

**Performance Report**

**1800 951 822**

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| Name: | Bupa Bexley |
| Commission ID: | 2470 |
| Address: | 741 Forest Road, BEXLEY, New South Wales, 2207 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 13 November 2024 |
| Performance report date: | 16 December 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 854 Bupa Bexley |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Bupa Bexley (**the service**) has been prepared by Micheal Cooper, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* the provider’s response to the assessment team’s report received 3 December 2024.

# Assessment summary

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| Standard 5 Organisation’s service environment | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

Standard 7

* Requirement 7(3)(a) implement strategies to address workforce planning to ensure the delivery of safe and quality care.

Standard 8

* Requirement 8(3)(c) requires the service to implement effective organisation wide governance systems relating to the following:

1. Workforce governance;
2. Regulatory compliance

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |

Findings

The service was previously found non-compliant with requirement 5(3)(b) following a Site Audit conducted 4 October 2022 to 6 October 2022 and an Assessment Contact on 19 March 2024. The service did not demonstrate the overall cleanliness of the environment is well-maintained including consumers’ rooms and delayed in remedial works at the service.

The service has implemented several effective actions in response to the identified non-compliance, including ongoing upgrade of consumers’ rooms, completed painting works around the service, installation of handrails and door codes, renovation of utility rooms, replacement of equipment and furniture, and the general manager’s daily monitoring of general cleanliness of the service. Consumers and representatives confirmed consumer the improvements made to ensure the cleanliness of their rooms and the service. Management and staff explained how preventative and reactive maintenance is undertaken as scheduled to ensure safe and well-maintained environment. Observation evidenced the service is cleaned and staff were cleaning efficiently.

As a result, and with consideration to the actions implemented and available information I am satisfied that requirement 5(3)(b) is now compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Not Compliant |

Findings

The Assessment Team Report recommended Requirement 7(3)(a) as not met as the service was unable to demonstrate staffing levels meet the needs of consumers to ensure delivery and management of care is provided in a timely manner. Consumers and representatives provided positive feedback in relation to the care provided by staff. However, consumers and/representatives said there was not always enough staff to respond to their needs in a timely manner particularly in managing their continence care needs and assisting with food and fluids. One consumer and a representative of another consumer provided feedback in relation to how staffing levels impacted the consumers’ continence care, including; when consumers are left sitting with soiled continence aids for long periods of time, extended wait times when requesting assistance for fluids, and being served cold meals. Staff indicated they felt understaffed on one area of the service and described difficulty completing tasks required including managing consumers’ continence care in a timely manner and feeling rushed when assisting with meals. Management advised the service is currently not meeting its total care minutes requirements.

The Approved Provider submitted a response (the response) providing further information and specific actions implemented to address each consumer sampled. The response indicated the service’s acknowledgement of not meeting its care minutes target, however, disputed the provision of care to consumers sampled in a timely manner is not relevant to the sufficiency of staffing. The response described the concerns of the two consumers sampled have been raised prior to the Assessment Contact and the service was in the process of implementing strategies at the time of the site visit. Additional evidence reflecting quality activity reports, call bell response times, strategies addressing named consumer’s concerns and master roster allocations were also submitted. I note the Approved Providers assertion that the service monitors the care of consumers to determine the number and mix of staff to ensure safe and effective delivery of care.

I acknowledged the written response, and the management response provided during the site visit as reflected in the Assessment Team Report. I note the Assessment Team Report included information provided by the service staff, and recommendations reflecting not only observations based on documented evidence but staff and consumer accounts. I acknowledge the service’s action on identifying the need for additional staffing prior to the site visit to manage the identified continence care issues and the service action to progress with reviewing the service’s staffing allocation. I have placed weight on the concerns raised by staff and consumers and consider that the service has addressed some of the concerns related to the identified consumers. I consider the service requires additional time to recruit and orientate staff and maintain the planned staffing level as reflected in the master roster provided, to support optimal outcomes for each individual consumer’s care.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service non-compliant with Requirement 7(3)(a).

It is my decision Requirement 7(3)(a) is Not Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Not Compliant |

**Findings**

The Assessment Team Report recommended Requirement 8(3)(c) as not met as the service did not demonstrate effective systems to relating to workforce governance and compliance with regulations. Consumers and representatives described lack of staff available to provide timely assistance particularly on the weekends which impacted their continence care. Documentation review and management interview evidenced the service is currently not meeting its care minutes target with an estimated shortfall of 27.99 minutes per consumer per day for the October to December 2024 target. Management reported they have been recently approved by the organisation to add 22.8 hours of extra staffing which will positively impact their care minutes target and the provision of continence care.

The Approved Provider submitted a response (the response) providing further information and context on the planned actions to address the issues identified. The response indicated the service has been working towards meeting its care minute targets. The service provided a master roster reflecting additional staffing to meet the mandatory care minutes to ensure ongoing safe and quality care and service is delivered to consumers. It is acknowledged that significant work has been actioned which is evidenced by the updated master roster and the response, however, further time to ensure this approach is sustained is required. I am of the view these actions are to be evaluated and tested for its effectiveness.

It is my decision Requirement 8(3)(c) is Not Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)