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Assessment Contact - Site Performance Assessment Findings and Evidence

Service details

Service name: Bupa Rangeville
Commission ID: 5410
Provider name: Bupa Aged Care Australia Pty Ltd
Dates of Assessment Contact - Site: 27 August 2019 to 27 August 2019
Assessment team:

Team Leader
Team Member

s.47F(1)

This 'Performance Assessment Findings and Evidence' includes the findings for the performance assessment as well as the detailed evidence (sufficient and appropriate) relied on to support the findings outlined in the Assessment Contact - Site Report.

Protected information

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Determining scope of unannounced assessment contact

The following questions were asked to identify key areas of risk and determine the scope of the assessment contact:

1. *Have there been any adverse findings by another regulatory agency or oversight body in the last 12 months? (e.g. Healthcare complaints commission or similar, Food safety authority, Workcover etc).*

Complaints have been received through the Commission and now finalised.

2. *What trends do your complaints data show you?*

Management said they have received feedback in relation to food and variety of food has been a trend.

3. *How many aged care consumers (consumer) are receiving pressure area care?*

All consumers receive pressure area care, the service identified four consumers with pressure injuries (PI). Two consumers with Stage 1 PI and two consumers with Stage 2 PI.

4. *Have there been any medication incidents in the past 6 months where a consumer required hospitalisation or attention by a medical officer?*

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5. *How many consumers have had falls and required medical attention in the past 3 months?*

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6. *How many consumers at the service are currently receiving psychotropic medications? (to be captured as a rate or percent of total consumers at the service), and how many consumers are restrained in order to manage risks to themselves or others at the service? (to be captured as a rate or percent of total consumers at the service)?*



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Management provided the following information regarding the use of psychotropic medication includes the following:

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The service does not consider coded and secure living areas as a physical restraint. Management were not aware of the guidelines the *Decision-Making Tool: Supporting a restraint free environment* and/or the changes in the *Quality of Care Principles* 2014, Part 4A Minimising the use of physical and chemical restraint. Refer to findings in Standard 3 3 (a).

7. *Can you tell me about incidents in the past 6 months where a consumer or staff member has required medical attention as a result of a challenging behaviour from a consumer?*

Management said they have no incidents in the past six months where a consumer or a staff member required medical attention or hospitalisation as a result of another consumers' behaviour.

Standard 3:

Personal care and clinical care

Not Met

Standard 3 Requirement 3(a)

Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

- (i) is best practice; and
- (ii) is tailored to their needs; and
- (iii) optimises their health and well-being.

Findings and evidence:

The service did not adequately demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal and clinical care that is tailored to their needs and optimises their health and wellbeing.

The service does not understand and apply this requirement. For example:

While consumers and representatives randomly interviewed said their care needs were being met most of the time or always, the Assessment Team found deficiencies in care through observations, interviews and consumer file reviews.

In relation to best practice:



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- Management did not have a consistent understanding of minimising the use of restraint. The service has two secure communities, with 18 rooms in each area. There are currently 31 consumers residing in this area. Management was not aware of processes to inform decision making to identify consumers have a clinical need or diagnosis prior to living in the secure communities.
- Management was not able to provide evidence of the diagnosis and assessment, reassessment and authorisation process for 31 consumers residing in the secure communities. This has resulted in consumers being physically restrained with limited evidence of clinical assessment and authorisation processes. For example:

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- There is no evidence to demonstrate staff practices in relation to restraint management, are monitored or that the slider belt is removed when staff are supervising her.
- Registered staff have not received restraint management training and do not have a shared understanding of minimising the use of restraint which has impacted on **S.47F(1)** Registered nurses (RN), CCMs and management were not aware that this record is not being completed.

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In relation to tailored to their needs and optimising their health and wellbeing:

Care delivery has not been tailored to meet the consumers' needs or to support their health and wellbeing. For example:

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The service does not demonstrate monitoring and review of this requirement. For example:

- Review of the plan for continuous improvement (PCI) notes for commencement date 21 June 2019 'all residents who have lost more than 2-3 kilograms in last three months were referred to dietician and they have been reviewed'. Review of two consumers' files identified a recorded weight loss of more than two kilograms and they were not referred to a dietitian as outlined in the PCI.
- The PCI identifies the commencement of monitoring and reviewing each consumer's choices in relation to end of life planning, palliative care planning or advanced care directive documentation to support end of life care tailored to their needs is to occur. The PCI timeframe is from 1 July 2019. The PCI does not identify how many consumer records have been reviewed.

Based on the evidence (summarised above), the Assessment Team finds this requirement is not met.



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Standard 3 Requirement 3(b)

Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Findings and evidence:

The service does not adequately understand and apply effective management of high impact or high prevalence clinical risks that reduce the future risks for each high-risk consumer as identified through observations, interviews with consumers and review of consumer files. This includes restraint management, medication error identification and escalation of care as per the following examples:

Restraint management:

- The service does not consider coded and secure living areas as restraint. Management was not aware of the guidelines the *Decision-Making Tool: Supporting a restraint free environment* and/or the changes in the *Quality of Care Principles* 2014, Part 4A Minimising the use of physical and chemical restraint. Refer to findings in Standards 3 s (a) and 7 3 (a). For example:

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Medication risks:

- The plan for continuous improvement notes 'CCM is responsible for reviewing and analysing each medication incident to ensure appropriate strategies are in place to minimise risk or prevent the incident from occurring again.' This process was due for implementation on 21 June 2019. There is no evidence that this process has commenced or been evaluated for effectiveness. For example:

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The service does not demonstrate monitoring and review of this requirement. For example:

Management did not demonstrate effective monitoring and review of staff's performance in restraint management, risk assessments of consumers including access to external environment and medication risks. Monitoring of staff's documentation was not occurring in a timely manner to instigate appropriate management of consumers' risks and healthcare needs.

Based on the evidence (summarised above), the Assessment Team finds this requirement is not met.



Standard 7:

Human resources

Not Met

Standard 7 Requirement 3(a)

Not Met

The organisation demonstrates that 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.

Findings and evidence:

The service does not demonstrate that it adequately understands and applies this requirement to ensure the workforce is planned to enable (including the number and mix of staff deployed enables) the delivery of safe and quality care and services.

Whilst consumers and representatives randomly interviewed said the home is well run, staff know what they are doing, staff are respectful and available when they need them, a review of eleven consumers' clinical records by the Assessment Team identified deficiencies. These include workforce planning and the number and mix of members of the workforce deployed to enable, the delivery and management of safe and quality care and services. Management, CCM and registered staff are not aware of the deficiencies identified by the Assessment Team.

Background

The service has four areas - two areas are on the upper level each with 36 individual rooms and two areas on the lower level with 18 individual rooms. There is a total of 108 rooms. There are currently 94 consumers residing at the service. A registered nurse is available on site 24 hours a day, seven day a week.

Two CCMs are available Monday to Friday and are responsible for the clinical care of consumers and monitoring of staff practice. Each CCM is responsible for one upper floor and one lower floor comprising of a total of 54 consumers when at full capacity. Both upper floor areas have an RN and/or an EN allocated to provide the day to day care for all consumers seven days a week. One RN is on overnight. Both registered staff and care staff have been deemed competent in provision of medication to consumers.

Workforce planning:

Management, CCMs and registered staff did not demonstrate a consistent understanding of their roles and responsibilities to monitor staff practices to ensure provision of safe and quality care and services. Registered and care staff practices have not been effectively monitored to ensure they meet their responsibilities and to enable the delivery of safe and quality care and services. For example:

- Management said information considered for workforce planning includes feedback from consumers and staff, complaints, incident/hazard management and results from audits.



- The Assessment Team identified deficiencies in care and registered staff practices. Management and CCMs were not aware of these deficits until brought forward by the Assessment Team. Refer to findings in Standard 3. For example:
 - Registered staff practice has not been monitored to ensure timely response to emerging care needs of consumers. For example:
 - Timely identification, assessment and reassessment of effective strategies supporting consumers experiencing weight loss.
 - Registered staff practices have not identified or evaluated effectively the food intake records or monitored care staff for the provision of supplements as per MO's directives.
 - Registered staff are not consistently following established protocols to ensure consumers who have experienced an adverse event are reviewed by a health professional.
 - Timely referrals to health professionals in response to changes in consumers health status including wounds and weights.
 - Inconsistent identification and reporting of incidents when they occur.
 - Registered staff did not identify or report medication errors.
 - An incident form was not completed following Mr Ladewig's absence from the service on two occasions.
 - Timely follow up and completion of records to support and enable consumers at end of life wishes did not occur.
 - End of life planning, palliative care planning and advanced care directive documentation is not evident for all consumers or records of discussions with consumers and their EPOA are also not evident.
- Registered staff have not consistently monitored care staff practices for the completion of records to inform provision of care. For example:
 - Food intake records.
 - Medication charts for provision of supplements.
 - Observations charts for restraint management.
- The CCMs have not identified deficiencies in registered staff practice including medication administration, MO follow up for review of consumers and end of life documentation to support consumer's wishes.
- The service undertakes audits monthly. Review of three 'Clinical Care Audits', were completed on 7 February 2019, May 2019 and 18 July 2019. While the service has identified non-compliance, rectification actions have not been effective. For example:
 - Each audit consistently identified the same inconsistent registered nurse practices including the following:
 - 'Admission documents are not completed in all fields.' Management said staff are trained to ensure all relevant documentation is completed. The Assessment Team identified incomplete fields in consumers' admission documentation.
 - 'All initial assessments have not been completed'. Management said some of the clinical files audited, were consumers who have been at the service "for some time" and this action cannot be rectified. The PCI notes 2 June 2019 that 100% of files reviewed 'a few residents



- admitted in the past six months are missing admission assessments, and registered staff are now allocated for completion’.
- ‘Ongoing consultation’ with consumers and representatives ‘when care needs change’ is not consistently recorded. The audit noted on 18 July 2019: ‘3/11 files did not have any evidence of ongoing consultation. Medication changed by MO but the representative, was not updated on the change. Discussed at RN meeting on 3/4/2019’.
 - ‘Did not have a proper track of acute illness’. Management said staff are to record relevant information when adverse events occur and ensure there is follow up. The Assessment Team identified timely follow up with other health professionals did not consistently occur.
 - ‘Did not have a care conference for past 12 months’. Management said the CCMs are to ensure these occur.
 - ‘Did not have a weekly entry in progress notes’.
 - Actions completed post the audits include the following:
 - Management’s response to audit non-compliances was to distribute a memorandum on 7 February 2019, noting registered staff were expected to complete their duties and to remind them of their role and responsibilities.
 - Management identifies an action to address audit non-compliance from May 2019 and July 2019 audits with a reference to an RN meeting that occurred on 3 April 2019. There were no further actions identified with these audits.
 - The service’s PCI had identified some actions to be completed to rectify the deficits including:
 - Listing missing assessments to be completed by RNs and allocating these for completion.
 - Discussions with RNs at meetings in June 2019 and July 2019 for weekly progress notes.
 - On 30 June 2019 the PCI notes the ‘development of a system where RNs are responsible for reviewing certain residents’.
 - While the registered staff said they are aware they have been allocated with follow up of incomplete assessments, weekly progress notes and care planning, they do not “always” have time to follow up on previous outstanding issues, as they are making sure they meet the current care needs of consumers.
 - Management said they reviewed the roster as a result of these audits and feedback received from consumers and staff, the service has attempted to recruit registered staff. One additional registered staff shift in the morning and afternoons have been allocated to the roster from 15 July 2019. Management said they have not been able to consistently fill these shifts. Management provided the following registered staff shifts which have not been filled between 15 July 2019 to 27 August 2019. This comprises of 44 rostered days:
 - 12 morning shifts
 - 27 afternoon shifts
 - Management said with the two additional shifts, there will be improved outcomes for consumers when the shifts are filled. In the meantime, management said the



registered staff “are used to working” with two staff on duty per morning and afternoon shift.

- The registered staff interviewed were observed not to leave their shift as allocated at 3.30pm. They were observed to be undertaking duties, such as, controlled drug count, follow up for MO reviews and speaking and consulting with consumers.
- RNs interviewed advised that they work “late” as needed, to ensure consumers emerging needs have been handed over to the next shift and “at times” this means they work late.
- The CCMs say they undertake registered nurse duties, including the days when shifts are not filled. The CCMs stated this impacted on their ability to monitor staff practices and identify deficiencies in care.
- Management said the roster review process identified the need for recruitment, adjustment times for shift commencement and for the availability of staff. Management stated the following changes have occurred:
 - Care staff are to be trained to undertake recreation activity officer (RAO) duties when leave occurs. Two care staff have now been provided with training and the Assessment Team was advised that a care staff member had replaced a RAO on the day of the visit.
 - Care staff shifts have been extended by an hour each morning and an additional five-hour shift has been added to the afternoon shift in the secure communities.
 - There are cleaning staff rostered seven days a week. The Assessment Team observed the living environment to be clean and consumers expressed satisfaction with the cleanliness of the service.

The service did not demonstrate that it adequately monitors and reviews its performance against this requirement.

- Management said they have commenced a daily walk around the service to allow the GM and CCMs to identify emerging concerns. This commenced in June 2019. The GM and CCM were not consistently aware of the deficiencies identified by the Assessment Team.
- The service’s audits are identifying non-compliance however, actions to address non-compliance are not monitored or reviewed to ensure continuous improvement has occurred.
- Reporting processes and monitoring between the service and the organisation has not effectively identified non-compliances occurring at the service.
- The PCI identifies a range of actions to address the new Quality Standards three months post implementation.

Based on the evidence (summarised above), the Assessment Team finds this requirement is not met.



Assessment Contact - Site Performance Assessment Report

Service details

Service name: Bupa Rangeville
Commission ID: 5410
Provider name: Bupa Aged Care Australia Pty Ltd
Location: 280 Mackenzie Street RANGEVILLE QLD 4350
Phone number: 07 46880200
Email address: 47G(1)(a)@bupacare.com.au
Type of service:

- Residential care

Publication of report

This Assessment Contact - Site Report **may be published** on the Aged Care Quality and Safety Commission's website under the Aged Care Quality and Safety Commission Rules 2018.

Introduction

This is the report of an assessment of Bupa Rangeville (the Service) conducted from 27 August 2019 to 27 August 2019.

This assessment was conducted for the purposes of assessing the provider's performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Quality Standard assessed rated as either, Met or Not Met.

For a 'Not met' finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.



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Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

Type	Number
Consumers/representatives	11
General manager	1
Regional manager	1
Clinical care manager	2
Registered staff	3
Staff including hospitality, care and lifestyle	12
Visiting health professional	1



Detailed findings

This section covers information about the assessment of the provider's performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

Standard 3:

Personal care and clinical care

Not Met

Consumer outcome:

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

Organisation statement:

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

Summary of Assessment of Standard 3:

The Assessment Team did not review all of Standard 3. The Assessment contact reviewed Standard 3 3 (a) and 3 3 (b) found the service has not met these requirements.

While consumers and representatives randomly interviewed expressed satisfaction that the consumers' care needs were being met most of the time or always, a review of consumers' clinical files, interview with staff and management and observation of staff practices identified deficiencies in delivery of safe and effective personal care and clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.

The service could not adequately demonstrate:

- How it exercises best practice or share information within the organisation and with others outside the organisation in relation to restraint management, escalation of care, nutrition and hydration management, medication management and end of life/palliative care planning.
- Monitoring systems to underpin the delivery of personal or clinical care.



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Requirements:

Standard 3 Requirement 3(a)

Not Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

- (i) is best practice; and
- (ii) is tailored to their needs; and
- (iii) optimises their health and well-being.

Standard 3 Requirement 3(b)

Not Met

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

Standard 7:

Human resources

Not Met

Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

Summary of Assessment of Standard 7:

The Assessment Team did not review all of Standard y. The Assessment contact reviewed Standard 7 3 (a) found the service has not met this requirement.

Whilst consumers and representatives randomly interviewed said the home is well run, staff know what they are doing and available when they need them, a review of consumers' clinical files, interview with staff and management and observation of staff practices identified deficiencies in workforce planning and monitoring of staff practice for the provision of safe, quality care and services.

The organisation could not adequately demonstrate:

- The workforce is monitored and review of their performance to deliver outcomes required by these standards.
- Monitoring of staff practices to identify deficiencies through analysis of clinical incidents and clinical care documentation and observation of clinical practices.



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Requirements:

Standard 7 Requirement 3(a)

Not Met

The organisation demonstrates that 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.



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Action following an assessment contact

Service and approved provider details

Name of service: Bupa Rangeville
RACS ID: 5410
Name of approved provider: Bupa Aged Care Australia Pty Ltd
Address details: 280 Mackenzie Street RANGEVILLE QLD 4350
Date of assessment contact: 27 August 2019

The assessment contact was conducted to assess the provider's performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards).

Summary of decision

Decision made on:	19 September 2019
Decision made by:	s 22(1)(a)(ii) [REDACTED], Acting Assistant Director, Brisbane Office Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the <i>Aged Care Quality and Safety Commission Act 2018</i> to decide under Part 5 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the monitoring of a service.
Assessment of performance with the Quality Standards	
Standard 3 Personal care and clinical care	Not Met
Requirement 3(a)	Not Met
Requirement 3(b)	Not Met
Standard 7 Human resources	Not Met
Requirement 3(a)	Not Met
Timetable for making improvements:	By 03 December 2019
Revised plan for continuous improvement due:	By 04 October 2019

This decision may be published on the Aged Care Quality and Safety Commission's (Commission) website under section 59(1)(h) of the Act.



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Assessment contact outcome

In accordance with the Rules, I have decided that Bupa Aged Care Australia at their service Bupa Rangeville has failed to meet two Standards of the Aged Care Quality Standards:

In making my decision, I have considered:

- the assessment contact report for the service
- the assessment contact findings and evidence for the service
- the response provided by the approved provider on 16 September 2019
- relevant information about the approved provider and service held by the Commission. This includes referral information, clinical risk assessment and plan for continuous improvement.



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Finding of non-compliance with the Quality Standards

I have made the finding that Bupa Aged Care Australia Pty Ltd has failed to comply with the following Quality Standards in relation to Bupa Rangeville.

- [Standard 3](#)
- [Standard 7](#)

Findings of non-compliance, reasons and evidence

Standard 3

In accordance with section 84 of the Rules, I have made the finding that the approved provider does not meet this Standard.

Reasoning

Standard 3 Requirement 3(a)

The organisation demonstrates that 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.

The service did not adequately demonstrate that each consumer gets safe and effective personal care, clinical care, or both personal and clinical care that is tailored to their needs and optimises their health and wellbeing.

- Reassessment and authorisation processes had not been completed for consumers residing in the secure communities.
- Monitoring processes for consumers requiring physical restraint were not completed.
- Nutritional supplements have not been provided as prescribed.
- Consumers requiring nutritional supplements have lost weight.
- Changes in consumers' clinical status have not been actioned in a timely manner.
- End of life planning has not occurred for a consumer receiving palliative care.

Approved provider response

- The Approved provider acknowledges the gaps identified in the assessment contact report, including restraint authorisations.
- The Approved provider regrets the breakdown in their quality management systems which has led to some unsatisfactory 'resident' outcomes.
- Actions have commenced to address the gaps in the quality systems.



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- A review of restraints has occurred for consumers residing in the secure communities.
- Restraint management training has been scheduled for registered staff.
- An audit has been completed relating to consumers' weights and identified consumers have been referred to the dietitian.
- The Approved provider acknowledges the inconsistencies in the administration of nutritional supplements.
- The Approved provider has reviewed processes within the service to ensure appropriate follow up occurs when end of life choices and funeral arrangements have not been recorded.

Standard 3 Requirement 3(b)

The organisation demonstrates effective management of high impact or high prevalence risks associated with the care of each consumer.

The service does not adequately understand and apply effective management of high impact or high prevalence clinical risks that reduce the future risks for each high-risk consumer

- Risk assessments have not been completed for consumers who access the wider community in the absence of staff.
- Restraint monitoring records are incomplete.
- Medication incidents have not been completed when incidents have occurred.

Approved provider response

- The Approved provider acknowledges the gaps identified in the assessment contact report, including restraint authorisations.
- The Approved provider regrets the breakdown in their quality management systems which has led to some unsatisfactory 'resident' outcomes.
- Actions have commenced to address the gaps in the quality systems.
- A review of restraints has occurred for consumers residing in the secure communities.
- Restraint management training has been scheduled for registered staff.
- An action plan has been developed including risk assessment processes.
- Incident reports have been completed for missed signatures to demonstrate medication has been administered.

Standard 7

In accordance with section 84 of the Rules, I have made the finding that the approved provider does not meet this Standard.

Reasoning



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Standard 7 Requirement 3(a)

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

The service does not demonstrate that it adequately understands and applies this requirement to ensure the workforce is planned to enable (including the number and mix of staff deployed enables) the delivery of safe and quality care and services.

- Management at the service were unaware of staff practice deficiencies until identified by the Assessment Team.
- Registered staff are not consistently monitoring care staff practices.
- Audits performed at the service are not identifying deficits in clinical care.
- Registered nurse shifts are not consistently filled.

Approved provider response

- The Approved provider acknowledges the gaps identified in the assessment contact report, including restraint authorisations.
- The Approved provider regrets the breakdown in their quality management systems which has led to some unsatisfactory 'resident' outcomes.
- Actions have commenced to address the gaps in the quality systems.
- Further training is being scheduled regarding documentation completion.
- Recruitment processes continue to fill vacant positions.

I acknowledge the service is actively working to rectify the deficiencies identified in the Assessment Team's report, however at the time of the Assessment contact these requirements were not met.

Plan for continuous improvement

In accordance with section 84(1)(b) of the Rules, **I require a revised plan for continuous improvement to be submitted by 04 October 2019**, showing how the Quality Standards will be met. The approved provider must comply with this request.

Timetable for making improvements

The **timetable for making the improvements ends on 03 December 2019**.

The Commission will advise the approved provider and the Department of Health if at the end of the timetable the Commission is not satisfied that the quality of care and services provided through the service complies with the Quality Standards.



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Assessment contact arrangements

In accordance with section 69 of the Rules, the arrangements for assessment contacts have been varied. New assessment contact arrangements are as detailed below:

An announced Assessment contact will occur following the completion of the timetable for improvement.

Notification to Department of Health

A copy of this decision will be provided to the Secretary of the Department of Health.

s 22(1)(a)(ii)

Acting Assistant Director
19 September 2019

From: [Quality](#)
To: [Commission](#)
Cc: [Quality](#)
Subject: Response to Assessment Contact report and findings and evidence record Part 1/2 |Bupa Rangeville RACS ID 5410
Date: Tuesday, 17 September 2019 9:30:01 AM
Attachments: [Action Plan For Residents Identified in the Assessment Contact Report - Bupa Rangeville RACS ID 5410.pdf](#)
[Response to the Commission Report Letter - Bupa Rangeville RACS ID 5410.pdf](#)
[Evidence Part 1 Bupa Rangeville.zip](#)
Importance: High

Dear s 22(1)(a)(ii)

My apologies, I am resending the response & evidence for Part 1/2 of Bupa Rangeville RACS ID 5410. Due to the large file sizes, several of Bupa internal recipients were unable to receive the email yesterday. I'm resending this in case, you were unable to receive the email as well.

Please look out for the part 2/2 for this response. Thank you.

Regards,

S.47F(1) [REDACTED], Clinical Safety Assurance Consultant
Bupa Villages and Aged Care - Australia, Level 14, 255 George Street, Sydney, NSW, 2000
 M S.47F(1) [REDACTED] E S.47F(1) [REDACTED] @bupa.com.au W www.bupa.com.au/healthandcaring



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Please consider the environment before printing this email.

From: Quality
Sent: Monday, 16 September 2019 8:17 PM
To: S 47E(d) @agedcarequality.gov.au
Cc: S 47E(1)(a) @bupacare.com.au>; S.47F(1) @bupacare.com.au>; S.47F(1) @bupacare.com.au>; S.47F(1) @bupa.com.au>; S.47F(1) @bupa.com.au>; S.47F(1) @bupa.com.au>; S.47F(1) @bupa.com.au>; S.47F(1) <Darren.Edginton@bupa.com.au>
Subject: Response to Assessment Contact report and findings and evidence record |Bupa Rangeville RACS ID 5410

Dear s 22(1)(a)(ii)

Please find attached the Response to Assessment Contact report, findings and evidence record for Bupa Rangeville RACS ID 5410.

Please feel free to contact me for further information, thank you.

Regards,

S.47F(1), Clinical Safety Assurance Consultant
Bupa Villages and Aged Care - Australia, Level 14, 255 George Street, Sydney, NSW, 2000
M S.47F(1) 8 E S.47F(1) @bupa.com.au W www.bupa.com.au/healthandcaring



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From: [Quality](#)
To: [Commission](#)
Cc: S.47F(1)
Subject: Submission of Revised PCI |Bupa Rangeville RACS ID 5410
Date: Friday, 4 October 2019 4:19:32 PM
Attachments: [Supportive Evidence PCI Files.zip](#)
[CIP Cover Letter Bupa Rangeville RACS ID 5410.pdf](#)

Dear S.22(1)(a)(ii)

Please find attached the submission of the revised PCI for Bupa Rangeville. Thank you.

Regards,

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