Bupa Seaforth

Performance Report

550 Sydney Road   
SEAFORTH NSW 2092  
Phone number: 02 9917 0500

**Commission ID:** 1034

**Provider name:** Bupa Aged Care Australia Pty Ltd

**Assessment Contact - Site date:** 21 July 2020

**Date of Performance Report:** 25 September 2020

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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| --- | --- |
| **Standard 1 Consumer dignity and choice** |  |
| Requirement 1(3)(a) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** |  |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Non-compliant** |
| Requirement 6(3)(c) | Non-compliant |
| **Standard 7 Human resources** |  |
| Requirement 7(3)(c) | Compliant |
| **Standard 8 Organisational governance** |  |
| Requirement 8(3)(c) | 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 considered in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site report was informed by the site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Contact - Site report received 13 August 2020

# STANDARD 1 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:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. 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, reviewed care plans and interviewed staff for understanding and application of the requirements of this Standard. The team also examined relevant documentation and drew relevant information from other consumer interviews and the assessment of other Standards.

Overall sampled consumers considered that they are treated with dignity and respect. Consumers said staff make them feel respected, treat them with dignity and value them as an individual. Staff consistently spoke about consumers respectfully and understood the consumer’s background, personal circumstances and life journey. The Assessment Team noted that there was a recorded complaint where behaviour of a staff towards a consumer was not respectful and did not consider the dignity of the consumer.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

### Requirement 1(3)(a) Compliant

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

The Assessment Team found that consumers and representatives are satisfied they are treated with dignity and respect and valued them as individuals. Consumers and representatives confirmed that staff interactions were kind, respectful and friendly. Staff were observed to deliver personal care and other services in a way that respected the privacy and dignity of consumers. Staff interactions with consumers were observed to be respectful. However, the Assessment Team noted a complaint recorded where the behaviour of staff member was not respectful or considerate of the consumers dignity. This incident had been documented as resolved and followed up by management. The Assessment Team noted that staff spoke about consumers in a respectful way and documentation of care plans reflected the diversity of consumers. Care planning documents identified the consumer’s life history, culture and personal backgrounds. The service has policy and procedures including Resident and Staff Handbooks which outlines what it means to treat consumers with respect and dignity. The service has also delivered training relating to this requirement.

I consider that the Approved Provider is compliant with this requirement as they have demonstrated in various ways that each consumer is treated with dignity and respect.

# STANDARD 2 Ongoing assessment and planning with consumers

### Consumer outcome:

### 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:

1. 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. Care planning documentation was reviewed, and consumers were asked how the service involved them in planning of their care and delivery of services. Sampled consumers and representatives said that they are involved in the ongoing assessment and planning of their care and services. Staff interviewed were able to explain the assessment and planning of care and how the consumer was involved in this process.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 2 Requirements

### 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.*

The Assessment Team found that documentation and care planning reflect that care and services are reviewed regularly for effectiveness, when circumstances change and when incidents occur which impact on the needs, goals or preferences of the consumer. Care plans are reviewed on a monthly basis and involves the consumer and/or their representative. Documentation of consumers sampled showed that strategies implemented for weight loss and pain management were reviewed for effectiveness. The Clinical Care Manager monitors the review of care plans as part of the Resident of the Day process and when circumstances changes. A daily 10 at 10 team meeting is conducted where staff are updated with any changes to consumers’ needs and services provided. The service conducts a weekly clinical risk meeting where incidents are reviewed and consumers needing any extra support are identified, and strategies are identified to prevent the reoccurrence of any issues identified.

I consider that the Approved Provider is compliant with this Requirement as they have demonstrated that care and services are reviewed and when circumstances change that impact on consumer needs and preferences.

# STANDARD 3 NON-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:

1. 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.

Most sampled consumers and representatives considered that the consumers receive personal care and clinical care that is safe and right for them however, some consumers raised concerns that consumers living with dementia and/or with challenging behaviours are not always well managed.

The service’ approach to assessment and care planning to support outcomes for consumers generally evidenced best practice.

While the service has made improvements to managing high impact and high prevalence risks associated with consumers care, some consumers with challenging behaviours have not been adequately managed to minimise risk to themselves or other consumers. Behaviours exhibited by these consumers have adversely impacted other consumers’ and on their enjoyment of life at the service.

The assessment team assessed three of the seven requirements. The Quality Standard is assessed as Non-Compliant as one of the seven specific requirements have been assessed as Non-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:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment team found that overall most consumers and representatives sampled during the visit confirmed that they receive personal and clinical care that is safe and effective for them.

Staff told the Assessment Team that care provided is guided using the organisations policies and procedures which are based on best practice requirements. Staff are updated and informed about the care and clinical needs of the consumers through daily meetings, resident of the day reviews and clinical risk meetings and family conferences. Staff could describe how to access assistance internally and external to the service to manage specific consumer clinical needs*.*

The service adequately monitors the use of restraint including the use of bed rails and psychotropic medications in accordance with the organisations policies.

In general, for the consumers sampled, the service is managing consumer needs for skin integrity, pain and wound management. Medication is reviewed and prescribed to address changing clinical needs of consumers.

I consider that the Approved Provider is compliant with this requirement as they have demonstrated that overall most consumers receive care that is safe, effective and tailored to their needs.

### Requirement 3(3)(b) Non-compliant

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

The Assessment Team found that while improvements have been made in managing high prevalence and high impact risks for consumers, challenging behaviours associated with the care of some consumers have not been adequately managed to minimise risks to other consumers. Staff interviewed could describe the most significant clinical/personal care risks for the consumers sampled, in line with their care plan. Some care staff said that they are not always able to supervise consumers who have challenging behaviours. Some consumers and representatives sampled said that some staff do not have the skills to manage consumers with dementia, who exhibit challenging behaviours.

While the provider submitted information in its response about staff training undertaken in dementia management and details of internal and external reviews of consumers who exhibit challenging behaviours, they did not provide information to address the consumer feedback about staff competency or address the issues raised by staff about not being able to supervise consumers with challenging behaviours

### I consider the service is non-compliant with this requirement. The service was unable to demonstrate that it manages high impact risks associated with the care of each consumer. While I have reviewed the care plans provided by the approved provider for the sampled consumers I am not persuaded that behaviour management of some consumers have been adequately managed and these behaviours have impacted adversely on other consumers. I acknowledge the provider’s response and the measures that the service has implemented to manage high impact risks. However, I am not convinced that behaviours have been consistently managed to prevent adverse impacts on other consumers

### Requirement 3(3)(c) Compliant

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

The Assessment Team found from interviews conducted with consumers, representatives and staff and review of documentation that the needs, goals and preferences of consumers nearing the end of life are addressed and managed and their comfort and dignity preserved.

Representatives sampled said that staff were empathetic, kind and caring when delivering palliative care and services to their relative. Staff interviewed had a sound understanding of the care needs of consumers who required end of life care. The service has recently engaged the services of a Palliative Care nurse practitioner.

I consider that the Approved Provider is compliant with this requirement as they have demonstrated that consumers nearing the end of life are provided with the services and care to maximise their comfort and maintain their dignity

# STANDARD 6 NON-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:

1. 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

The organisation has policies and processes to receive input and feedback from consumers, representatives and the workforce. Consumers, representatives and staff sampled were aware of how to provide feedback or make a complaint. Some consumers and representatives felt that the service had followed up their feedback and were happy with how the complaint had been resolved. However, this was not the view always expressed by consumers, representatives and staff who felt that open disclosure processes are not always used, and relevant details of an incident was not provided. Some staff did not feel that issues regarding workforce were not addressed adequately or followed up.

### The assessment team assessed one of the four requirements. The Quality Standard is assessed as Non- Compliant as one of the four specific requirements have been assessed as Non- Compliant

## Assessment of Standard 6 Requirements

### Requirement 6(3)(c) Non-compliant

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

The Assessment Team identified that several consumers or representatives did not feel that they were informed about incidents involving consumers and are not always provided with relevant details of incidents. Some staff felt that management did not always address or adequately respond to their concerns about staffing and work-related issues. Documentation of actions taken to address complaints and the outcomes of complaint management were not consistently demonstrated.

In the provider’s response various examples were provided of meetings with consumers and representative for complaint resolution. However, they did not provide information to support that consumers are consistently informed about incidents involving consumers. They also did not provide information which demonstrates that staff concerns about staffing are addressed, or that an open disclosure framework is being applied in response to incidents where things went wrong and consumer outcomes were not favourable.

I am persuaded by the comments expressed by consumers, representatives and staff regarding complaint management and the open disclosure process not being consistently adhered to.

I find that the service is non-compliant with this requirement

# STANDARD 7 Human resources

### Consumer outcome:

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

### Organisation statement:

1. 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

To gain an understanding of how the service understands and applies the requirements of this Standard, the Assessment Team spoke with consumers about their experience with staff, interviewed staff and reviewed a range of records including staff rosters, training records and performance reviews. Most of the sampled consumers said that they get the care and services that they need and that it is delivered when they need them Some consumers said that staffing levels had improved, however, this view was not shared by all consumers interviewed. Some consumers said that there was not enough staff to respond to their care needs in a timely manner. Consumers said that staff are knowledgeable, caring and that most staff are adequately trained. Most staff have completed their core skill competencies, mandatory education and training and infection control. The Assessment Team noted that training was overdue for some staff members and feedback from the service demonstrate that there was a process to identify, manage and assist staff to fulfil these training requirements.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

## Assessment of Standard 7 Requirements

### 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.*

The Assessment Team found that Consumer’s and representatives were generally satisfied that most staff have the qualifications and knowledge to perform their respective roles. Feedback also included comments that some staff require prompting and reminding to perform their daily tasks and that at times consumers waited for some time to have their care needs attended to.

During the visit, management provided the Assessment Team with information on how the service tracks staff training requirements, provides further training to individual staff as identified and respond to staff training needs based on data analysis, incidents and trends identified.

Staff complete Core Staff Competency training annually which includes hand hygiene, manual handling, fire training and medication competencies. The service monitors staff completion of mandatory training and has a process to manage and assist staff to complete these requirements.

Management said that staff are employed on a permanent basis and the service does not use casual or agency staff. The service rosters staff so that continuity of care is provided for consumers, by staff who they are familiar with.

I consider that the Approved Provider is complaint with this requirement as they have demonstrated in various ways that the workforce is competent and have the qualifications to effectively perform their roles.

# STANDARD 8 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:

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

## Assessment of Standard 8

To gain an understanding of 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). Specifically, the Assessment Teams reviewed the systems and processes for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team found that the organisation has systems and processes to manage these areas with some deficits identified in the areas of feedback and complaints. The Assessment Team found that whilst there is a documented risk and governance framework in place the service has not managed the behaviours of some consumers which impact on other consumers. Overall, the sampled consumers considered that the organisation is generally well run and that they can partner in the delivery of care and services and provide suggestions for improvement.

The Assessment Team did not assess all requirements and therefore an overall rating for the Quality Standard is not provided.

**Assessment of Standard 8 Requirements**

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

The Assessment Team found that the approved provider has effective governance systems relating to information management, workforce management, continuous improvement and regulatory compliance. This was demonstrated in various ways such as consumer satisfaction, interviews with staff and document reviews.

Consumers and representatives sampled were satisfied that communication with the service has improved although they were not always provided with details of incidents when they occur. Staff said they can readily access up to date information they need to support their roles.

Management provided evidence of continuous improvement processes that are used within the service to drive changes.

Management provided examples of the use of the financial budget where changes have been made to the consumers environments with refurbishments of bedrooms and the purchase of exercise equipment in response to a consumer’s needs.

In regard to workforce governance, the Assessment Team found that the organisation had the polices and processes to manage the selection of staff and provide the training required to fulfil their roles. , Consumers said that staff are knowledgeable, caring and that most staff are adequately trained.

#### The organisation tracks changes to the aged care law and communicates these to staff, for example the new Restraint legislative requirements were communicated to staff and training in these changes were provided to staff. The organisation audits that the system they have for staff identifying, escalating, addressing and recording reportable assaults is working. The Assessment Team reviewed the service’ discretionary and mandatory register for reportable incidents evidenced compliance with their regulatory obligations.

Whilst the organisation had policies and procedures to manage feedback and complaints, the services did not demonstrate that complaint management and open disclosure was consistently applied. I have addressed this in my compliance finding in Standard 6.

I consider that the Approved Provider is compliant with this requirement.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Managing high risk behaviours of individual consumers that impact adversely on other consumers. Ensuring that staff have the skills and training to manage these behaviours.
* Review complaint management processes to ensure that all complaints are actioned, and strategies employed are reviewed for effectiveness. Ensure that an open disclosure process is used when things go wrong.

# Other relevant matters

On 12 -13 December 2019 following a site audit the provider was assessed as non-compliant with the following requirement of the Quality Standards; this non-compliant requirement was not assessed during this performance assessment:

* Requirement 7(3)(d)