

**Performance Report**

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| Name: | Bupa Enfield |
| Commission ID: | 6133 |
| Address: | 5 Bradford Court, ENFIELD, South Australia, 5085 |
| Activity type: | Site Audit |
| Activity date: | 2 December 2024 to 4 December 2024 |
| Performance report date: | 6 January 2025 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 4150 Bupa Enfield |

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 Enfield (**the service**) has been prepared by Jemma Wilson, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others; and
* the provider’s response to the assessment team’s report received 24 December 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **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.

**Standard 2, Requirement (3)(b)**

* Ensure staff are completing assessment and planning documentation to include the consumer’s current needs, goals and preferences, including end of life care and advance care planning.

**Standard 2, Requirement (3)(e)**

* Ensure consumers care and services are reviewed following incidents to ensure interventions are effective or if new interventions are required.

**Standard 3, Requirement (3)(a)**

* Ensure each consumer receives clinical care which is best practice, and tailored to their needs, including in relation to reporting incidents, post falls monitoring and behaviour support.

**Standard 7, Requirement (3)(c)**

* Continue to provide education and training to staff to ensure staff have the necessary skills and competence to perform their roles.

# 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. | 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

Consumers said they are treated with dignity and said staff are courteous and respectful in their interactions with them. Consumers felt valued by staff and confirmed they are supported to maintain their own identity. Consumers described how the service accommodates their needs and preferences to ensure culturally safe care and services are provided. Consumers indicated they are supported to do things their way, have relationships and make decisions about care delivery that suits them, including to take risks to live the best life they can. Consumers confirmed they are provided with information, which is up to date, communicated in a way which they understand and enables them to make decisions, including through newsletters, email, posters and meetings. Consumers indicated their privacy is respected, and their personal information is kept confidential.

Staff were knowledgeable about each consumer’s preferences and culture and demonstrated a comprehensive understanding of the consumers they care for, showcasing their awareness of each individual’s identity and diverse backgrounds. Staff confirmed the importance of personalising care to ensure that consumers feel comfortable and culturally safe and confirmed undertaking cultural awareness training. Staff described how each consumer is supported to make informed choices about their care and services, including supporting them to take risks. Staff described the different ways information is provided to consumers, in line with their communication needs and preferences and demonstrated the practical ways they respect consumer’s privacy.

Management confirmed staff participate in virtual simulation activities as part of induction processes to increase their knowledge and understanding of consumers’ individuality, including those living with dementia. Management described, and documentation reflected regular care plan meetings to discuss care and services. Management indicated assessment processes reflect discussion with consumers relating to risk and described a range of avenues for communication which are tailored to individual needs.

The organisation has a range of policies, procedures, work instructions and training modules, including culturally appropriate care, code of conduct, diversity and privacy and confidentiality to guide and support staff practice. Induction records and staff meeting minutes demonstrate staff receive education and training in relation to diversity and cultural awareness. Electronic devices are password protected, with private and confidential information stored safely and securely.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore the Standard is compliant.

# 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. | 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. | Not 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. | 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. | 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. | Not Compliant |

Findings

This Standard is non-compliant as 2 of the assessed requirements are non-compliant.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as they were not satisfied the needs, goals and preferences of consumers were effectively captured, particularly in relation to end of life care. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding:

* The organisation has an advance care planning work instruction to guide staff on assessment processes, however, staff were not consistently adhering to the process.
* Representatives indicated while staff discuss end of life care, the discussion was only in relation to resuscitation status.
* Care documentation for 11 consumers showed advance care planning assessments and care plans were not completed, and needs, goals and preferences not captured.
* Care documentation for one named consumer showed the consumer’s advance care plan had not been updated in response to changes in their condition and did not reflect their current needs, goals and preferences.
* Clinical management indicated they only commence end of life discussions upon the identification of deterioration, which is not in line with the service’s work instruction.
* Management acknowledged the deficit in the documentation of end of life care and the relevant needs, goals and preferences and indicated corrective actions they will take to address this.

In their response the provider acknowledged the deficits identified in relation to advance care planning and end of life care. The provider’s response included and plan for continuous improvement and assert they have undertaken actions in response, including but not limited to the following:

* All consumers end of life care plans are being reviewed to ensure goals and preferences are included, with an estimated completion date of 17 February 2025.
* Clinical staff are receiving education and coaching individually by the quality and education manager with an estimated completion date of 28 February 2025.
* Monitoring of documentation to ensure end of life goals and preferences through the weekly clinical review schedule.

I acknowledge the providers response; however, I find the service does not effectively capture consumers’ current needs, goals and preferences, particularly in relation to end of life care and advance care planning. In coming to my finding, I have considered the provider’s acknowledgement of the deficits identified, and the plan for continuous improvement, however, I find the proposed actions and improvements will require time to be fully embedded into staff practice and evaluated for effectiveness.

Based on the information above, I find requirement (3)(b) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**Requirement (3)(e)**

The assessment team recommended requirement (3)(e) not met as they were not satisfied the care and services of consumers are consistently reviewed, including following serious incidents and falls. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding:

* For one named consumer, documentation showed a serious incident was recorded and reported due to physical aggression towards another consumer. Ongoing documentation did not show monitoring, such as behaviour or pain charting, or additional assessments, were not implemented to ensure care and services provided were effective.
* Documentation for an additional consumer showed assessments were not undertaken following falls to ensure care and services remained effective or implement additional strategies to mitigate the risk.

In their response the provider acknowledged the deficits identified by the assessment team. The provider’s response included and plan for continuous improvement and assert they have undertaken actions in response, including but not limited to the following:

* All consumers care plans have been reviewed to ensure they are aligned with the consumer’s preferences and needs.
* All consumers with responsive behaviour support plans have been reviewed to ensure they are reflective of the consumer’s current needs, with additional referrals undertaken for 2 consumers.
* Responsive behaviour training was undertaken for clinical staff on 12 December 2024.
* Implementation of a clinical governance checklist to support clinical managers in reviewing incidents.

I acknowledge the provider’s response; however, I find the service does not consistently review the care and services of consumers, particularly following falls or serious incidents. In coming to my finding, I have considered the provider’s acknowledgement of the deficits identified, and the plan for continuous improvement, however, I find the proposed actions and improvements will require time to be fully embedded into staff practice and evaluated for effectiveness.

In relation to **requirements (3)(a), (3)(c)** and **(3)(d)**, the service has policies and procedures including an admission pathway outlining the required assessments and their completion timelines. Care documentation demonstrated clinical risk assessments are completed using validated tools to assess various risks, with risk mitigation strategies implemented, and referrals completed if indicated. Care documentation shows the service supports consumers to engage in activities involving risk by completing risk assessments and implementing strategies to ensure they are undertaken safely. Care documentation demonstrated the involvement of external service providers, such as allied health, behavioural and mental health specialists, in consumer assessment and planning processes.

Consumers expressed satisfaction with assessment and planning processes and confirmed staff consistently involved them in assessment and planning, where they discussed current needs, and any changes required in care and services. Consumers expressed confidence in staff’s knowledge of their needs and preferences and confirmed receiving care plans with essential details regarding consumer care.

Staff described assessment and planning procedures used to identify risks and measures taken to address the risks. Clinical management confirmed they oversee assessment and planning processes and described responsibilities of clinical staff to complete care plans, care evaluations and assessments. Staff demonstrated knowledge in partnering with consumers during assessment and planning and described their approach to ensure information from other service providers is accurately reflected in assessment and planning documentation. Staff confirmed they can easily access consumer care documentation through the electronic management system and explained how they share and receive information about the outcomes of assessment and planning through handover processes.

Based on the assessment team’s report, I find requirements (3)(a), (3)(c) and (3)(d) in Standard 2 Ongoing assessment and planning compliant.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | 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. | 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. | Compliant |

Findings

This Standard is non-compliant as one of the assessed requirements is non-compliant.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as they were not satisfied the care provided in relation to falls and behaviour support was best practice or effective. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding:

* Two consumers were observed, with one consumer physically holding another to stop them from intruding into their space. While a staff member intervened, documentation showed this incident was not reported.
* Management investigated and completed an incident report and education and training to staff in relation to reporting incidents.
* A staff member was observed to be physically pushing and moving a consumer away from the entry door to the secure unit.
* Management reviewed security footage in relation to the observation and confirmed the staff member’s approach to redirection was inappropriate.
* Care documentation for 2 consumers demonstrated post falls observations were not consistently completed in line with organisational policies and procedures.
* Service documentation showed audits undertaken in November 2024 in relation to falls management identified inconsistencies in post-fall observations, however, no actions were undertaken to address the concerns.

In their response the provider acknowledged the deficits identified by the assessment team, and asserted the service had taken action at the time of the site audit. The provider’s response included and plan for continuous improvement and assert they have undertaken actions in response, including but not limited to the following:

* Toolbox training for catering staff in relation to behaviour support and the serious reporting incident scheme (SIRS).
* Individual training and education for identified staff in relation to the observed interactions.
* Development and implementation of the neurological observation form to prompt schedule of observations post fall.
* Education provided to clinical staff on the 12 December 2024 in relation to falls and post falls observations.

I acknowledge the provider’s response; however, I find the service did not provide effective clinical care, in relation to post falls management and behaviour support to each consumer. In coming to my finding, I have considered the intent of this requirement, which states each consumer receives care which is best practice, and although the provider’s response includes evidence of most incidents being reported as required, the assessment team’s report demonstrates this has not occurred for all consumers. I have also considered the provider’s acknowledgement of the deficits identified, and the plan for continuous improvement, however, I find the proposed actions and improvements will require time to be fully embedded into staff practice and evaluated for effectiveness.

Therefore, I find requirement (3)(a) in Standard 3 Personal care and Clinical care non-compliant.

In relation to **requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f)** and **(3)(g)**, consumers were satisfied with the management of high-impact and high-prevalence risks associated with their care, including pain, weight, and behaviour support. Consumers expressed confidence in the staff’s ability to recognise signs of deterioration, indicating once identified, staff take the right steps to monitor and escalate concerns as needed. Consumers confirmed they are notified of any changes to their care and services, and staff consult them prior to changes being made. Consumers confirmed regular reviews by other health care providers to assist with their care and services, including medical officers and allied health professionals. Consumers expressed satisfaction with infection control measures, indicating staff consistently follow infection control practices, including wearing gloves and washing their hands.

Staff were knowledgeable of risks to consumers and the strategies and interventions implemented to mitigate identified risks, including falls, pressure injuries, behaviours, and choking. Staff described their approach to maximising comfort and preserving dignity during end-of-life care, highlighting their collaboration with consumers, their families, medical officers and palliative care specialists. Care staff explained their approach to providing palliative care in a way that minimises disruption for the consumer and reporting any signs of pain to clinical staff for further management. Staff described how they monitor and respond to consumers’ change in mental health, cognitive or physical condition in an effective and timely manner and demonstrated the steps taken when they identify consumers are unwell. Staff described processes to communicate changes to consumers care and confirmed care documentation is readily available and accessible. Staff described referral processes and how recommendations are incorporated into care plans and communicated to consumers and staff. Staff confirmed undertaking training in infection control and antimicrobial stewardship principles and were adhering to infection control practices such as hand hygiene prior to and during care delivery.

Care documentation demonstrated effective management and monitoring of pain, weight and the use of restrictive practices, including the use of assessment tools and referral processes. Deterioration is identified in a timely manner and appropriate action taken with several tools used to identify and assess deterioration. Care documentation showed the needs, goals and preferences during end-of-life had been recognised and addressed. Care plans included individualised care with strategies based on assessed needs and discussions with consumers or representatives. Care documentation showed referrals are undertaken with recommendations from health care providers incorporated into care and documented in the care plan.

The service has established processes to manage and monitor consumers at risk, including maintaining a clinical risk register and conducting weekly clinical risk meetings to review consumer progress. Management confirmed all visiting healthcare professionals are provided access to the electronic documentation system to access the necessary information and document any reviews or changes, with medical officers having remote access to the medication system for urgent medication changes. The service monitors all infection incidents, which are reported in monthly statistics, and holds regular medication advisory committee meetings, where antimicrobial stewardship is discussed. Infection control equipment such as alcohol sanitisers and handwashing stations were readily available throughout the service.

Based on the assessment team’s report. I find requirements (3)(b), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care compliant.

# 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

Consumers confirmed they are supported to do the things they want to do and services and supports for daily living improve their independence, health, well-being and quality of life. Consumers described how services and supports promote their spiritual, cultural, emotional and psychological well-being. Consumers felt connected and engaged in meaningful activities and confirmed they are supported to acknowledge and observe sacred, cultural and religious practices. Consumers confirmed they are supported to maintain social activities of interest and personal relationships within the service and in the wider community. Consumers felt the service has effective processes to communicate important information about their services and supports and staff know what they need. Consumers confirmed they are satisfied with the services and supports delivered by those they have been referred to. Consumers provided positive feedback about the meals, choices and alternatives provided. Consumers were satisfied the equipment provided is suitable, clean and well maintained.

Care documentation, including care plans and progress notes, reflected changes, reviews and alerts to staff where appropriate. Care documentation confirms the service undertakes timely and appropriate referrals to other individuals, organisations or providers to meet the services and support needs of consumers, with recommendations incorporated into care plans.

Staff described incorporating individual life experiences and honouring diverse cultural, ethnic, religious, and spiritual backgrounds to ensure services and supports delivered are relevant and meaningful. Lifestyle staff demonstrated how they seek input from consumers regarding activities of interest and how they aim to accommodate each consumer’s request, through implementing meaningful activities for consumers. Staff described ways information is communicated throughout the service, including through handover meetings and care documentation. Staff were familiar with referral processes and which other organisations or individuals are involved in the provision of services and supports. Staff were familiar with consumers requiring specific dietary needs or food preferences and described being flexible with menu choices to meet the needs and preferences of consumers. Management and staff described how consumers are assessed by allied health to ensure equipment provided for services and supports are appropriate and suitable for use.

The lifestyle program is personalised to address the diverse needs and preferences of consumers and encompasses a wide range of activities, with a specific lifestyle program delivered to consumers residing in the secure unit. Members from various religious denominations, and various volunteer programs visit the service on an ongoing basis.

Based on the assessment team’s report, I find all Requirements in Standard 4 Services and supports for daily living compliant, therefore the Standard is complaint.

# 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment is clean, and well-lit with effective temperature control and with consumers moving freely both within the service and in the outdoor areas. Clear signage is visible throughout the service, enabling consumers to navigate easily. Furniture, fittings, and equipment were safe, clean, and maintained in line with scheduled actions.

Consumers expressed satisfaction with their rooms and overall cleanliness of the service environment and confirmed personalising their room with personal belongings and furniture. Consumers and representatives described comfort controls and how they manage the lighting and temperature in their rooms and confirmed maintenance issues are addressed in a timely manner. Consumers can move freely throughout the facility and to outdoor areas and expressed confidence in the safety and suitability of furniture and equipment.

Staff described cleaning, maintenance, and monitoring processes to ensure the environment was safe and clean with hazards promptly addressed. Systems and processes include preventative and reactive maintenance with contractors engaged where required. The service has cleaning schedules to ensure the environment is clean, with additional cleaning implemented where needed.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant.

# 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

Consumers felt supported and encouraged to provide feedback and make complaints and described feedback processes as effective. Consumers confirmed they receive a range of information in welcome packs in relation to feedback and complaints and felt informed about advocacy services. Consumers confirmed complaints are appropriately handled and addressed in a timely manner and feel feedback is valued and improves the care and services provided.

Staff described supporting consumers to provide feedback by actively listening, completing feedback forms or escalating concerns with management. Management described an open-door policy and indicated the service seeks feedback at care planning discussions, via forms, QR codes and completing surveys. Management described how they work with consumers and families to resolve issues before they escalate and confirmed apologies are offered when things go wrong. Management described processes to ensure feedback is monitored, reviewed and used to develop continuous improvement initiatives. Management confirmed they review feedback regularly and reports are generated to evaluate and understand trends which are developing.

The complaints management framework includes timeframes, escalation and oversight. Feedback forms, QR codes and information about feedback processes and advocacy services are displayed prominently throughout the service. The feedback register captures issues raised and shows appropriate and timely action. Additionally, opportunities for improvement obtained from feedback processes are reflected on the continuous improvement plan.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore the Standard is compliant.

# 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. | 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. | Not 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. | Compliant |

Findings

This Standard is non-compliant as one of the assessed requirements is non-compliant.

**Requirement (3)(c)**

The assessment team recommended requirement (3)(c) not met as they were not satisfied workforce competence was demonstrated in relation to behaviour support, post fall monitoring, identifying risk taking activities and monitoring of daily activities. The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding:

* Care documentation showed neurological observations were not undertaken in line with organisational policy.
* Staff did not provide personal care in line with the assessed needs for one consumer who is high risk of falls. Staff indicated the consumer preferred to attend to showering independently, however staff did not undertake a dignity of risk assessment to ensure mitigation strategies were discussed and implemented.
* Clinical staff provided inconsistent information on the monitoring of consumers post fall.
* Internal audits in post falls management undertaken in November 2024 indicated gaps in documentation, however no actions were taken. Management indicated the audit was taken by staff backfilling the care manager role, and therefore was not included on the plan for continuous improvement.
* Training records showed staff had undertaken training on the serious incident response scheme, however, observations and documentation showed staff were not consistently identifying and reporting incidents appropriately, including in relation to changed behaviours.
* Care documentation did not consistently identify the current needs, goals and preferences of consumers, including at end of life, or advance care planning.

In their response the provider acknowledges the deficits identified by the assessment team, and the need to develop the team’s capabilities. The provider’s response included and plan for continuous improvement and assert they have undertaken actions in response, including but not limited to the following:

* Further education in relation to behaviour support, post fall observations, identifying risk taking behaviours and monitoring of daily activities has been commenced by the service.
* A registered nurse end of shift clinical governance report has been implemented to guide staff practice.
* A clinical governance checklist has been implemented to ensure clinical staff have undertaken follow up.

I acknowledge the provider’s response; however, I find the workforce does not have the skills or competence to effectively perform their roles. In coming to my finding, I considered the information in the assessment teams report and provider’s response which indicates additional education and training has been commenced for staff in relation to the deficits. However, I consider the education and training provided will require time to be fully embedded into staff practice and then evaluated for effectiveness.

Therefore, I find requirement (3)(c) in Standard 7 Human resources non-compliant.

In relation to **requirements (3)(a), (3)(b), (3)(d)** and **(3)(e)**, consumers expressed satisfaction with the number of staff and confirmed call bells are answered promptly, and they receive the care and services they need. Consumers described staff as courteous and respectful and confirmed staff know their individual preferences and cultural background. Consumers felt staff are well trained and indicated they can provide feedback on staff performance to management.

Staff felt there are enough staff to ensure they have sufficient time to complete the required tasks and spend time with consumers. Staff confirmed the roster had been reviewed to support the increased care minutes requirement and a floating care staff implemented to support consumers with short-term high needs. Staff were knowledgeable about consumers’ histories and background and described how this informs care delivery. Staff interactions are kind, caring and respectful. Staff described screening and induction processes on commencement of employment and felt well supported in their roles. Staff across the organisation confirmed annual appraisals are undertaken and their career growth, performance and training needs are discussed.

Management described processes to review staff level and mix, and confirmed rosters have been updated to ensure they are meeting care minute targets. Management indicated rosters are adjusted as needed and succession planning is undertaken to support planned leave for key personnel. A pool of part time staff is maintained, and agency staff are used sparingly. Processes are in place to ensure staff have knowledge about Bupa values and performance management systems are accessible to deal with non-conformance. A centralised HR team supports the service to facilitate recruitment, and a dedicated quality education manager oversees training. Induction processes are initiated once pre-employment checks are complete and includes an induction program. Management confirmed feedback, incidents, quality indicators and audits are reviewed to identify training opportunities, with annual training needs regularly evaluated.

Internal workforce surveys are undertaken twice a year and show a high level of staff engagement at the service with staff induction handbooks outlining expected behaviours and the code of conduct. A range of policies, procedures and work instructions underpin HR processes including processes to review mandatory qualifications and criminal history checks. The training compliance dashboard for mandatory training shows completion rates above 97% for modules including infection prevention and control, SIRS, manual handling skills assessment, food safety and chemical safety. Service documentation demonstrates annual appraisals are up to date for all active staff.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(d) and (3)(e) in Standard 7 Human resources compliant.

# 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. | 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. | 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. | 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. | Compliant |

**Findings**

Consumers confirmed they are engaged in the development, delivery and evaluation of care and services, through participation in assessment and planning, and meetings, and felt their feedback is used to inform care delivery and improvements across the service. Staff described supporting consumers to provide feedback and confirmed care planning is undertaken with consumers to identify needs, goals and preferences. Management described embedded processes to gather and evaluate feedback including care discussions, surveys, consumer meetings and feedback forms, with various ways this information is used in the development, delivery and evaluation of care and services. Service documentation showed consumer relative meetings include information relating to workforce, clinical care, activities and actions against items on the plan for continuous improvement identified through feedback.

The governing body has requisite skills and experience across relevant disciplines and maintains knowledge of aged care issues through participation in ongoing education and training. Feedback, incidents, trends and issues are escalated to the governing body through formalised processes. Benchmarking is used to measure performance of individual services and ensures the governing body is accountable for delivery of safe and quality care and services across the organisation.

The organisation has an overarching governance framework incorporating information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Executive management and the governing body have oversight of performance indicators across the organisation to ensure systems are operating effectively with policies, procedures and work instructions regularly reviewed and updated. The framework defines the rules, relationships, systems, and processes by which authority is exercised and controlled within the organisation and includes managing consumer information electronically, addressing feedback and complaints and using them to drive continuous improvement processes, ensuring appropriate delegations are in place for expenditure, maintaining and managing the workforce, and complying with legislative and regulatory changes as they occur.

The service demonstrated effective risk management systems and practices, including management of high impact risks, identification and response to abuse and neglect, management and prevention of incidents and supporting consumers to live the best life they can. Quality indicators data is reported to the governing body for oversight through clinical, quality and risk committees. Clinical risks to consumers are monitored by the clinical management committee who sends monthly trending and analysis of the risks to the clinical governance committee. Incidents are recorded and managed through an electronic computerised system. The organisation has a SIRS policy and procedure, with mandatory training provided to all staff on SIRS and recognising and responding to abuse and neglect. A dignity of risk policy and procedure outlines processes to identify and discuss risks with consumers, document the discussion, implement control measures and evaluate and review strategies for their effectiveness.

The organisation has a clinical governance framework which provides a systematic approach to maintaining and improving the quality of consumer care. Elements of the framework include having an appropriately skilled workforce, risk management, measuring success, achieving clinical excellence and continuous improvement, with clinical governance structures from the service level to the governing body. The clinical governance framework includes antimicrobial stewardship, minimising the use of restraint and the use of open disclosure when things go wrong. Clinical processes including assessment and review of consumer care needs, incident reporting and review, staff training, and policies and procedures ensure staff provide consistent clinical care. The service has 2 infection prevention and control leads who participate in education each quarter to ensure they are up to date and in line with best practice with clinical staff undertaking an annual learning module inclusive of antimicrobial stewardship. Incident documentation demonstrated the use of open disclosure principles when things go wrong.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore the Standard is compliant.

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)