with quality care and services. The service has a documented risk management framework and an electronic risk management system, however, care delivery and documentation does not demonstrate that risk management practices are resulting in the provision of safe quality care and services for consumers. Not all consumers are supported to live the best life they can through appropriate risk identification and management. Consumers are experiencing serious incidents during invasive procedures caused by the failure of staff to correctly identify the correct consumer and correct route. Whilst both incidents were reported as a SIRS these incidents were not investigated thoroughly to identify key contributing factors and effective measures put in place to prevent future incidents happening again.

Whilst the organisation has a documented clinical governance framework that outlined the roles, responsibilities and accountabilities that continuously measure, monitor and improve the safety and quality of clinical care and services, the service was unable to demonstrate that its clinical governance system and practices were effective at the local service level. The Assessment Team identified that sampled consumers were not receiving best-practice care tailored to their needs and optimising their health and well-being in the areas of restrictive practices, behaviour, complex care, falls, wound care, pain, diabetes management and infection prevention and control. Care documentation did not provide evidence of comprehensive assessment that considered risk to the consumer's health and wellbeing. There were ongoing gaps in clinical documentation and review, evidenced in monitoring charts, care plans and incident reporting. There was also a high proportion of SIRS incidents categorised as neglect by the Approved Provider, that did not appear, from the SIRS incident reports provided by the service, to be trending downwards.

The Approved Provider provided a response and did not dispute the findings of the Assessment Team. The Approved Provider stated that the Board demonstrates their accountability by receiving detailed reports on the quality of care provided. Results of audits conducted within the Service are reported through Regional Managers to the relevant organisational governance committee which enables the Board to have oversight of the performance of the service. The Approved Provider stated incident data is regularly reported to Bupa Board and Clinical Governance Committee. The Approved Provider’s response, whilst it explained the function of the Board it did not illustrate how the Board promotes a culture of safe, inclusive and quality care and services within Bupa Clemton Park or how it demonstrates its accountable for the delivery of services at the local service level. Neither did the Approved Provider’s response provide evidence of how the Board decides, explains, assigns and puts quality, safety and cultural goals into action or how it sets priorities and monitors progress towards improving the performance of the organisation including how this is communicated to staff and consumers at a local service level.

With regard to information management the Approved Provider acknowledged the findings of the Assessment team and stated they are currently reviewing the care being provided to all consumers and ensuring care documentation accurately reflects their needs goals and preferences. The Approved Provider provided no further information in relation to workforce governance, regulatory compliance, the management of high impact, high prevalence risks, identifying and responding to abuse and neglect and managing and preventing incidents than what they had already provided in their response to each requirement. With regard to clinical governance, the Approved Provider stated that they will be undertaking training with staff to improve their knowledge of restrictive practices, wound care, pain and falls management, diabetes and infection control.

I am satisfied that the one remaining requirement is compliant.

Consumers are engaged and representatives sampled were able to describe ways they are supported to be involved in the development, delivery and evaluation of care and services via consumer meetings, surveys, feedback and a range of other matters including decorating the service and recruitment.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)