

Service details

Service name: Bupa Rangeville

Commission ID: 5410

Provider name: Bupa Aged Care Australia Pty Ltd

Dates of Site Audit: 4 February 2020 to 6 February 2020

Assessment team:

Team Leader
Team Member
Team Member

s.47F(1)

Introduction

This is the report of an assessment of Bupa Rangeville (the Service) conducted from 4 February 2020 to 6 February 2020. The assessment was conducted to assess the quality of care and services provided through the Service against the Aged Care Quality Standards (the Quality Standards).

This Site Audit report contains the Assessment Team's assessment of the approved provider's performance, in relation to the Service, against the Quality Standards. The Quality Standards are assessed as either Met or Not Met.

Where the Quality Standard is Met, all requirements of that Quality Standard have been assessed as Met.

Where the Quality Standard is Not Met, one or more requirements of that Quality Standard has been assessed as Not Met. Note that this does not mean that all requirements were assessed.

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

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Assessment Details

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

Interview details

The following interviews were undertaken:

Type	Number
Consumers	18
Consumer representatives	3
Management	2
Clinical staff	6
Care staff	7
Hospitality and environmental services staff	7
Lifestyle staff	3
Visiting service providers such as allied health professionals	2
Other	1

Details about the service

Number of total allocated places: 108

Number of total aged care consumers: 99

Number of aged care consumers on site during assessment: 99

Overview of findings

This section is an overview of the Assessment Team's assessment of the provider's performance, in relation to the service, against the Quality Standards that were assessed.

Standard 1 Consumer dignity and choice	Met
Requirement 1(3)(a)	Met
Requirement 1(3)(b)	Met
Requirement 1(3)(c)	Met
Requirement 1(3)(d)	Met
Requirement 1(3)(e)	Met
Requirement 1(3)(f)	Met
Standard 2 Ongoing assessment and planning with consumers	Met
Requirement 2(3)(a)	Met
Requirement 2(3)(b)	Met
Requirement 2(3)(c)	Met
Requirement 2(3)(d)	Met
Requirement 2(3)(e)	Met
Standard 3 Personal care and clinical care	Met
Requirement 3(3)(a)	Met
Requirement 3(3)(b)	Met
Requirement 3(3)(c)	Met
Requirement 3(3)(d)	Met
Requirement 3(3)(e)	Met
Requirement 3(3)(f)	Met
Requirement 3(3)(g)	Met
Standard 4 Services and supports for daily living	Met
Requirement 4(3)(a)	Met
Requirement 4(3)(b)	Met
Requirement 4(3)(c)	Met
Requirement 4(3)(d)	Met

Requirement 4(3)(e)	Met
Requirement 4(3)(f)	Met
Requirement 4(3)(g)	Met
Standard 5 Organisation's service environment	Met
Requirement 5(3)(a)	Met
Requirement 5(3)(b)	Met
Requirement 5(3)(c)	Met
Standard 6 Feedback and complaints	Met
Requirement 6(3)(a)	Met
Requirement 6(3)(b)	Met
Requirement 6(3)(c)	Met
Requirement 6(3)(d)	Met
Standard 7 Human resources	Met
Requirement 7(3)(a)	Met
Requirement 7(3)(b)	Met
Requirement 7(3)(c)	Met
Requirement 7(3)(d)	Met
Requirement 7(3)(e)	Met
Standard 8 Organisational governance	Met
Requirement 8(3)(a)	Met
Requirement 8(3)(b)	Met
Requirement 8(3)(c)	Met
Requirement 8(3)(d)	Met
Requirement 8(3)(e)	Met

Detailed findings

This section contains the detailed findings and evidence for the assessment of the provider's performance, in relation to the service, against the Quality Standards that were assessed.

STANDARD 1**Met****Consumer dignity and choice****Consumer outcome:**

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

Organisation statement:

2. The organisation:

- (a) has a culture of inclusion and respect for consumers; and
- (b) supports consumers to exercise choice and independence; and
- (c) respects consumers' privacy.

Summary of Assessment of Standard 1:**Consumer outcome**

Overall consumers sampled confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

- Consumers sampled said staff treat them with respect and value their individual identities.
- Consumers provided positive feedback about the support and information provided to them by staff which supports their independence and helps them to maintain important links with their family, friends and local community.
- Consumers said the service supported them to take risks which included being able to make choices which involved some risks such as going on unescorted walks outside the service, participating in external outings, and choosing what they would like to eat.
- Consumers said their personal privacy is respected, which included staff knocking on their doors prior to entering their rooms and keeping doors closed ensuring privacy is maintained while providing personal care and services.

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled

the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

- Staff were able to describe how they support consumers to maintain relationships with their family and friends, participate in their local community and activities of interest. Review of documentation of sampled consumers confirmed that consumers receive care and services that is individualised to support their choices, decisions, needs and preferences. Staff demonstrated an understanding of matters of importance to individual consumers.

The Assessment Team found that six of six specific requirements were met.

Assessment of Requirements:

Requirement 1(3)(a) Met

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

Consumer feedback:

- Consumers sampled gave various examples of how staff made them feel respected including staff being polite and courteous in their interactions, having a chat with them and promptly attending to any requests for care. For example:

S.47F(1)

Staff interviews:

- Staff were able to provide details on the background of consumers sampled including their connections to other consumers. For example:

S.47F(1)

- Staff were able to describe how they respected a consumer's privacy by knocking on the door before entering the room and explaining the type of care they are delivering.
- For those consumers sampled, staff were able to provide details of life journeys and personal preferences that influenced the day-to-day delivery of their care. For example:

S.47F(1)

Other documents, observations and evidence relevant to this requirement:

- For consumers sampled, care plans included 'Map of Life' which detailed their life journey, cultural background, spiritual preferences, family relationships, activities of interest, and individual personal preferences.
- Care documentation includes consumer profiles and lifestyle planning, which reflect the consumer's cultural background, social information and preferences for activities.
- Staff were observed treating consumers with dignity and respect and greeting and interacting with them in a familiar and friendly manner. They were able to give details regarding the sampled consumers' backgrounds and life history.
- The organisation has a policy on delivering Culturally Appropriate Care as part of the consumer journey process.

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

Requirement 1(3)(b)**Met**

Care and services are culturally safe.

Consumer feedback:

- Consumers advised that staff respected their culture, values and beliefs. They confirmed staff talked to them in a respectful manner, were aware of their religious preferences and cultural needs. For example:

S.47F(1)

Staff interviews:

- Staff said they have access to interpreter services as well as access to bi-lingual service staff if required to communicate with consumers who may have language barriers.
- Staff described how they use communication cards, hand gestures, facial expressions and body language to speak to consumers who have language barriers and difficulties verbally communicating.

S.47F(1)

- Staff reported that there is Catholic communion at the service every week and a Catholic service is held every three months. An Anglican service is held once a month. The Baptist church choir performs at the service once a month and choir members chat with consumers. Staff were aware of consumers' religious preferences.

Other documents, observations and evidence relevant to this requirement:

- The service's policies and procedures outline what it means to treat consumers with respect and dignity and staff training programs provide examples of different ways to support consumers to feel valued and for service delivery to reflect their identity, culture and diversity.
- The Assessment Team observed in the staff room a world map with pins to identify where staff had come from and a list of staff identified as speaking a language other than English.

- Care plans identify specific information relating to consumers cultural background, migration history, their preferences regarding their cultural practices, personal history and if they were comfortable speaking about their issues

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

Requirement 1(3)(c)

Met

Each consumer is supported to exercise choice and independence, including to:

- (i) make decisions about their own care and the way care and services are delivered; and
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and
- (iii) communicate their decisions; and
- (iv) make connections with others and maintain relationships of choice, including intimate relationships.

Consumer feedback:

- Consumers sampled described how they are supported to exercise choice, maintain relationships and maintain their independence. For example:

S.47F(1)

Staff interviews:

- Staff were able to describe how the consumers sampled were supported to maintain relationships with those people that were important to them, including **S.47F(1)**

Other documents, observations and evidence relevant to this requirement:

- Review of care plan documentation indicated consumers' choices are reflected in care plans, including personalised information regarding cultural and spiritual

needs. Lifestyle, recreational, social and emotional needs and preferences are recorded and evaluated regularly.

- The Assessment Team observed staff welcoming visitors to the service in a warm and friendly manner. Consumers were observed meeting with other consumers and visitors accessing communal areas within and outside the services.
- Staff members were observed assisting consumers to attend meals times, bingo, New Zealand day celebrations and exercise sessions.

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

Requirement 1(3)(d)

Met

Each consumer is supported to take risks to enable them to live the best life they can.

Consumer feedback:

- Consumers sampled described how they were supported to take risks such as going outside the service and eating food of their choice. For example:

S.47F(1)

Staff interviews:

- Staff said risk assessments are undertaken on all consumers risks, such as mobilising/showering, eating meals and they supervise as required.
- Recreational activities officers (RAOs) reported that risk assessments are undertaken on consumers prior to participating in specific activities. Risk assessments are reviewed when new activities are added to the activities calendar or the care needs of the consumer had changed.

- Staff were able to identify those consumers who have changing care needs, have risk assessments documented and how they assist consumers to maintain their independence. For example:

S.47F(1)

Other documents, observations and evidence relevant to this requirement:

- For the consumers sampled, staff explained how they support consumers to make choices which may involve risk. Staff advised the service implement risk strategies to support consumer wishes and preferences, which is discussed during handover.
- Risk assessments are completed, and options are discussed with the consumer/representative to support them in maintaining their independence. Outcomes from risk assessments along with associated management strategies are documented in care plans.
- The Assessment Team reviewed the clinical files of the sampled consumers and identified risks and consequences are explained to the consumers/representatives. Instances of consumers exercising choice are documented in the care documentation.
- The Assessment Team observed consumers moving freely between indoor and outdoor areas and staff actively encouraging consumers to participate in activities of interest.

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

Requirement 1(3)(e)

Met

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.

Consumer feedback:

- Consumers sampled advised they are provided with information to assist them in making choices about their care and lifestyle, including meal selections, daily activities and showering preferences.
- Consumers sampled advised that monthly menus are displayed on walls near the serving area and main meals are written on the black board for each day. Staff ask them what their preference is for the meal and they can ask for an alternative if they do not like the meals offered.
- Consumers advise there is a monthly resident meeting and minutes are available if they wish to read these, a newsletter and an activity calendar is provided to consumers and copies are displayed throughout the service.
- Consumers/representatives confirmed they receive an information pack detailing information on the organisation and the services available to them when they enter the service.

Staff interviews:

- Staff described various ways of how information is provided to the consumers including through noticeboards, verbal communication, service announcements, written communication and newsletters.
- Staff explained prior to meals and activities consumers are asked about their preferences on an ongoing basis at each meal and for each activity.
- Staff explained they use visual prompts such as hand gestures and keep conversations simple so consumers with a cognitive impairment or language difficulties can better understand what they are saying.
- Staff and Management were aware of how to access interpreters if required, however there were not any consumers who required this service.

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team observed activity calendars in consumers rooms and displayed in communal areas in the service.
- The Assessment Team observed monthly menus on display in dining areas and the main meals for each meal service written on blackboards.

- For consumers who are unable to communicate, there is evidence in the consumers' progress notes that information is provided to them or discussed with the consumer's representative.
- The Assessment Team observed information displayed, notifying consumers/representatives of the site audit and management confirmed that consumers/representatives were notified in writing of the site audit in the required timeframe prior to the audit.

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

Requirement 1(3)(f)

Met

Each consumer's privacy is respected, and personal information is kept confidential.

Consumer feedback:

- Consumers advised that staff knock or announce themselves prior to entering their rooms and inform them of the cares they are going to provide before providing them. For example:

S.47F(1)

- Consumers sampled confirmed that on entry to the service they are asked to nominate a representative as point of contact and that their personal information is kept confidential.

Staff interviews:

- Staff described how consumer information is stored in hard copy files that can only be accessed the workstation that requires an access code.
- Staff confirmed that paper documentation is stored either in locked filing cabinets or locked offices.
- Staff said they respect the consumers privacy by knocking on their door, waiting for a response when appropriate, addressing consumers by their preferred name and explaining what care they were providing.
- Staff interviewed were able to confirm for those consumers sampled, which specific consumers always prefer to have their door slightly opened or closed

Other documents, observations and evidence relevant to this requirement:

- Management advised all staff are required to attend compulsory orientation which includes the Code of Conduct and privacy and confidentiality.
- Staff were observed knocking on doors, waiting for a response when none received identifying themselves prior to entering rooms. They were overheard to explain to the consumer what tasks they were going to undertake and checked to determine if it was a suitable time for the consumer.

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

STANDARD 2**Met****Ongoing assessment and planning with consumers****Consumer outcome:**

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

Organisation statement:

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

Summary of Assessment of Standard 2:**Consumer outcome**

Most sampled consumers confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

- Consumers interviewed confirmed they are involved in the initial and ongoing assessment and planning of their care.
- Consumers/representatives confirmed they are informed of the outcomes of assessments and care planning, however not all consumers/representatives said they were involved in care planning and review and were not aware they could access a copy of their care plan.
- Consumers/representatives confirmed the service seeks input from medical officers, other health professionals and family to inform care and services.

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

- The Assessment Team reviewed assessment and care planning documentation for consumers and identified that reviews are being completed regularly and in conjunction with the consumer/representative.

The Assessment Team found that five of five specific requirements were met.

Assessment of Requirements:

Requirement 2(3)(a)

Met

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.

Care planning documents:

- Registered staff complete initial assessments to identify consumers' needs, choices and preferences. Consumers, representatives, MO and other allied health professionals are involved in the assessment process as required.
- Assessment and care plans reviewed are individualised and contain information relative to the risks to each consumer's health and wellbeing. For example:

S.47F(1)

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement.

Staff interviews:

- Registered staff stated the outcomes of assessments are documented in care plans and discussed with care staff, which guides them in the delivery of safe and effective care.
- Staff reported they are given information about new consumers, or updates regarding a consumer's care needs during verbal and written handover.

Other documents, observations and evidence relevant to this requirement:

- The organisation has developed assessment and care planning documents for staff to access and utilise in the care planning process

- Policies, procedures, guidelines and work instructions are available to guide staff in their practice.
- A communication book/folder for allied health professionals and MOs is in place, alerting them to consumers requiring assessment or review and is kept in each workstation.

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

Requirement 2(3)(b)

Met

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.

Care planning documents:

- For consumers sampled, care planning documents detail the individual's current needs, goals and preferences. For example:

S.47F(1)

- For consumers sampled, care planning documents detail the individuals' advance care planning and end of life planning. For example:

S.47F(1)

Consumer feedback:

- Consumers/representatives sampled said staff involve them in the assessment and planning of their care through conversations with staff, case conferences and care plan reviews, including resident of the day (ROD).
- Consumers/representatives sampled said they are happy with their care and services and feel their care and services are delivered the way they wish.

Staff interviews:

- The Clinical care manager's (CCM) described processes for assessing consumer needs and these are evidenced in assessments and care planning documentation.
- Staff said they understand individual consumer needs and said they refer to the registered nurse (RN) if they require more information.
- The CCM said the service attempts to discuss end of life wishes with consumers and their representatives on entry to the service and if the consumer/representative does not want to discuss end of life plans at that stage, they revisit the conversation at the consumers three monthly review and ROD review.

Other documents, observations and evidence relevant to this requirement:

- The CCMs have a schedule which outlines when care plan reviews are due. Review of consumer files demonstrate the care plan had been evaluated within the last three months and reflect the consumer's current care needs, goals and preferences.
- Staff are guided by organisational policies and work instructions on processes to support palliative care and advance care planning which directs a collaborative and holistic approach to assessment and care planning for end of life care.

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

Requirement 2(3)(c)**Met****Assessment and planning:**

- (i) 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

- (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

Care planning documents:

- For consumers sampled, care planning documents reflect the involvement of others in assessment and planning, including the MO, Psycho-geriatrician, physiotherapist, dietitian and speech pathologist.

Consumer feedback:

- Consumers/representatives reported being involved in assessment and planning on an ongoing basis. For example:

S.47F(1)

Staff interviews:

- Registered staff described the involvement of others in consumers' assessment and planning from entry to the service and on an ongoing basis. For example, MOs are asked for their input into care and allied health services are organised as necessary. Staff said they are guided by what the consumer wants and who they wish to be involved in their care and planning. Staff said changes in the consumer's condition may lead to reassessment by the MO or allied health professionals. This information is noted in the consumer's file and directives are incorporated into care plans.
- The CCM described how they partner with the consumers/representatives through case conferences, telephone conversations, email and consumer/representative meetings.
- Staff reported when changes are made by external professionals, these are communicated to the service and staff through progress notes, assessments and handover.

Other documents, observations and evidence relevant to this requirement:

- The MO and allied health are involved in the consumer's assessment and care planning, for example: a physiotherapist visits the service five days a week and completes assessments and provides directives for the mobility, dexterity and

transfer needs of all consumers. The physiotherapist also reviews consumers if they have experienced a fall, change in mobility and transfer needs or on return from hospital. A dietitian visits as required, and reviews consumers identified as having weight loss greater than ten percent or identified as at risk by the CCM. A speech pathologist is available on referral. Podiatry services visit six-weekly. The psycho-geriatrician visits the service on referral by the MO.

- Documentation confirms representatives are contacted following consumers incidents.
- The Assessment Team observed staff at shift handover, discussing consumers who had been referred to other services.

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

Requirement 2(3)(d)

Met

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.

Care planning documents:

- Care and service plans are relevant to the consumer's needs and include, but not limited to, pain management, skin integrity, behaviour management, nutrition and hydration and mobility.
- Outcomes of assessment and planning are communicated to consumers/representatives at care plan reviews and case conferences.
- Care plans are available and offered to consumers/representatives if they wish to have a copy of their care plan.

Consumer feedback:

- Consumers sampled said staff talk to them about their care and explain information impacting their care and services.
- Most consumers/representatives said they were aware they could have access to the consumer's plan of care if they wish but said they did not have a need for it.

Staff interviews:

- The CCM and registered staff reported consumers/representatives are involved in the assessment and review process through three-monthly care plan reviews, ROD and case conferences.
- The registered staff reported any changes to consumers' care planning is communicated in person to the consumer and or their representative. For example:

S.47F(1)

Other documents, observations and evidence relevant to this requirement:

- Care planning documents were observed to be readily available to staff delivering care and visiting health professionals had access to consumers' documentation relevant to their role.
- A review of consumer files identified care plan reviews with the consumer/representative have occurred in the past three months, and care and services are discussed with the consumer/representative.

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

Requirement 2(3)(e)**Met**

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.

Care planning documents:

- For the consumers sampled, care plans show evidence of review on both a regular basis and when circumstances change, or incidents occur. For example:

S.47F(1)

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement.

Staff interviews:

- Staff interviewed demonstrated an awareness of the service's three-monthly review process or more frequently if care needs change.
- Staff reported the shift handover is used to communicate identified changes in consumers' health status.
- Staff are aware of the incident reporting process and how these incidents may trigger a reassessment or review. For example: if a consumer has a fall, they are reviewed by physiotherapist and additional equipment and information is provided if required.

Other documents, observations and evidence relevant to this requirement:

- Staff are guided by the policies and work instructions to support care plan review.
- A review of consumer care files identified the care plan has been reviewed in the past three months with changes made as necessary.
- Clinical indicators are reviewed monthly at a service level as well as at organisational level. The management team identifies strategies to minimise the risk of reoccurrence of incidents to individual consumers and aims to identify improvements to practice that will lead to better outcomes for all consumers.

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

STANDARD 3**Met****Personal care and clinical care****Consumer outcome:**

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

Organisation statement:

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:**Consumer outcome**

Overall, consumers sampled consider that they receive personal care and clinical care that is safe and right for them.

For example:

- Consumer/representatives said the consumer gets the care they need and that they feel safe. Consumers/representatives 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/representatives in discussions regarding alternative care options available.
- Consumers/representatives said the consumer is referred to their MO or other health professional to meet their changing personal or clinical care needs. Consumers/representatives said the referral occurs promptly and they are satisfied with the care delivered by those to whom they have been referred.

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

- 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. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps

they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

- Care plans reviewed demonstrated the delivery of safe and effective care and the involvement of other health professionals

The Assessment Team found that seven of seven specific requirements were met.

Assessment of Requirements:

Requirement 3(3)(a)

Met

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.

Care planning documents:

- Care documentation for those consumers sampled reflect individualised care that is safe, effective and tailored to the specific needs and preferences of the consumer. For example:

S.47F(1)

Consumer feedback:

- Consumers sampled are satisfied they are receiving care that is safe and right for them and meets their needs and preferences. For example:

S.47F(1)

Staff interviews:

- Staff interviewed said they would get help or assistance from other staff or the registered staff if they were worried about a consumer's personal or clinical care. For example:
 - Care staff said they would ask the RN and check the care plan if they needed clarification regarding a consumer's care.
 - Registered staff said they have access to clinical information and guidelines on the organisations policies, procedures and work instructions and refer to other health professionals and the CCM as required.
- The CCM said they monitor the care provided by staff to ensure the care is safe and effective, through feedback and audits of documentation and participation in observations of staff practices.

Other documents, observations and evidence relevant to this requirement:

- The organisation has policies, procedures, tools and flow charts in place to support the delivery of care provided, for example, policies, procedures and guidelines in relation to restraint, pressure injury prevention and management, and pain management policy that incorporates ongoing pain assessment to guide staff practice.
- The service has systems and processes to ensure consumers get safe and effective personal care and clinical care including monthly clinical audits, whole of service audits and training is available online to support best practice.
- Organisational policies and procedures (Resident Journey Process) for the following key areas of care (skin integrity, pain management and restraint) in line with best practice:

- The organisation has developed their own skin assessment tools and the process references the *Pan Pacific Guideline for the Prevention and Management of Pressure Injuries (2012)*. *Australian Wound Management Association Inc.* The service uses repositioning, hygiene care, moisturisers and limb protectors to manage consumers' skin integrity.
- The organisation's pain management process references *Pain in Residential Aged Care Management Strategies*. *Australian Pain Society*. The service utilises pain assessments and monitoring chart and uses the *Abbey Pain Scale* to assess consumers who have pain, including nonverbal consumers.
- The organisation has a restraint and protective assistance process that references the guideline '*Supporting a Restraint Free Environment in Residential Aged Care*' which references the *Aged Care Quality of Care Amendment Principles 2019*. The guideline outlines the organisations commitment to ensuring if any restraint is used, this is only as a temporary solution and should only be considered after a comprehensive assessment.
- Management advised the service monitors the use of psychotropic medication and refers consumers to their MO for review with a view to reduce or cease the medications if appropriate. Documentation provided by the service identifies the following:

S.47F(1)

- Management advised physical restraints for consumers including the following:

S.47F(1)

s.47F(1)

- Thirty-two consumers (32%) are authorised for environmental restraint. All consumers authorised for environmental restraint reside in the secure units Mort and Newton.

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

Requirement 3(3)(b)

Met

Effective management of high impact or high prevalence risks associated with the care of each consumer.

Care planning documents:

- For the consumers sampled, care documentation described the key risks to those consumers. These include falls, swallowing, self-medicating and smoking.
- Care documentation for consumers sampled who are subject to physical restraint demonstrates risk assessments have been completed and included environmental restraints.
- Care documentation for consumers at risk of falls include directives for staff, referrals to physiotherapist for review, review of mobility aids and medications.

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement (refer to requirement 3(3)(a) for consumer experience more broadly).

Staff interviews:

- The CCM described the high impact and high prevalence risks for consumers in the service. These include falls, self-medicating, smoking and swallowing deficits. Individual risks are reflected in care documentation for the consumers sampled.
- Staff interviewed described the incident reporting processes and stated they would report incidents to the RN on duty.
- Registered staff provided information consistent with care documentation when asked how they manage specific risks for the following consumers: s.47F(1)

s.47F(1)

Other documents, observations and evidence relevant to this requirement:

- The organisation has a risk management framework that guides how risk is identified, managed and recorded. Policies are available to all staff on high impact or high prevalence risks associated with care of consumers. A documented system is used to record high impact and high prevalence clinical and personal risks for consumers. Clinical incidents are recorded on the risk management system and these contribute to the monthly clinical indicators. Review of monthly clinical indicator data is completed at a service level and organisational level. Data is used to inform improvements for individuals and in general.

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

Requirement 3(3)(c)**Met**

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Care planning documents:

- Care planning documents for the sampled consumers consistently record consumers' end of life needs and wishes.

Consumer feedback:

- Consumers/representative sampled expressed confidence that when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them.

Staff interviews:

- The CCM advised the organisation has a palliative care process and procedure to guide staff practice.
- Registered staff are available on site 24 hours a day to support and monitor care delivered to consumers nearing the end of life. Senior clinical staff are available on call and if required will attend the service to support staff in the care of consumers nearing the end of their life.

Other documents, observations and evidence relevant to this requirement:

S.47F(1)

S.47F(1)

- The Assessment Team reviewed the care documentation of several consumers and identified information in relation to the consumers' end of life wishes, including completed AHD and statement of choices are completed in conjunction with the consumer and or their representative.

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

Requirement 3(3)(d)

Met

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.

Care planning documents:

- For consumers sampled, care planning documents and/or progress notes reflect the identification of and response to, deterioration or changes in condition. For example:

S.47F(1)

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement.

Staff interviews:

- Registered staff explained the assessment process following changes to a consumer's condition. They said they report changes to MOs and allied health specialists. If a consumer deteriorates after business hours, staff can telephone

on-call management, an after-hours MO or they transfer the consumer to hospital.

- Care staff were able to explain the process for identifying and reporting changes and deterioration in a consumer's condition. They also said they are informed through handovers when a consumer has deteriorated and changes in care needs are implemented.

Other documents, observations and evidence relevant to this requirement:

- Staff have access to clinical information to guide them in recognising and responding to a deterioration or change in a consumer's condition.
- Staff are supported by registered staff, the CCM, GM, MO and allied health professionals.

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

Requirement 3(3)(e)

Met

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.

Care planning documents:

- For consumers sampled, a review of care documentation demonstrated documentation such as progress notes, care plans and handover reports, provided information to support effective and safe sharing of the consumer's care. Information was specific to individual consumers such as wound care that required attention, routine blood glucose levels and heat packs that were to be attended.

Consumer feedback:

- Consumers/representatives sampled are satisfied their care needs and preferences are effectively communicated between staff and they receive the care they need.

Staff interviews:

- Registered, care, lifestyle and hospitality staff were able to describe how information is shared when changes occur, including the handover process and how changes are documented in handover documentation, communication diaries and change in care plans.

- Staff described processes for sharing information including when consumers move between hospital and the service.
- Staff demonstrated they can access the information relative to individual consumers.
- Staff, MOs and allied health providers have access to consumer files to support care.
- Registered staff said they notify the consumer's MO and representatives if they identify a change in a consumer's condition; there is a clinical incident and if there is a change in medication and if a referral to another care provider is required.

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team observed shift handover where staff were informed of changes to consumers' health status and the activities of the day.
- The Assessment Team observed the MO in attendance at the service and discussing consumers' care needs with registered staff prior to visiting the consumer.

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

Requirement 3(3)(f)

Met

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Care planning documents:

- For consumers sampled, care documentation confirms the input of others and referrals where needed, including input from services such as podiatry, dietician, physiotherapist, speech pathology and MOs. For example:

S.47F(1)

Consumer feedback:

- Consumers/representatives interviewed said they are satisfied timely and appropriate referrals occur when needed and that the consumer has access to relevant health professions such as allied health professional or medical specialists.

Staff interviews:

- Registered staff described how information is shared when referrals are made to individuals, other organisations and providers of other care and services. They also described when changes occur, how these are documented in handover documentation and the clinical documentation.
- Registered staff reported referrals are made in consultation with the consumer/representative and consent is gained from the consumer/representative prior to a referral being made.
- For consumers sampled, staff described how the input of other health professionals directs care and services for example, change in mobility or transfer needs, dietary needs or pain management. This aligns with the consumer/representative feedback and care planning documentation. For example:

S.47F(1)

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team observed referrals to allied health professionals such as the physiotherapist, podiatrist and speech pathologist.
- There are guidelines for staff to refer consumers to external health services and this is documented in progress notes.

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

Requirement 3(3)(g)**Met**

Minimisation of infection related risks through implementing:

- (i) standard and transmission-based precautions to prevent and control infection; and
- (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement.

Staff interviews:

- Staff demonstrated an understanding of how they minimise the need for or use of antibiotics and ensure they are used appropriately. Staff gave examples such as increasing fluids for consumers in hot weather and those who are prone to urinary tract infections, use of personal protective equipment, reporting changes in skin integrity, and early identification of consumers who may have an infection.
- Registered staff were familiar with antimicrobial stewardship and advised pathology is collected where possible prior to the commencement of antibiotics and that all consumers are offered annual influenza vaccination by their MO.
- Staff advised they are encouraged to have annual influenza vaccinations and were aware of the signs and symptoms of a consumer if unwell or have symptoms of possible infection.
- Registered staff advised they monitor staff practice to ensure staff practice hand hygiene and use of personal protective equipment appropriately.

Other documents, observations and evidence relevant to this requirement:

- The organisation has written policies and procedures relating to antimicrobial stewardship.
- The organisation has infection control guidelines for staff to follow in the event of an outbreak.
- Vaccination records show 96 consumers (96%) received influenza vaccinations in 2019 and 66 staff have received the influenza vaccination in 2019, through the service's annual vaccination clinic. Management said the service promoted the benefits of staff vaccination and provided an annual vaccination clinic free of charge for staff.

- The service has an outbreak management plan. Management reported the service:
 - Initiated outbreak procedures on 25 July 2019 in response to eight consumers developing influenza type symptoms. Isolation procedures were commenced for the affected area and the Public Health Unit (PHU) was notified.

S.47F(1)

- The service was directed by the PHU to reopen 1 August 2019.
 - Initiated outbreak procedures on 3 September 2019 in response to 12 consumers developing gastro enteritis type symptoms. Isolation procedures were commenced for the affected areas and the PHU was notified.

S.47F(1)

- The service was directed by the PHU to reopen on 17 September 2019, following a terminal clean of the service being completed.
- Monthly data is collected on consumer infection rates. This is analysed for trends and changes to staff practice are implemented as appropriate through message board alerts, and yearly mandatory infection control education.
- The Assessment Team observed staff wearing personal protective equipment such as gloves, when they attended consumers to assist them with hygiene care.

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

STANDARD 4:**Met****Services and supports for daily living****Consumer outcome:**

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Summary of Assessment of Standard 4:**Consumer outcome**

Overall sampled consumers confirmed that they get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

For example:

- Consumers interviewed confirmed they are supported by the service to undertake a range of lifestyle activities of interest to them within the service and outside in the community as well as maintain contact with those people who are important to them.
- Consumers interviewed confirmed the service supports them to keep in touch with people who are important to them.
- Overall, most consumers advised that the food offered by the service was varied and of good quality and quantity.

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – observations were made, consumers were asked about the things they like to do and how these things are enabled or supported by the service and staff were asked about their understanding and application of the requirements. The team also examined relevant documents.

- The Assessment Team observed a variety of activities being undertaken at the service during the audit. This included bingo, attending exercise programs and participating in New Zealand day at the service.

- Care plans reviewed under this Standard demonstrated lifestyle assessments had been undertaken to determine the preferences of each consumer. Lifestyle plans are reviewed every three months and consumer engage in the planning of activities to enable them to feel socially connected and be involved in things they choose to do.
- Menu documentation and interviews with catering staff demonstrated food options are varied and cater to specific dietary preferences.

The Assessment Team found that seven of seven specific requirements were met.

Assessment of Requirements:

Requirement 4(3)(a)

Met

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.

Consumer feedback:

- Consumers sampled confirmed the service supports them to enhance their independence, health well-being and quality of life. For example:

S.47F(1)

Care planning documents:

- For the consumers sampled, review of care plans demonstrated they include information about what is important to consumers as well as how their goals and preferences utilised to optimise independence, health, well-being and quality of life. For example:

S.47F(1)

S.47F(1)

Staff interviews:

- RAO's explained how the service's lifestyle program takes into consideration those consumers who have varying degree of ability or interests in group activities. For example:

S.47F(1)

- RAOs explained that when consumers enter the home a 'Map of life' is done this includes specific details about what activities the consumer was interested in prior to entering the service. Risk assessments are undertaken on each consumer prior to the consumer engaging in activities. Consumer meetings are held once a month where lifestyle activities are discussed, and consumers can provide feedback or suggest new activities.
- Staff said that an annual survey is undertaken in the service for consumers/ representatives which includes feedback on lifestyle activities.

Other documents, observations and evidence relevant to this requirement:

- A review of the activity calendar identified that the lifestyle program provides a variety of activities and social events both within and outside of the service for consumers.
- The Assessment Team observed consumers engaging in a variety of activities during the audit, interacting with each other, staff, visitors and family members.

- The Assessment Team observed activity calendars displayed on noticeboards throughout the service, in communal areas and in consumer rooms.
- The Assessment Team observed activity staff reminding consumers of daily activities and asking if they would like to participate during the audit.
- Staff advised the activities calendar is reviewed every month with feedback from consumers who attend the activities.
- The Assessment Team reviewed lifestyle plans and identified they are reviewed every three months for consumers or as the condition of the consumer changes.

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

Requirement 4(3)(b)

Met

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

Consumer feedback:

- Consumer sampled reported staff are kind and caring and that they are comfortable speaking to them if they needed to. For example:

S.47F(1)

Care planning documents:

- The care plan documentation for the consumers sampled contained information about the consumers; emotional and spiritual well-being and strategies of how staff can support them. For example:

S.47F(1)

Staff interviews:

- Staff interviewed described strategies consistent with information documented in care plans and from consumer feedback that they use when supporting consumers who may be feeling sad or worried.
- The RAOs reported the service has regular pastoral visits from different religions; including Catholic, Anglican and Baptist. The Baptist choir also comes on the 1st on the month for a chat and performance in the Caledonian dining room.
- The RAOs advised that a weekly breathing and mindfulness exercise is undertaken at the service and all consumers are encouraged to attend.
- Staff stated that if a consumer was feeling sad or upset, they sit and talk to them.

Other documents, observations and evidence relevant to this requirement:

- Activity calendars detail when there are visits from the different religions at the service.
- The Assessment Team noted that care documentation identifies as part of their lifestyle planning processes each consumer's spiritual preferences and religious customs important to them.

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

Requirement 4(3)(c)**Met**

Services and supports for daily living assist each consumer to:

- (i) participate in their community within and outside the organisation's service environment; and
- (ii) have social and personal relationships; and
- (iii) do the things of interest to them.

Consumer feedback:

- Consumers sampled reported they are assisted by the service to participate in the community within and outside the service and are supported to maintain contact with family and friends and do things of interest to them. For example:

S.47F(1)

s.47F(1)

Care planning documents:

- Consumers sampled have lifestyle planning which identifies the activities and people who are important to them both within the service and the broader community. For example:

s.47F(1)

Staff interviews:

- The RAOs advised consumers are supported to participate in community through organised bus trips and social outings that are planned around consumer feedback and interests. The activity program also has several community groups and individuals who visit as part of the lifestyle program. For example:
 - The service takes a group of consumers to the local day care centre every fortnight.
 - Entertainers who provide singing, music and concerts.
 - Bus trips to the local shopping centre and scenic drives.
 - Volunteers from Tomnet (older men supporting older men group) visit the service once a month for morning tea.
 - Volunteers from RSL visit consumers at the service who have previous military service.
- Staff interviewed said they are aware of consumers who like to go out independently, or with family and friends are notified when they need to assist them to be ready for these outings.

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team observed volunteers and lifestyle staff assisting and engaging with consumers, consumers and visitors spending time together in various parts of the service and consumers leaving on the service on social leave.

- Consumer meeting minutes detail discussions around lifestyle activities at the service and include feedback from consumers.

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

Requirement 4(3)(d)

Met

Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement.

Care documents:

- The care plan documents of consumers sampled identified the needs and preferences for consumers are updated and reflected in care plans, which include individualised personal strategies and communicated in progress notes and handover reports. For example:

S.47F(1)

Staff interviews:

- The RAOs explained that the 'Map of life' profiles which details the personal history of the consumer are available for all staff in consumers care documentation.
- Staff interviewed said they are kept informed of any changes in the consumer's lifestyle arrangements or their emotional well-being through shift handovers and reviewing progress notes.
- The RAOs reported they engage in discussions with clinical and care staff to determine any changes that may impact on consumer involvement in lifestyle activities.

Other documents, observations and evidence relevant to this requirement:

- There are policies and procedures for shift handovers detailed in the Operational Essentials Handbook for each community.
- The Assessment Team observed the activity calendar displayed throughout the service to inform consumers and staff of the scheduled daily activities.
- Staff handover was observed by the Assessment Team and demonstrated staff verbally advise of any relevant updates relating to the consumer lifestyle which was also recorded in the progress notes.

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

Requirement 4(3)(e)**Met**

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement (refer to requirement 4(3)(c) for consumer experience).

Care planning documents:

- Care planning documents included information about external services and individuals and community groups who support consumers to maintain their interests and participate in the community outside the service. For example:

S.47F(1)

Staff interviews:

- The RAOs described how they work with external organisations and use volunteers to help supplement the lifestyle activities offered within the service. Examples included speaking with community organisations, pastoral support, local day care centres and entertainers who provide music and concerts for consumers who wish to attend.

Other documents, observations and evidence relevant to this requirement:

- The organisation has policy and procedures for making referrals to individuals and providers outside of the service.

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

Requirement 4(3)(f)**Met**

Where meals are provided, they are varied and of suitable quality and quantity.

Consumer feedback:

- Most consumers sampled reported they are satisfied with the quality and quantity of meals provided by the service. Consumers reported they can access sandwiches, salads and snacks between meals if they are hungry. For example:

S.47F(1)

- Consumers said they can provide feedback about the meals in several ways. For example:

S.47F(1)

Care planning documents:

- The care documentation for the sampled consumers documents the consumers dietary requirements and preferences. For example:

S.47F(1)

Staff interviews:

- Staff said that consumers will generally tell them if they don't like a meal at the point of service. Consumers can provide feedback via the monthly consumer meetings, feedback forms and raise directly to the catering supervisor.
- Staff advised that menus are displayed in dining areas with the main meal options written on the blackboard. Staff ask consumers their meal preference and if the consumer does not like either of the meals, they are offered an alternative. Consumers are also able to request extra servings or smaller portions at mealtimes.
- The catering supervisor advised that menus are on a four-weekly cycle, seasonal menus are developed and there have been two menu changes in the last year.
- Catering staff advised that items were taken off the menu when there was feedback from consumers. For example: consumers provided feedback that they did not like the ham steaks and this item was taken off the menu and replaced with a caesar salad which consumer provided positive feedback on.
- Catering staff could explain how they get dietary information about new consumers and are updated on changes in the dietary needs of all consumers.
- Catering staff could explain any specific dietary needs or preferences. For example:

S.47F(1)

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team observed:
 - The kitchen, kitchenettes, food servery and dining areas to be clean and tidy and staff practices in line with the service's food safety plan such as monitoring food temperatures, and appropriate storage of frozen and dry food.
 - Consumers being served well presented meals of varying textures.
 - Consumers being assisted with eating their meals if required.

- The monthly menu displayed in each dining area and meals for the day written on blackboards in each dining area.
- The Assessment Team reviewed meeting minutes which confirmed that consumers have any opportunity to provide feedback, make comments and suggestions about the options and choice of meals and food available for them at the service.

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

Requirement 4(3)(g)

Met

Where equipment is provided, it is safe, suitable, clean and well maintained.

Observations:

- The Assessment Team observed equipment which supports consumers to engage in lifestyle activities to be suitable, clean and well maintained. For example:
 - Mobility aids which enable the consumers to mobilise and attend lifestyle activities within and outside the service are clean and maintained.
 - The service communal areas were well decorated and had a variety of resources that consumers could use at any time they wished.
 - There was a wide range of quiet spaces, both indoors and outdoors where consumers and/or family and friends can meet.
 - Outdoor areas and gardens were neat and tidy with covered areas and appropriate furnishing available and designated smoking area.

Consumer feedback:

- The Assessment Team did not seek consumer feedback specific to this requirement (refer to requirement 5(3)(c) for consumer experience).

Staff interviews:

- Staff reported equipment is cleaned regularly according to a schedule and they will also clean and sanitise equipment as necessary following use.
- Care staff reported that there is enough equipment to provide care and services to the consumers.
- Staff advised that maintenance issues are reported and attended to by maintenance staff promptly.

- Maintenance staff advised that they check the maintenance logs each day at reception and in the workstations in each community and perform visual checks when they walk through the service each day.
- RAOs said they have enough equipment to deliver activity and lifestyle programs to consumers at the service.

Other documents and evidence relevant to this requirement:

- The service's mandatory training program includes manual handling training for all staff.
- A review of maintenance documentation identified scheduled preventive maintenance, which includes equipment maintenance has been completed.
- The Assessment Team observed fire equipment being checked and contractors undertaking routine maintenance during the audit.

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

STANDARD 5**Met****Organisation's service environment****Consumer outcome:**

1. I feel I belong and I am safe and comfortable in the organisation's service environment.

Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

Summary of Assessment of Standard 5:**Consumer outcome**

Overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

- Consumers interviewed confirmed that the service is clean, well maintained and they feel safe and secure living at the service.
- Consumers interviewed confirmed the environment is comfortable and easy to get around and their visitors are made to feel welcome.
- Consumers confirmed they feel at home at the service and they could decorate their rooms with their personal items, and they enjoy doing their own thing and participating in activities when they feel like it.

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team observed the service environment, spoke with consumers about their experience of the service environment and interviewed care staff about the suitability and safety of equipment. The team also examined relevant documents.

- The Assessment Team observed the service provided equipment, furniture, and indoor and outdoor communal areas that supported consumers' quality of life, independence, ability and enjoyment.
- The Assessment Team observed consumer's family and/or friends utilising the indoor and outdoor communal areas.

- Staff interviewed confirmed there is adequate equipment to support the consumer's independence and any reported maintenance issues are resolved promptly.
- The service provides an environment that is comforting, clean, welcoming and well maintained.

The Assessment Team found that three of three specific requirements were met.

Assessment of Requirements:

Requirement 5(3)(a)

Met

The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.

Observations:

- The Assessment Team observed:
 - Clearly marked signs and handrails to assist in consumers mobility and navigating through different areas of the service.
 - Wide corridor and large elevators to assist manoeuvring of consumers requiring mobility equipment.
 - A reception area is located at the entrance of the service with sign in/out books and a sitting area.
 - Consumer's rooms are decorated with personal items, furniture and photographs.
 - Communal and quiet spaces being utilised, both indoors and outdoors, where consumers and/or family and friends can meet.

Consumer feedback:

- Consumers/representatives sampled described how the service environment is welcoming and optimises the consumers sense of belonging and their independence. For example:

S.47F(1)

S.47F(1)

Staff interviews:

- The GM described the features of the environment that are designed to support functioning of people with cognitive impairment. For example:
 - The two secure units are secured via a keypad and security door to ensure the safety of consumers living with cognitive impairment.
 - There are handrails in the corridors and in the dining room areas.
 - The front door to the service is locked after business hours, representatives and family members of residents are provided with the code so they can easily access the service including elevators.
 - Staff interviewed could identify where sampled consumers like to spend their time. For example:

S.47F(1)

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

Requirement 5(3)(b)

Met

The service environment:

- (i) is safe, clean, well maintained and comfortable; and
- (ii) enables consumers to move freely, both indoors and outdoors.

Observations:

- Areas of the service observed by the Assessment Team were safe, clean and well-maintained. For example:
 - Communal areas indoor and outside the home are easily assessed by the consumers, family and/or friends and outside community groups.
 - Cleaning and maintenance being undertaken during the audit.

- Consumers have access to call bells when in their room.
- The evacuation diagrams and illuminated emergency exit signage is displayed and fire-fighting equipment is readily available for staff.

Consumer feedback:

- Consumers sampled are satisfied with the cleaning and maintenance of the service and said they felt safe.
- Consumers sampled who were able to be interviewed said they can go outside when they want to, and staff are available to assist them if required.

Staff interviews:

- The Maintenance officer said staff document maintenance issues in the maintenance logs which are located at reception and the workstations in the service. There is a maintenance officer on site Monday to Friday and an emergency contact list for maintenance issues is available to all staff on the weekends.
- Maintenance staff advised that there were recently problems with the nurse call system including calls not going through to staff phones and phantom calls and these issues have now been resolved.
- Staff across all areas of the service could explain how they report any maintenance issues and reported this is attended promptly by maintenance staff.
- Staff across all areas were able to explain the process for identifying a safety issue and how this would be escalated.
- Cleaning staff advise they follow a schedule for cleaning and have access to enough cleaning supplies.
- Management and staff advised the service is secured during the night and staff know who to contact in an emergency.

Other documents and evidence relevant to this requirement:

- Maintenance records demonstrate maintenance of equipment is completed in a timely manner and external service providers are used as required.
- Preventative maintenance schedules are up to date.
- Meeting minutes identify that maintenance issues are discussed with the leadership team.

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

Requirement 5(3)(c)

Met

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

Observations:

- Furniture, fittings and equipment observed by the Assessment Team, in staff and consumer areas of the service, are clean, well maintained and fit for purpose. For example:
 - Hoists and equipment for transferring consumers is clean and well maintained.

S.47F(1)

Consumer feedback:

- Consumers sampled said they feel safe when staff use equipment to assist them in their daily activities and furniture is clean, well maintained and suitable for use. For example:

S.47F(1)

Staff interviews:

- Staff were able to describe how regularly shared equipment used for moving and handling is cleaned and maintained.
- Staff across all areas of the services said they have enough equipment to undertake their role and meet the needs of the consumers.
- Staff said they are provided with training on how to use equipment on commencement of employment and ongoing when a new piece of equipment is introduced to the service.

Other documents and evidence relevant to this requirement:

- Maintenance records show maintenance of equipment is completed in a timely manner and external service providers are used as required.
- Records show the call bell system is operating effectively and call bell response times are monitored by management.

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

STANDARD 6**Met****Feedback and complaints****Consumer outcome:**

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

Organisation statement:

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

Summary of Assessment of Standard 6:**Consumer outcome**

Most sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

- Most consumers interviewed said they generally felt supported to provide feedback and encouraged by management and staff to make complaints if they are not satisfied with the care and services being provided at the service.
- Most consumers interviewed felt changes were implemented in response to feedback and complaints.

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – asking them about how they raise complaints and the organisation's response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard

- Management demonstrated the service captures and manages feedback from consumers involving various mechanisms including feedback forms, consumer and representative meetings and care focus groups, case conferences and consumer surveys.

- The Assessment team reviewed the feedback and complaints register and noted that consumer suggestions, feedback and complaints are recorded with actions implemented to address concerns raises.

The Assessment Team found that four of four specific requirements were met.

Assessment of Requirements:

Requirement 6(3)(a)

Met

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Consumer feedback:

- Most consumers sampled said they felt supported to provide feedback regarding their care and are encouraged by management and staff to make complaints if they are not satisfied with the care and services being provided.
- Two representatives of a consumer who resides at the service said they have made multiple complaints in the past to management regarding the care their mother receives and provided other feedback to management. Whilst the consumer stated she has not been treated in a negative way because of their feedback and complaints, the consumer stated she did want to make further complaints as she does not feel comfortable doing this and was happy for her representatives to provide feedback to management on her behalf. The representatives stated they still have complaints and feedback to provide to management and know the process on how to provide feedback.

Staff interviews:

- Staff were able to describe the mechanisms for consumers to lodge feedback or make a complaint.
- Care staff confirmed they would attempt to address any concerns raised by consumers or their representatives if it was within their scope of practice and would escalate concerns to registered staff if unable to resolve the issue.
- Registered staff confirmed if complaints or concerns were raised by consumers or representatives, they would attempt to address the concerns by conducting a meeting with the consumer to resolve any issues and if unable to address the concerns they would inform management of further review of issues. Registered staff confirmed all complaints and concerns raised by consumers and their representatives are documented in the service's complaints reporting register.

- Management advised the service analyses feedback information and trends from complaints and feedback registers, discussions are held with consumers at meetings and focus groups, to listen to consumer feedback with improvements identified and documented on the service's continuous improvement plan.

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team met with the consumer's representatives who had requested a meeting and the representatives made further complaints regarding the care and services provided to their family member. Management were able to provide information of previous complaints from the family members and complaints records identified the organisation had addressed past complaints which had been raised and implemented strategies to address the concerns. Management organised another meeting for the consumer and the representatives to address any further complaints.
- Review of consumer meeting and focus group meeting minutes included discussions and information on how consumers are encouraged and supported to raise suggestions and concerns.
- Review of consumer newsletters identified complaints process information was provided to consumers and their representatives.
- The Assessment Team observed posters encouraging feedback from consumers, feedback submission boxes and documentation explaining the service's complaints process.

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

Requirement 6(3)(b)

Met

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

Consumer feedback:

- Most consumers interviewed said they were aware of the service's feedback communication processes including feedback forms, consumer meetings and newsletters and advised they felt they could approach staff and management with any concerns needing to be raised.
- Some consumers sampled confirmed they would use family members to provide advocacy for them to raise concerns with management.

Staff interviews:

- Staff interviewed demonstrated they were aware of the service's complaints mechanism system and can identify where they could find information regarding external mechanisms for complaints.
- Management and staff advised the service has access to language and translator services if needed.

Other documents, observations and evidence relevant to this requirement:

- Feedback forms, posters and information on how to make a complaint were displayed at the entrance to the service and throughout different areas of the building.
- Information on advocacy and external complaints agencies were provided to consumers and staff to access and observed to be translated in languages other than English.
- Review of information packs which are provided to consumers and representatives prior to admission to the service provides information on advocacy and methods for raising and resolving complaints.
- Consumer satisfaction in this requirement is monitored by management through meetings, focus groups, surveys with feedback regularly sought, including ways for improvements to be implemented.

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

Requirement 6(3)(c)**Met**

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

Consumer feedback:

- Most consumers sampled expressed satisfaction with the service's response to concerns raised. One consumer and their representatives said they raised concerns with management and were not satisfied with management's response to address the concerns raised. For example:

S.47F(1)

S.47F(1)

Staff interviews:

- Staff interviewed advised they were aware of responding to consumer concerns using an open disclosure approach and staff gave an example of a consumer who made a complaint regarding the food which he was receiving at the service. The consumer had requested certain types of meals to be provided and stated he had not received them. Staff apologised to him and organised appropriate changes in his meal requests.

Other documents, observations and evidence relevant to this requirement:

- The organisation has an open disclosure policy relating to complaints and a complaint management framework which identifies what elements are to be provided when using open disclosure. For example:
 - Identify when things go wrong.
 - Address immediate needs and provide support.
 - Acknowledge and apologise or express regret.
 - Find out and explain what happened.
 - Learn from the experience and make improvements.
- Review of the service's complaints register identified complaints were logged and recorded and actions which had been implemented were evaluated to address the matters forwarded by complainants.

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

Requirement 6(3)(d)**Met**

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

Consumer feedback:

- Most consumers sampled generally confirmed when they provide feedback at group and individual meetings, case conferences and information delivered on feedback forms, they are confident the service uses feedback and complaints to make improvements to the quality of their care and services.

Staff interviews:

- Management described the main areas of complaints received at the service were regarding consumer's individualised care. Management confirmed case conferences are held with consumers and their representatives and staff conduct ROD monthly assessments with consumers and representatives to ensure individualised care needs for consumers are being delivered.
 - Management confirmed focus group meetings are held with consumers to enable feedback from consumers to be used to partner in improving the delivery of care and services.

Other documents, observations and evidence relevant to this requirement:

- The service's plan for continuous improvement provided reflection of feedback provided to the service through complaints, audit results, surveys and consumer meetings.
- Management confirmed the outcomes of complaints, audits and feedback from consumers influences the organisation's continuous improvement plan.
- Review of consumer focus group meeting minutes provided evidence of suggestions for improvements at the service following outcomes of the meetings.
- Management conducts a monthly analysis of a complaints and feedback trending report which includes complaints relating to issues identified with care concerns, environment, communication/people behaviour, services, food, medication, reportable incidents and external services. Actions implemented to address any concerns include any immediate actions needed to be implemented, training conducted for staff, memorandums sent to staff and audits/and adjustment of the service's audit schedule with evaluations of actions to be conducted.

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

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:**Consumer outcome**

Overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

- Consumers interviewed confirmed staff at the service are kind and caring and staff are considerate of their needs when providing care to them.
- Most consumers interviewed acknowledged staff knew what they were doing and were suitably skilled to provide appropriate care needs to be delivered to them.
- Most consumers interviewed said they were satisfied with the adequacy of staff numbers with one consumer providing feedback on needing more staff in the mornings at the service to provide care to consumers.

To understand the consumer's experience and how the organisation understands and applies the individual requirements within this Standard, the Assessment Team spoke with consumers about their experience of the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

- Management confirmed the service has increased staffing numbers following feedback from consumers and audits conducted at the service.
- Staff described how they receive training, support and professional development to enable them to carry out their role and responsibilities.

- Management monitors the adequacy of staffing through call bell response times and consumer feedback,

The Assessment Team found that five of five specific requirements were met.

Assessment of Requirements:

Requirement 7(3)(a)

Met

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.

Consumer feedback:

- Most consumers reported staff have enough time to deliver care and services to meet their needs and preferences.
- One consumer stated she felt that a core group of staff knew how to care for her in the way she preferred, although said there were times when staff were attending to her personal care needs, such as assisting her with getting dressed, she was left unattended when staff responded to other call bells. Management were provided with feedback regarding this situation and confirmed they would consider the staffing levels/time management in the area the consumer resides in and consult with the consumer to ensure her needs and preferences are met.
- Most consumers sampled said they did not have to wait very long for staff to attend to their call bell responses.

Staff interviews:

- Staff interviewed by the Assessment Team advised they generally have enough staff rostered and adequate time to be able to attend to consumers' personal preferences and care needs.
- The GM advised feedback from consumers in one wing at the service requesting early morning showers, resulted in a review of the rostering model and additional hours for care staff were added to the rostering schedule to enable staff to meet consumers hygiene and personal care needs. The GM also advised additional hours were added to the secure unit following an identification of increase in consumers' behaviours.
- Management confirmed the service conducts a daily analysis of call bell response times and investigates any call bell response times which are outside of 12 minutes.

- Management stated consumer focus group meetings discuss topics relating to the Aged Care Quality Standards and encourage suggestions for improvements to be made, for example, topics discussed include asking consumers if there is consistency of staff that provide care and services.

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team observed staff responding to call bell responses in a quick response time to attend to consumers' requests.
- Review of the call bell analysis log identified CCM's investigated any cause of delay to call bell response times each day. Investigation of the reason one consumer had experienced a delayed call bell response time identified the consumer needed assistance by three staff for personal care needs. Actions implemented by the CCM with this investigation for the delayed call bell response time was to inform the registered nurse on duty to assist care staff when the consumer needs more staff assistance.
- Management advised the service continues to work with centralised recruitment in order to recruit and employ staff to ensure adequate numbers of staff. The service manager advised the management team at the service are qualified registered nurses and any shortage in registered nurses, management will deliver clinical care needed to ensure safe and quality care is provided to consumers.

Numbers of personnel in the service:

Personnel working in the service during the week Sunday to Saturday the week before the site audit.

47G(1)(a)

47G(1)(a)

Explanatory comments:

During the weekdays, GM and CCM's are included in "other personnel". Both GM and CCM's are registered nurses and clinical management replaced the registered nurse staffing levels on the Thursday and Friday of the week before the site audit.

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

Requirement 7(3)(b)

Met

Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.

Consumer feedback:

- Most consumers sampled said they found staff to be kind, caring and considerate of their needs when care is provided to them.
- One consumer and their representatives raised concerns regarding a staff's conduct when providing personal hygiene care in October 2019 and confirmed management had followed up with the concern.

Other documents, observations and evidence relevant to this requirement:

- The Assessment Team observed staff engaging with consumers in a respectful, kind manner and caring manner.
- Staff were able to demonstrate knowledge and understanding of consumers and were able to describe what was important for each individual consumer.
- The organisation's principles of workplace conduct include all employees to deliver appropriate treatment of consumers (and others) and expectations that all people be treated courteously, equally, fairly and with respect and dignity always.

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

Requirement 7(3)(c)**Met**

The workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Consumer feedback:

- Overall, most consumers sampled advised staff are suitably skilled to meet their needs and satisfied with the quality of care and services delivered to them.

Staff interviews:

- The GM described various ways in which staff are identified as competent and capable in their roles which includes specific skills assessments, observations of staff in their role functions, performance appraisals and conversations with staff regarding specific skills. Mandatory competency assessments for staff include medication management, manual handling and handwashing.

Other documents and evidence relevant to this requirement:

- The service conducts an orientation program for all staff commencing employment at the service.
- Employee handbooks provided to staff identify staff are given a copy of their job description at the start of their employment at the service and provided with information regarding responsibilities and expectations in their roles.
- Reference checks are conducted prior to staff commencing at the service with police checks monitored at the service. Review of police check records showed compliance with requirements.

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

Requirement 7(3)(d)

Met

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

Consumer feedback:

- Consumers sampled generally said they had confidence in the ability of staff members at the service and they were able to deliver care and services which meet their needs and preferences.

Staff interviews:

- Care staff interviewed said they received training on the Aged Care Quality Standards with additional training on the standards being delivered on a regular basis. Staff interviewed said there was access to additional training available if needed and no staff stated they were not able to access further training.
- Registered nurses were able to discuss additional training opportunities they were able to access if required. One registered nurse who was newly graduated registered nurse said if she had any concerns about the scope of her practice, she would discuss any training needs with her CCM and receive training on any identified areas she would need education on.
- The GM confirmed all staff at the service had been provided with education on the new Aged Care Quality Standards and staff are provided with information on specific guidance for their roles to align with the new standards.
- Management advised the organisation has a corporate education plan with an education calendar published and placed in the staff room for staff access.

Other documents and evidence relevant to this requirement:

- Staff are provided with a booklet entitled a "Role Impact Guide" which summarises how the Aged Care Quality Standards impacts on each role for staff employed at the service.
- The GM monitors completion of mandatory training modules and staff attendance at training education sessions.
- Training records and education calendar identified the following education provided to staff at the service. For example:
 - Clinical/care staff have been provided with education in the following areas- falls education, complaints management, open disclosure, elder abuse,

- infection control, incident reporting, medication management. education on privacy and dignity, compulsory wound management for registered nurses,
- Catering staff have attended compulsory training on International Dysphagia Diet Standardisation Initiative (IDDSI).

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

Requirement 7(3)(e)

Met

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Staff interviews:

- Staff confirmed they receive annual performance appraisals by the management team and newly employed staff receive extra performance appraisals during their probation period at the service.
- Staff confirmed they were able to request further training during their performance appraisal interviews and were able to be open and transparent to management regarding any changes they would like to have in their duties at the service.
- The GM confirmed there is a system at the service to monitor completion of performance reviews and confirmed if staff discussed issues that occurred with duties and responsibilities within their role, management would review the role to maintain the staff member's overall ability to provide safe and quality care and services for consumers.

Other documents and evidence relevant to this requirement:

- The organisation has a staff performance management framework and review of the organisation's operational essentials handbook identifies the service manager will conduct monthly checks for upcoming staff annual performance reviews and six-monthly probationary review dates, arrange performance/probation reviews and inform relevant staff of upcoming appraisal dates.

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

STANDARD 8

Organisational governance

Met**Consumer outcome:**

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

2. The organisation's governing body is accountable for the delivery of safe and quality care and services.

Summary of Assessment of Standard 8:**Consumer outcome**

Most sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

- Most consumers interviewed confirmed that the service was well run and supports their health, safety and well-being and is inclusive of their identity, culture and diversity.
- Consumers could provide examples on how they are involved in the development, delivery and evaluation of care and services. For example, consumers participate in monthly consumer and representative meetings and focus group meetings which encourages partnership in improving the delivery of care and services.

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

- The organisation's governing body is accountable for the delivery of safe and quality care and services with the governing body setting clear expectations for the organisation.
- There are organisational governance systems to support requirements related to key areas which include: information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

- The Assessment Team found that five of five specific requirements were met.

Assessment of Requirements:

Requirement 8(3)(a)

Met

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

Management could describe ways in which consumers are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement. Consumers at the service provide feedback and suggestions for improvement at consumer meetings. For example:

- The service has monthly consumer and representative meetings to engage consumers in providing input and suggestions for care and services.
- Following the monthly consumer and representative meetings a “Care Home Focus Group Meeting” is conducted to give consumers an overview of specific Aged Care Quality Standards, engage the consumers in discussions regarding how the service is managing care and services in compliance with the specific standard and evaluates suggestions for improvements identified by consumers. For example:
 - In November 2019 a focus group meeting was conducted which provided the group with information on Standard 8 of the Aged Care Quality Standards. Summary of discussion of the meeting identified consumers agreed they were involved in improving the way care and services are being delivered and felt their opinions were being acknowledged.
 - In November 2019 a focus group meeting was conducted which provided the group with information on Standard 8 of the Aged Care Quality Standards. Summary of discussion of the meeting identified consumers agreed they were involved in improving the way care and services are being delivered and felt their opinions were being acknowledged.
 - Consumers interviewed said they participated in the meetings and were encouraged to be involved in designing and improving care and services.

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

Requirement 8(3)(b)

Met

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

Based on discussions with management, the management team described how the governing body promotes a culture of safe, inclusive and quality care. For example:

- Management advised monthly reports are reported to the governing body detailing audits results, reported hazards or risks, complaints and feedback.
- The organisation has a strategic framework with the purpose being to help people live longer, healthier and happier lives with mechanisms of putting their consumers front and centre as the organisation's priorities.
- The organisation's values included being accountable, open, caring and authentic.
- Management gave examples about changes driven by the board over the past six months. For example:
 - A consumer supply toolkit was developed and launched for consumers and their representatives to communicate the changes to the new Aged Care Standards.
 - Family support meetings are to be commenced at the service as a result from consumer and representative feedback regarding families needing more support.
 - Executive managers meet regularly to review the directions and priorities of the organisation to meet the requirements of the Aged Care Quality Standards.

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

Requirement 8(3)(c)

Met

Effective organisation wide governance systems relating to the following:

- (i) information management;
- (ii) continuous improvement;
- (iii) financial governance;
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;
- (v) regulatory compliance;
- (vi) feedback and complaints.

Information management

- Staff reported they can access relevant information, including accessing up to date information and communications to staff regarding consumer care and service needs.
- Management confirmed they are informed by head office of any changes to policies and procedures and they deliver the updated information to staff via education, memorandums or staff meetings.
- Meetings are held for all levels of staff with meeting minutes accessible for staff perusal.
- Handover is conducted at the beginning of each shift providing updates and changes in consumer needs and preferences.
- Staff have access to policies and procedures through the organisation's intranet and hard copies are also provided for staff to access in their staff room.

Continuous improvement

To test understanding and application of this requirement, three specific scenarios were explored with management: opportunities for continuous improvement are identified; how critical incidents are used to drive continuous improvement; and how the governing body satisfies itself the Quality Standards are being met.

- The service has a continuous improvement plan which is maintained by management and the continuous improvement process includes opportunities for input by consumers and their representatives.
- Continuous improvement opportunities are identified in various ways which include through consumer and staff surveys and meetings, incident reporting, audits and the feedback and complaints system at the service.
- Recent gap analysis for improvements had been identified by management with improvement activities implemented. For example:
 - Consumer/representative meeting agendas have been made available to consumers/representatives to provide input on the agenda prior to the meetings.
 - Feedback from the annual consumer/representative survey identified the service could do better with providing meaningful engagement and activities for people living with dementia. Actions included forty staff members have attended virtual reality training, so they could experience life, how a person with dementia may experience it.

- Following feedback from the annual survey, management are reviewing various cultures within the service to identify further ways to celebrate ethnicity in the service.
- Family support group meetings are to commence at the service to provide support for consumer representatives (refer to requirement 8(3)(b)).

Financial governance

To test understanding and application, service management were asked how they seek changes to budget or expenditure to support changing needs of consumers.

- In response to consumer feedback, management described feedback from consumers in one wing at the service who were requesting early morning showers. Management confirmed a request was made to add additional hours to the carer's role and the request was approved. Follow up from consumers and staff identified less complaints from consumers regarding timing of hygiene care and minimised stress on staff.

Workforce governance, including the assignment of clear responsibilities and accountabilities

- Refer Standard 7.

Regulatory compliance

To test understanding and application of this requirement, two areas were examined: how the organisation tracks changes to the aged care law and communicates these to staff (by reference to the communications/training that relevant staff have had about the new restraint requirements that took effect on 1 July); and how the organisation tests that the system they have for staff identifying, escalating, addressing and recording reportable assaults is working.

- The organisation monitors changes to various legislative requirements and communicates these changes to the service through systems such as the intranet, memorandums and staff meetings.
- Management advised the service has provided education to staff regarding the changes to restraint legislative requirements and ongoing education on promoting a restraint free environment at the service.
- To service has processes for monitoring compliance with reportable assault legislative guidelines and is monitored by systems such as audits and daily incident reviews.

Feedback and complaints

- Refer Standard 6.

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

Requirement 8(3)(d)

Met

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

- (i) managing high impact or high prevalence risks associated with the care of consumers;
- (ii) identifying and responding to abuse and neglect of consumers;
- (iii) supporting consumers to live the best life they can.

The organisation provided a documented risk management framework, including policies describing how:

- High impact or high prevalence risks associated with the care of consumers is managed.
- The abuse and neglect of consumers is identified and responded to.
- Consumers are supported to live the best life they can.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work. For example:

- Staff were able to demonstrate knowledge of strategies for preventing and management of consumers who were a high falls risks and strategies for managing consumers who had an increase in behaviours.
- Staff demonstrated an understanding of the risk management process for managing care for consumers who chose not to follow specialist advice for using mobility aids and choosing not to have specific textured meals due to swallowing identified issues. Staff identified and supported them to also live the best life they choose.
- Senior clinical staff and management at the service confirmed clinical risk meetings were held weekly as part of the operation essentials management process.

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

Requirement 8(3)(e)

Met

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

- (i) antimicrobial stewardship;
- (ii) minimising the use of restraint;
- (iii) open disclosure.

The organisation provided:

- a documented clinical governance framework
- a policy relating to antimicrobial stewardship
- a policy relating to minimising the use of restraint
- an open disclosure policy.

Staff were asked whether these policies had been discussed with them and what they meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of their relevance to their work. For example:

- Staff were able to confirm they had been educated about the policies regarding minimising the use of restraint and confirmed the service promotes a restraint free environment with one physical restraint used at the service to provide safety for the consumer.

Management were asked what changes had been made to the way that care and service were planned, delivered or evaluated as a result of the implementation of these policies. Management were able to provide examples. For example:

- Management ensure any concerns, complaints or incidents received at the service are reviewed and actioned. Concerns, complaints and incidents reported are to be considered whether to constitute open disclosure and take actions regarding this when needed.

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



Australian Government
Aged Care Quality and Safety Commission

Engage
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Bupa Rangeville

Performance Report

280 Mackenzie Street
RANGEVILLE QLD 4350
Phone number: 07 4688 0200

Commission ID: 5410

Provider name: Bupa Aged Care Australia Pty Ltd

Site Audit date: 4 February 2020 to 6 February 2020

Overall assessment of this Service

Standard 1 Consumer dignity and choice	Compliant
Requirement 1(3)(a)	Compliant
Requirement 1(3)(b)	Compliant
Requirement 1(3)(c)	Compliant
Requirement 1(3)(d)	Compliant
Requirement 1(3)(e)	Compliant
Requirement 1(3)(f)	Compliant
Standard 2 Ongoing assessment and planning with consumers	Compliant
Requirement 2(3)(a)	Compliant
Requirement 2(3)(b)	Compliant
Requirement 2(3)(c)	Compliant
Requirement 2(3)(d)	Compliant
Requirement 2(3)(e)	Compliant
Standard 3 Personal care and clinical care	Compliant
Requirement 3(3)(a)	Compliant
Requirement 3(3)(b)	Compliant
Requirement 3(3)(c)	Compliant
Requirement 3(3)(d)	Compliant
Requirement 3(3)(e)	Compliant
Requirement 3(3)(f)	Compliant
Requirement 3(3)(g)	Compliant
Standard 4 Services and supports for daily living	Compliant
Requirement 4(3)(a)	Compliant
Requirement 4(3)(b)	Compliant
Requirement 4(3)(c)	Compliant
Requirement 4(3)(d)	Compliant
Requirement 4(3)(e)	Compliant
Requirement 4(3)(f)	Compliant
Requirement 4(3)(g)	Compliant
Standard 5 Organisation's service environment	Compliant
Requirement 5(3)(a)	Compliant
Requirement 5(3)(b)	Compliant
Requirement 5(3)(c)	Compliant
Standard 6 Feedback and complaints	Compliant
Requirement 6(3)(a)	Compliant

Requirement 6(3)(b)	Compliant
Requirement 6(3)(c)	Compliant
Requirement 6(3)(d)	Compliant
Standard 7 Human resources	Compliant
Requirement 7(3)(a)	Compliant
Requirement 7(3)(b)	Compliant
Requirement 7(3)(c)	Compliant
Requirement 7(3)(d)	Compliant
Requirement 7(3)(e)	Compliant
Standard 8 Organisational governance	Compliant
Requirement 8(3)(a)	Compliant
Requirement 8(3)(b)	Compliant
Requirement 8(3)(c)	Compliant
Requirement 8(3)(d)	Compliant
Requirement 8(3)(e)	Compliant

Detailed assessment

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

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

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

- the Assessment Team's report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

STANDARD 1**COMPLIANT****Consumer dignity and choice****Consumer outcome:**

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

Organisation statement:

2. The organisation:

- (a) has a culture of inclusion and respect for consumers; and
- (b) supports consumers to exercise choice and independence; and
- (c) respects consumers' privacy.

Assessment of Standard 1

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation (for alignment with the feedback from consumers) and testing staff understanding and application of the requirements under this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

The assessment team found that overall consumers sampled confirmed that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

For example:

- Consumers sampled said staff treat them with respect and value their individual identities.
- Consumers provided positive feedback about the support and information provided to them by staff which supports their independence and helps them to maintain important links with their family, friends and local community.
- Consumers said the service supported them to take risks which included being able to make choices which involved some risks such as going on unescorted

walks outside the service, participating in external outings, and choosing what they would like to eat.

- Consumers said their personal privacy is respected, which included staff knocking on their doors prior to entering their rooms and keeping doors closed ensuring privacy is maintained while providing personal care and services.
- Staff were able to describe how they support consumers to maintain relationships with their family and friends, participate in their local community and activities of interest. Review of documentation of sampled consumers confirmed that consumers receive care and services that is individualised to support their choices, decisions, needs and preferences. Staff demonstrated an understanding of matters of importance to individual consumers.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Assessment of Standard 1 Requirements

Requirement 1(3)(a)

Compliant

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

Requirement 1(3)(b) Compliant

Care and services are culturally safe.

Requirement 1(3)(c)

Compliant

Each consumer is supported to exercise choice and independence, including to:

- (i) make decisions about their own care and the way care and services are delivered; and
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and
- (iii) communicate their decisions; and

make connections with others and maintain relationships of choice, including intimate relationships.

Requirement 1(3)(d)

Compliant

Each consumer is supported to take risks to enable them to live the best life they can.

Requirement 1(3)(e)

Compliant

Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

Requirement 1(3)(f)

Compliant

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

STANDARD 2**COMPLIANT****Ongoing assessment and planning with consumers****Consumer outcome:**

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

Organisation statement:

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

Assessment of Standard 2

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

Most consumers sampled by the assessment team confirmed that they feel like partners in the ongoing assessment and planning of their care and services.

For example:

- Consumers interviewed confirmed they are involved in the initial and ongoing assessment and planning of their care.
- Consumers/representatives confirmed they are informed of the outcomes of assessments and care planning, however not all consumers/representatives said they were involved in care planning and review and were not aware they could access a copy of their care plan.
- Consumers/representatives confirmed the service seeks input from medical officers, other health professionals and family to inform care and services.

The Assessment Team also reviewed assessment and care planning documentation for consumers and identified that reviews are being completed regularly and in conjunction with the consumer/representative.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Assessment of Standard 2 Requirements

Requirement 2(3)(a)

Compliant

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

Requirement 2(3)(b)

Compliant

Assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

Requirement 2(3)(c)

Compliant

The organisation demonstrates that assessment and planning:

- (i) 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
- (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

Requirement 2(3)(d)

Compliant

The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

Requirement 2(3)(e)

Compliant

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

STANDARD 3**COMPLIANT****Personal care and clinical care****Consumer outcome:**

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

Organisation statement:

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.

Assessment of Standard 3

To understand the consumer's experience and how the organisation understands and applies the requirements within this Standard, the Assessment Team sampled the experience of consumers – their care plans and assessments were reviewed and staff were asked about how they ensure the delivery of safe and effective care for consumers. The team also examined relevant documents.

Overall, consumers sampled by the assessment team consider that they receive personal care and clinical care that is safe and right for them.

For example:

- Consumer/representatives said the consumer gets the care they need and that they feel safe. Consumers/representatives 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/representatives in discussions regarding alternative care options available.
- Consumers/representatives said the consumer is referred to their MO or other health professional to meet their changing personal or clinical care needs. Consumers/representatives said the referral occurs promptly and they are satisfied with the care delivered by those to whom they have been referred.

Staff could describe to the assessment team 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. Care staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. Staff could also identify the highest prevalence risks for different cohorts of consumers and how incidents were used to inform changes in practice.

Care plans reviewed by the assessment team demonstrated the delivery of safe and effective care and the involvement of other health professionals

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Assessment of Standard 3 Requirements

Requirement 3(3)(a)

Compliant

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.

Requirement 3(3)(b)

Compliant

Effective management of high impact or high prevalence risks associated with the care of each consumer.

Requirement 3(3)(c)

Compliant

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

Requirement 3(3)(d)

Compliant

Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

Requirement 3(3)(e)

Compliant

Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

Requirement 3(3)(f)

Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Requirement 3(3)(g)

Compliant

Minimisation of infection related risks through implementing:

- (i) standard and transmission based precautions to prevent and control infection;
and
- (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

STANDARD 4

COMPLIANT

Services and support for daily living

Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.

Assessment of Standard 4

The assessment team found overall sampled consumers confirmed that they get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

For example:

- Consumers interviewed confirmed they are supported by the service to undertake a range of lifestyle activities of interest to them within the service and outside in the community as well as maintain contact with those people who are important to them.
- Consumers interviewed confirmed the service supports them to keep in touch with people who are important to them.
- Overall, most consumers advised that the food offered by the service was varied and of good quality and quantity.

The Assessment Team also observed a variety of activities being undertaken at the service during the audit. This included bingo, attending exercise programs and participating in New Zealand day at the service.

Care plans reviewed under this Standard demonstrated lifestyle assessments had been undertaken to determine the preferences of each consumer. Lifestyle plans are reviewed every three months and consumer engage in the planning of activities to enable them to feel socially connected and be involved in things they choose to do.

Menu documentation and interviews with catering staff demonstrated food options are varied and cater to specific dietary preferences.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Assessment of Standard 4 Requirements

Requirement 4(3)(a) Compliant

Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.

Requirement 4(3)(b) Compliant

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

Requirement 4(3)(c) Compliant

Services and supports for daily living assist each consumer to:

- (i) participate in their community within and outside the organisation's service environment; and
- (ii) have social and personal relationships; and
- (iii) do the things of interest to them.

Requirement 4(3)(d) Compliant

Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

Requirement 4(3)(e) Compliant

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Requirement 4(3)(f) Compliant

Where meals are provided, they are varied and of suitable quality and quantity.

Requirement 4(3)(g)

Compliant

Where equipment is provided, it is safe, suitable, clean and well maintained.

STANDARD 5

COMPLIANT

Organisation's services environment

Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation's service environment.

Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.

Assessment of Standard 5

The assessment team found overall sampled consumers indicated that they feel they belong in the service and feel safe and comfortable in the service environment.

For example:

- Consumers interviewed confirmed that the service is clean, well maintained and they feel safe and secure living at the service.
- Consumers interviewed confirmed the environment is comfortable and easy to get around and their visitors are made to feel welcome.
- Consumers confirmed they feel at home at the service and they could decorate their rooms with their personal items, and they enjoy doing their own thing and participating in activities when they feel like it.

The Assessment Team observed the service provided equipment, furniture, and indoor and outdoor communal areas that supported consumers' quality of life, independence, ability and enjoyment.

The Assessment Team observed consumer's family and/or friends utilising the indoor and outdoor communal areas.

Staff interviewed confirmed there is adequate equipment to support the consumer's independence and any reported maintenance issues are resolved promptly.

The service provides an environment that is comforting, clean, welcoming and well maintained.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Assessment of Standard 5 Requirements

Requirement 5(3)(a)

Compliant

The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.

Requirement 5(3)(b)

Compliant

The service environment:

- (i) is safe, clean, well maintained and comfortable; and
- (ii) enables consumers to move freely, both indoors and outdoors.

Requirement 5(3)(c)

Compliant

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

STANDARD 6**COMPLIANT****Feedback and complaints****Consumer outcome:**

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

Organisation statement:

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

Assessment of Standard 6

Most sampled consumers by the assessment team consider that they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken.

For example:

- Most consumers interviewed said they generally felt supported to provide feedback and encouraged by management and staff to make complaints if they are not satisfied with the care and services being provided at the service.
- Most consumers interviewed felt changes were implemented in response to feedback and complaints.

Management demonstrated the service captures and manages feedback from consumers involving various mechanisms including feedback forms, consumer and representative meetings and care focus groups, case conferences and consumer surveys.

The Assessment team reviewed the feedback and complaints register and noted that consumer suggestions, feedback and complaints are recorded with actions implemented to address concerns raised.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Assessment of Standard 6 Requirements

Requirement 6(3)(a)

Compliant

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

Requirement 6(3)(b)

Compliant

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

Requirement 6(3)(c)

Compliant

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

Requirement 6(3)(d)

Compliant

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

STANDARD 7

Human resources

COMPLIANT

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.

Assessment of Standard 7

The assessment team found that overall sampled consumers indicated that they get quality care and services when they need them and from people who are knowledgeable, capable and caring.

For example:

- Consumers interviewed confirmed staff at the service are kind and caring and staff are considerate of their needs when providing care to them.
- Most consumers interviewed acknowledged staff knew what they were doing and were suitably skilled to provide appropriate care needs to be delivered to them.
- Most consumers interviewed said they were satisfied with the adequacy of staff numbers with one consumer providing feedback on needing more staff in the mornings at the service to provide care to consumers.

Management confirmed the service has increased staffing numbers following feedback from consumers and audits conducted at the service.

Staff described how they receive training, support and professional development to enable them to carry out their role and responsibilities.

Management monitors the adequacy of staffing through call bell response times and consumer feedback.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Assessment of Standard 7 Requirements

Requirement 7(3)(a)

Compliant

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

Requirement 7(3)(b)

Compliant

Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.

Requirement 7(3)(c)

Compliant

The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Requirement 7(3)(d)

Compliant

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

Requirement 7(3)(e)

Compliant

Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

STANDARD 8**COMPLIANT****Organisational governance****Consumer outcome:**

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

Organisation statement:

2. The organisation's governing body is accountable for the delivery of safe and quality care and services.

Assessment of Standard 8

The assessment team found most sampled consumers indicated that the organisation is well run and that they can partner in improving the delivery of care and services.

For example:

- Most consumers interviewed confirmed that the service was well run and supports their health, safety and well-being and is inclusive of their identity, culture and diversity.
- Consumers could provide examples on how they are involved in the development, delivery and evaluation of care and services. For example, consumers participate in monthly consumer and representative meetings and focus group meetings which encourages partnership in improving the delivery of care and services.

The organisation's governing body is accountable for the delivery of safe and quality care and services with the governing body setting clear expectations for the organisation.

There are organisational governance systems to support requirements related to key areas which include: information management, continuous improvement, workforce governance, regulatory compliance and feedback and complaints.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Assessment of Standard 8 Requirements

Requirement 8(3)(a)

Compliant

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

Requirement 8(3)(b)

Compliant

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

Requirement 8(3)(c)

Compliant

Effective organisation wide governance systems relating to the following:

- (i) information management;
- (ii) continuous improvement;
- (iii) financial governance;
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;
- (v) regulatory compliance;
- (vi) feedback and complaints.

Requirement 8(3)(d)

Compliant

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

- (i) managing high impact or high prevalence risks associated with the care of consumers;
- (ii) identifying and responding to abuse and neglect of consumers;
- (iii) supporting consumers to live the best life they can.

Requirement 8(3)(e)

Compliant

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

- (i) antimicrobial stewardship;
- (ii) minimising the use of restraint;
- (iii) open disclosure.

Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

RE-ACCREDITATION DECISION

SECTION 41 OF THE AGED CARE QUALITY AND SAFETY COMMISSION RULES 2018

Date of Decision: 11 March 2020

Service and approved provider details

Name of approved provider:	Bupa Aged Care Australia Pty Ltd
Name of service:	Bupa Rangeville
RACS ID:	5410
Address details:	280 Mackenzie Street RANGEVILLE QLD 4350
Date of site audit:	04 February 2020 to 06 February 2020

Re-accreditation decision and reasons for decision

I, s 22(1)(a)(ii), as a delegate of the Aged Care Quality and Safety Commissioner (Commissioner) have decided to re-accredit Bupa Rangeville (the service) for a further period of three years under section 41 of the Rules.

The service's accreditation will expire on 03 May 2023.

Reasoning

My reason for re-accrediting the service, is the service is compliant with 42 requirements and eight standards of the Aged Care Quality Standards.

My reason for re-accrediting the service for the further period of three years, is the service has a good history of compliance with standards and has demonstrated a capacity to continuously improvement given it is compliant with the Aged Care Quality Standards.

Material relied on

In making this decision, I have considered the following information:

- the performance report
- the site audit report
- whether I am satisfied that the approved provider will undertake continuous improvement in relation to the service as measured against the Aged Care Quality Standards (Quality Standards)

Your rights – Review of decision of the further period of accreditation

My decision on the further period for which the service is to be accredited is a reviewable decision. If you disagree with my decision you may apply to the

Commissioner, within 14 days after receiving this decision, for a reconsideration of the decision.

If you wish to do this, your application must be in writing and set out the reasons for seeking reconsideration. A request for reconsideration may be sent by email to reconsideration@agedcarequality.gov.au. The Commissioner will then reconsider the decision and will either affirm the decision, vary the decision or set aside the decision and substitute a new decision.

For more information about the reconsideration process please refer to the [Commission website](#).

Applying for re-accreditation of the service

Next application for re-accreditation is due: 09 November 2022

An approved provider of an accredited service can apply to the Commissioner for re-accreditation.

The Commission will give an approved provider of an accredited service a reminder notice before the end of the period of accreditation of the service. The reminder notice will include a date by which the approved provider needs to make the application for re-accreditation.

An application for re-accreditation form can be accessed on the Commission's website.

Certificate of accreditation

A Certificate of Accreditation stating the period of accreditation of Bupa Rangeville will be sent to the approved provider within 28 days of this decision.

Publication of information relating to this Decision

In accordance with section 48 of the Aged Care Quality and Safety Commission Rules 2018, I will make publicly available the following information relating to this decision:

- the Service's name and address
- the approved provider's name
- the re-accreditation decision
- the further period of accreditation for the service.

This information will be published at www.agedcarequality.gov.au in the 'Find a report' link (where the content is published against the service's profile).

s 22 (1)(a)(ii)

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Delegate of the Commissioner
Aged Care Quality and Safety Commission
[\[ADDRESS\]](#)