



Australian Government

Aged Care Quality and Safety Commission

1. ASSESSMENT CONTACT RECOMMENDATION

Name of service	Bupa Rangeville	RACS ID	5410	Region	QLD
Not met/s (list)	3.a, 7.a			TFI	03 December 2019
Activity type	Assessment Contact - Site		Unannounced?	No	
Assessment contact date from	04 December 2019	Assessment contact date to	04 December 2019		
Case specific scope	3.a, 7.a				
Other instructions (including referrals)	AAC 3 December 2019, end of TFI. Scope and visit to remain-Assess not met requirements 3.a, 7.a CSI 30-09 - provide to team-Team to include s.47F(1) in sample file review and interviews to determine if the home is meeting their mandatory reporting guidelines and the safety of s.47F(1)				
Team leader	s.47F(1)				
Team member	s.47F(1)				
Team member					

1. Total assessor hours on-site (to nearest ½ hour excluding meal break)			15 hours		
2. Visit commenced within ½ hour of arrival			Yes ☒	No ☐	
3. Time taken to complete the report to the nearest quarter hour eg. 1 ¾ hours = 1.75: 7.5 hours (Include total number of hours to complete report for all team members)					
4. Was scope of AC changed?			Yes ☐	No ☒	If yes, record reason:
5. Not met/s at last assessment, now resolved?	N/A ☐	Yes ☒	No ☐	List resolved not met/s: Standard 3 a, Standard 7 a	
6. Timetable for improvement?	Yes ☐	No ☒	Select from drop down list		
7. Does the report include information indicating some system gaps?				Yes ☐	No ☒
8. Do you feel this service might benefit from compliance assistance education? If yes, please complete part C 'Qassist topics' under section 2. Qassist				Yes ☐	No ☒
9. Recommendation of new not met/s	Yes ☐	No ☒	List new not met/s:		
10. Recommend a review audit?	Yes ☐	No ☒	If yes, record reason:		
11. Matters to be followed up at the next assessment:	Yes ☐	No ☒	If yes, record details:		
12. Have you seen something you believe is better practice?	Yes ☐	No ☒	If yes, attach Form – Better practice identification		
13. Interpreter required for next assessment?	Yes ☐	No ☒	If yes, record language:		
14. Have you completed the online questionnaire? (A questionnaire is not required for desk assessments)			Link to online assessor questionnaire (Please hold down the control key and click on the link to access) Assessor questionnaire- completed and sent 6.12.19		
15. Additional administrative information (e.g. parking, change in management or special needs etc):			Not applicable		

2. Qassist

- Assessment team to complete section C only.
- Admin staff to enter information from sections A, B and C when creating Qassist EOI in BBP.

A. Contact person details (For admin only)

Contact person name:	s.47F(1)
Job title:	s.47F(1)
Email:	47G(1)(a)@bupacare.com.au
Phone:	s.47F(1)

B. Service details (For admin only)

Indigenous consumers:	Please refer to the 'Indigenous recognized by Dept' and 'Indigenous other' tickboxes under the characteristics section of the service's BBP record.
Service currently on a timetable for improvement:	03 December 2019

C. Qassist(s) recommended

☐	Aged Care Quality and Safety Commission overview
☐	Getting to know the Standards
☐	Continuous improvement
☐	Understanding risk
☐	Consumer dignity and choice
☐	Using consumer feedback
☐	Undertaking a self-assessment



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: 04 December 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.

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met

Protected information

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The Aged Care Quality and Safety Commission **does not publish** these Performance Assessment Findings and Evidence on the Commission's website.



Determining scope of unannounced assessment contact

The following information was provided by management to identify key areas of risk and determine the scope of the 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)

Management advised there have not been any adverse findings by another regulatory agency or oversight body in the last six months.

2. What trends do your complaints data show you?

Management advised no trends have been identified.

3. How many consumers are receiving pressure area care?

s.47F(1)

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

Management advised no consumers have required hospitalisation or medical attention as a result of a medication incident in the past six months.

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

s.47F(1)

6. How many consumers at the service are currently receiving psychotropic medications? (rate/% total at service) How many are restrained in order to manage risks to themselves or others at the service? (rate/% total at service)

s.47F(1)



S.47F(1)

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 advised no consumers or staff have required medical attention as a result of aggressive behaviours.



Details about the service

Number of total allocated places: 108

Number of total aged care consumers: 108

Number of aged care consumers on site during assessment: 94



Standard 3:

Personal care and clinical care

Met

Standard 3 Requirement 3(a)

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 demonstrated that each consumer gets safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being.

Consumers randomly interviewed said they get the care they need most of the time or always and feel safe at the service.

In relation to each consumer receiving safe and effective personal and clinical care tailored to meet their needs and optimising their health and well-being:

- All consumers interviewed described the ways the care being provided is meeting their needs. For example:
 - All consumers interviewed said registered staff regularly review their care needs and seek advice from MOs and allied health professionals when needed.
 - All consumers interviewed said they feel their needs and preferences are met when they are provided with personal care.
- The following consumers described their experiences:
 - S.47F(1) said S.47F(1) is completely dependent and requires assistance with S.47F(1) personal care, mobility and until recently catheter care. said, "the care is good, they help me with everything". S.47F(1) said the catheter had recently been removed and S.47F(1) was very happy about this.
 - S.47F(1) said, "I see the physiotherapist who encourages my exercises".
 - S.47F(1) said, "I am a diabetic and they help me with this".
- Registered and care staff interviewed could describe how they receive information on consumer's personal care needs/change in needs. For example:
 - All care staff interviewed could describe handover information to understand consumers' personal care needs and changes in care needs.
 - Registered and care staff described a range of consumers' personal and clinical care needs, how the care provided is tailored to meet these needs and how they support the consumers to do as much for themselves as possible.
 - Staff and management said there are a range of educational opportunities, based on best practice guidelines, available to assist staff to maintain and learn skills. This includes face to face and online training packages that can be accessed in work and personal time.
 - Registered staff demonstrated where they go to get information on what is clinical best practice such as policies and procedures and through staff training.



- Staff and management said they have implemented a Resident of the day (ROD) process in August 2019, to provide a review process for all consumers monthly.
- Management advised the service has a MO on site five days per week and is available after hours and on call. Allied health services are contracted by the service and include physiotherapy, occupational therapist, dietician, speech pathologists, podiatrist and the MO regularly refers to partnering providers, including, older persons mental health team, geriatrician and specialist dementia services.
- Review of nine clinical and personal care records, interviews with staff and observations identified the following:
 - The clinical and personal care information was documented in detail in care plans that were tailored to each consumer's needs, goals and circumstances.
 - The safety and efficacy of the care provided to each consumer was regularly reviewed and adapted based on risk specific to each consumer.
 - Registered staff and MO's oversee the management of consumers' clinical care in consultation with other allied health professionals.
 - Documented medication orders and guidelines provide guidance to staff when administering or assisting with medication.
 - Pain is identified through daily assessment processes. Registered staff interviewed explained how they assess consumer's pain through both verbal and non-verbal indicators, describing a range of ways they manage pain and comfort levels based on the consumer.
 - The Assessment Team observed an organisational documented process for staff guidance in assessing nonverbal consumers for pain and included interventions and strategies to be implemented.
 - Consumer's nutrition and hydration requirements and special needs are assessed and regularly reviewed. Processes ensure catering and other staff have information about consumer nutrition and hydration needs.
 - Management and registered staff advised consumers requiring oxygen have a medical directive identifying the type and rate of flow. An oxygen cylinder is stored in each unit of the service and RNs advised additional supplies are available onsite if required. The Assessment Team observed registered staff taking a portable oxygen cylinder to a consumer who had sustained a fall.
 - The organisation has systems including written processes and policies to support the delivery of safe and effective personal and clinical care, including references to a range of current best practice guidelines published by the organisation and other authoritative organisations.
- The Assessment Team reviewed the clinical care records and made observations of the following consumers and identified:
 - S.47F(1), Date of Birth (DOB) S.47F(1) with a diagnosis of schizophrenia, type two diabetes and chronic obstructive pulmonary disease. S.47F(1), a consumer of the secure unit of the home, is independent in S.47F(1) mobility and often comes and goes from the secure unit independently, using the key pad code supplied by the service. S.47F(1) often leaves the service to visit S.47F(1) and to go shopping.
 - On 12 September 2019, the Occupational Therapist (OT) assessed S.47F(1) for road safety awareness when accessing the community independently. The assessment included visual observations and S.47F(1) was assessed as being competent to manage road safety on S.47F(1) own with the OT stating, "S.47F(1) is safe to



cross the road and has a good relationship with the bus driver". No concerns were identified from the assessment and s.47F(1) was encouraged to wear s.47F(1) glasses when going out and to sign in and out of the consumers leave book and to inform staff of s.47F(1) activities. The Assessment Team interviewed s.47F(1) who advised s.47F(1) is aware of these requirements for s.47F(1) safety and has been following the procedures as outlined by OT.

- s.47F(1) risk assessment, completed by s.47F(1) medical officer (MO) with identified controls in place. The Assessment Team observed s.47F(1) leaving the secure unit and s.47F(1) after information the staff of s.47F(1) intentions.
- On 15 September 2019, at s.47F(1) was noted to be missing from s.47F(1) room. The Assessment Team reviewed the incident documentation and identified, a full-scale search was conducted immediately of the inside and outside of the service, including the immediate area of the adjoining street. s.47F(1) representative and MO were notified, and Queensland Police Service were informed at 11.25pm. A short time later, s.47F(1) was found in another area of the home sleeping on a lounge chair.
- Management advised following the incident, a review of s.47F(1) care and services plan was undertaken with s.47F(1) and s.47F(1) representative and additional actions were put in place to ensure s.47F(1) safety, including, staff to monitor s.47F(1) movements and provide information at each shift handover and at meal times of s.47F(1) whereabouts.
- The Assessment Team reviewed a risk management plan of care for s.47F(1) and identified actions for each day, including, staff to know where s.47F(1) is in the service, when s.47F(1) is going out on outings, and if the outings are escorted or if s.47F(1) is going independently and where s.47F(1) is going and s.47F(1) expected time of return to the service. Management have also made a request to the Public Trustee for s.47F(1) to have a mobile telephone and in the interim have provided s.47F(1) with a service mobile telephone to carry when s.47F(1) is accessing the wider community independently.
- The Assessment Team identified s.47F(1) is reviewed at least monthly by s.47F(1) MO.
- s.47F(1) was interviewed by the Assessment Team and s.47F(1) was able to explain the requirements and processes for when s.47F(1) leaves the service unescorted. s.47F(1) stated s.47F(1) enjoys going out by s.47F(1) and has not had any further incidents of staff being unable to find s.47F(1). The Assessment Team observed s.47F(1) moving freely throughout the service during the day, on leaving the secure unit, s.47F(1) was observed to inform staff of s.47F(1) movements.
- s.47F(1), DOB, s.47F(1), with a diagnosis of Parkinson's disease, dementia, depression, amnesia, osteoarthritis, Type two diabetes, hypotension and glaucoma resides in the secure area of the service.
 - The Assessment Team observed s.47F(1) in a reclining chair, physically restrained with a slider belt secured across s.47F(1) abdomen and secured at the back of the chair. s.47F(1) was continually moving s.47F(1) arms and legs and leaning forward in the chair. s.47F(1) did not show any signs of distress during our observation and was smiling at staff while they were attending to s.47F(1) care.



- The Assessment Team reviewed the clinical records and charts for S.47F(1) and identified a physical restraint assessment for a slider belt while S.47F(1) is in the recliner chair during the day. A review of the restraint is completed by the MO every month and was last reviewed on 6 November 2019. Documentation includes the trial of other strategies for S.47F(1), including, visual observations during the day, engaging with S.47F(1), talking to S.47F(1) taking S.47F(1) for a walk in the chair and playing music in the lounge. While these strategies are effective to some extent, S.47F(1) has been assessed as requiring the lap restraint to prevent S.47F(1) from falling out of the recliner chair. Restraint charting was noted to be in place with restraint checked and signed every two hours, when the restraint is released and reapplied. S.47F(1) does not have a physical restraint at night and sleeps on a low bed with mattresses either side of S.47F(1) bed. A medication review was completed on 6 November 2019. S.47F(1) weight was noted as stable. S.47F(1), with a review of S.47F(1) falls risk and behaviour management plan completed.
- S.47F(1), DOB, S.47F(1) with diagnosis of visual impairment, Type two diabetes (on insulin) and hypertension.
 - The Assessment Team identified a review of S.47F(1) care plan was completed on 6 November 2019 and a review by S.47F(1) MO was completed on 20 November 2019. The dietician has reviewed S.47F(1) on 7 November 2019, following a referral from the registered staff in relation to S.47F(1) recent weight loss. The Dietician has recommended commencement of high energy, high protein diet in preference to diabetic diet, which has commenced and communicated to staff including kitchen staff. Staff interviewed were able to confirm S.47F(1) diet as per the dietician's instructions. A review of S.47F(1) medication chart identified, S.47F(1) current insulin medication as per sliding scale being administered as per MO directions and MO instructions with blood glucose monitoring completed and documented four times per day. All medications have been signed as correctly administered.
- S.47F(1), DOB S.47F(1), with diagnosis of polymyalgia, osteoarthritis and hearing loss.
 - The Assessment Team identified a review of S.47F(1) care plan was completed on 18 October 2019 and a review by S.47F(1) MO on 2 November 2019. A review of S.47F(1) nutrition status and weight was completed on 23 September 2019 with dietary supplements added to S.47F(1) diet. It was noted S.47F(1) who has S.47F(1) weight monitored monthly, has gained S.47F(1) in the last three months with current weight of 56 kilograms.
 - S.47F(1) has an indwelling catheter in situ which is changed by registered staff monthly and was last attended to on 29 November 2019.
- S.47F(1), DOB S.47F(1), with diagnosis of Trigeminal neuralgia, and breast cancer.
 - The Assessment Team identified a review of S.47F(1) care plan was completed on 26 October 2019 and a review by S.47F(1) MO was completed on 14 September 2019. It was noted that S.47F(1) has in place a statement of choices which includes S.47F(1) preference's for palliative care and end of life wishes. It was noted in the progress notes, the bruising on S.47F(1) (which was identified on 27 August 2019) was resolved by 5 September 2019 with daily treatment



documented. The service facilitated a family conference on 30 November 2019 to discuss ongoing care and services for S.47F(1) with documented changes identified in S.47F(1) care plan and wound charts.

- S.47F(1), DOB S.47F(1), Date of death S.47F(1) with diagnosis of Vascular dementia.
 - The Assessment Team noted S.47F(1) had in place an end of life pathway and an advanced health directive completed. Care plans outlining care and services required for personal care, nutrition and diet and a life map were also in place.
 - A review of S.47F(1) progress notes, identified the following:

S.47F(1)

In relation to monitoring and review, there are processes for reviewing care outcomes and the way care is delivered, informed by discussions with consumers and their representatives. For example:

- Shift handover, observed by the Assessment Team, includes discussion of consumer/representative feedback and changes to consumers' needs and preferences.
- Interviews with management and care staff demonstrated the service understands, applies, monitors and reviews clinical governance systems and information to improve practice and outcomes.
- Clinical and incident data is trended and analysed by management to inform changes to care and practice.
- The Assessment Team reviewed the service's Plan for continuous improvement (PCI) and identified the following in relation to clinical care for consumers:



- Restraint authorisation and assessment for consumers in the secure areas of the service has been reviewed with conversations held with consumers' representatives to determine the necessity for environmental restraints. The reviews were completed, and assessments and authorisations documented on 30 October 2019. The General Manager (GM) advised the access code for 'staff only' areas has been changed in response to a staff member inadvertently giving the code to a consumer.
- Restraint management training, including supporting a restraint free environment and decision making, has been completed for all staff on 13 September 2019 and 16 September 2019 with a follow up session completed on 16 October 2019. Training has also occurred during September and October for care staff in relation to supervision, release and removal of physical restraints for one consumer and the completion of documentation.
- All consumers at the service have had their weight reviewed with a notation of their nutritional score and status. Consumers identified as at risk of malnutrition have been referred to the dietician and have received a follow up review and additional dietary needs implemented. Staff have received training on food and fluid charting during September 2019 with documentation and follow up part of the training. The Assessment Team reviewed the weight charts of nine consumers and identified weight charts are up to date with no weight loss identified.
- Nutritional supplements for all consumers have been reviewed and supplements have been removed from the medication charts to ensure care staff can access the supplements for consumers when required. Consumer care plans have been updated to reflect individual consumers needs and preferences. Consumer supplement charts are up to date and completed by staff in a timely manner.
- A new action has been applied to the consumer review process to include gathering information of the consumer's end of life choices and preferences. This information is documented in the consumers' records and is completed by the registered staff. The Assessment Team's review of documentation identified 49 consumers have an advanced health directive in place, while another 24 have been completed and awaiting signature from the consumers' Enduring Power of Attorney.

Based on the evidence (summarised above), the Assessment Team finds this requirement is met.

Standard 7:

Human resources

Met

Standard 7 Requirement 3(a)

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 demonstrated it understands and applies the requirement to ensure the number and mix of staff enables the delivery and management of safe and quality care and services. All consumers interviewed said they get the care they need always or most of the time.

Examples of consumer feedback include:



- “I have been here since 2016 and I score the home 10 out of 10. The staff are wonderful”.
- “I couldn’t wish for better staff”.
- “I am happy with the care provided. Staff are very attentive”.

The service demonstrated understanding and application of the requirement in various ways. For example:

- As the service spans across two floors, the organisation has approved an additional RN shift on morning and evening shifts. The GM advised recruitment to these roles has been finalised and the additional shifts have been filled since September 2019. Registered staff interviewed said the additional RN ensures consumers and care staff have improved access to registered staff and has enhanced clinical monitoring processes.
- A review of rostering documentation, including the additional RN shifts, indicated all shifts are filled in advance and the service uses an existing pool of casual staff to support unfilled shifts due to illness.
- The GM advised, and a care staff member confirmed, a ‘float’ staff member is available on night duty to relieve staff in the secure units while they have their meal break. However, staff ‘generally’ prefer to have their break within the unit.
- Staff interviewed said they have enough time to cater to the individual requirements of consumers and they can complete their tasks each shift.
- Management advised, and review of staff training records confirmed, mandatory restraint management training, including minimising restrictive practices, was provided to all registered staff 10,13 and 16 September and 16 October 2019. Training was also provided during September and October 2019 to care staff in relation to supervision, release and removal of physical restraints and the completion of documentation. Two registered staff interviewed said the training was beneficial as it gave them a better understanding of what constitutes restraint, assessment and alternatives that should be trialled and the need for regular review of the restraint method used.
- Management advised, and documentation review confirmed, the service’s three-monthly care plan review checklist has been adjusted to include review of restraint authorisation.
- Staff also attended compulsory training on food and fluid charting during September 2019 with documentation and follow up as part of the training. Registered and care staff interviewed stated they now have clear processes to follow for recording food and fluid intake, including supplements.

The Assessment Team observed the following:

- Staff responding to family member enquiries and assisting consumers with meals and services.
- Staff were available in response to consumer requests for assistance and or enquiries.

The service demonstrated that it monitors and reviews performance against this requirement, with results used to improve processes and practices. For example:

- Management advised and review of documentation identified the service has recently introduced initiatives to strengthen clinical governance monitoring processes. These include:
 - ‘Resident of the Day’, a process (introduced August 2019) of engaging with consumers and representatives on a monthly basis to monitor clinical indicators and gauge consumers’ satisfaction with their current care and preferences. This



information is also utilised to inform MO and formal care plan reviews. Staff interviewed said this initiative also gives them the opportunity to “get to know the resident better so we can make life better for them”.

- The service has also introduced a weekly ‘Clinical risk’ meeting. The CCMs meet with the GM to review information gathered from consumers’ clinical files and the incident reporting system to monitor and measure performance in relation to falls, pressure injuries, restraint practices, weight loss and medication management. Areas for improvement are identified and actions are taken to rectify deficits.
- Management monitors staff numbers, skill mix and delivery of quality care and services via trending and analysis of clinical data, staff incidents and feedback from staff and consumers/representatives.
- Call bell response is monitored by the service daily through reports generated organisationally, with reviews to identify responses that are deemed excessive, with actions implemented to address these. Review of call bell audits identified a reduction in the organisation’s accepted maximum call bell waiting time (of 12 minutes) from nine calls in October 2019 to one call in the last week of November 2019.

Based on the evidence (summarised above), the Assessment Team finds this requirement is 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 4688 0200
Email address: 47G(1)(a)@bupacare.com.au
Type/s 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 on 04 December 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 contains detailed findings about the performance assessment of the Service against each Quality Standard and the requirements within each Quality Standard. The Quality Standard and assessed requirements are rated as either Met or Not Met.

A Met rating for the Quality Standard means that all requirements of that Quality Standard have been assessed and rated as Met

A Not Met rating for the Quality Standard means that one or more requirements of that Quality Standard has been assessed and one or more of those requirements have been rated as Not Met.



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Engage
Empower
Safeguard

There will be no rating of the Quality Standard if only some of the requirements have been assessed and those requirements have been rated as Met.

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



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	15
General manager	1
Clinical Support Manager	1
Clinical Care Manager	2
Registered nurse	3
Care staff	5
Hospitality services	2



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

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 found the service has met this requirement.

All respondents to a consumer experience interview said they get the care they need and always feel safe. Consumers gave various examples of how staff ensure the care provided to consumers was right for them. This included regularly asking them about their care and the way it is delivered and through involving consumers in discussions regarding alternative care options available.

Staff could describe how they ensure care is best practice, their opportunities for continuing education and how they ensure information is shared both within the organisation and with others outside the organisation. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Each of the care plans reviewed indicated the delivery of safe and effective care. This included the review of consumers who had received end of life care which demonstrated their wishes and preferences had been considered and respected.

The organisation demonstrated they have a suite of policies and procedures underpinning the delivery of care and how they review practice and policies to ensure they remain fit-for-purpose, informed by advice from consumers and other experts.



Requirements:

Standard 3 Requirement 3(a)

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 7:

Human resources

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 7. The Assessment contact reviewed Standard 7 3 (a) and found the service has met this requirement.

All respondents to a consumer experience interview said they get the care they need always or most of the time.

Consumers provided examples of staff engaging with them regarding their everyday care and service needs. Consumers said staff know their individual care needs and preferences and consumers feel supported by staff.

The service demonstrated there is sufficient, skilled and qualified staff to provide safe, respectful and quality care and services. Recruiting processes ensure suitable staff have relevant qualifications on commencement. Staff are offered internal and external training opportunities to ensure they have the required knowledge and skills to deliver care and service.

Staffing levels and skill mix are reviewed in response to changes in consumer needs and preferences and there are processes to address planned and unplanned leave. The service's monitoring, human resource and feedback processes identify opportunities for improvement in relation to human resource management. Staff are satisfied they have sufficient time to complete their work and meet care recipients' needs.



Requirements:

Standard 7 Requirement 3(a)

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.



Australian Government

Aged Care Quality and Safety Commission

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: 04 December 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:	17 December 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	
Requirement 3(3)(a)	Met
Standard 7 Human resources	
Requirement 7(3)(a)	Met

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



Australian Government

Aged Care Quality and Safety Commission

Assessment contact outcome

Under section 68 of the Rules, I have decided there are no specific areas in which improvements must be made to ensure compliance with the Quality Standards. The approved provider is, however, required to actively pursue continuous improvement in order to remain compliant with the 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
- relevant information provided to the Commissioner and/or Assessment Team by aged care consumers and nominated representatives. This includes information received through the National Feedback Line.
- relevant information about the approved provider and service held by the Commission. This includes referral information received by the Commission.

Reasoning

In reviewing the Assessment Team's reports, I have decided the service has met their timetable for improvement in relation to:

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:

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

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.

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
17 December 2019