Performance

Report

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| Name of service: | Bupa Bexley |
| Service address: | 741 Forest Road BEXLEY NSW 2207 |
| Commission ID: | 2470 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 9 August 2023 to 10 August 2023 |
| Performance report date: | 20 September 2023 |

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 Gill Jones, 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 - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 30 August 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 7** Human resources | **Non-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.

Requirement 1(3)(a)

Ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued and staff interactions are respectful.

Requirement 5(3)(b)

Ensure the service environment is safe, clean, well maintained and comfortable; and enables all consumers, particularly those in the Memory Support Unit, to move freely, both indoors and outdoors.

Requirement 7(3)(a)

Ensure 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.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-compliant |

Findings

The Assessment Team observed several instances indicating consumers’ dignity is not always maintained, and respect is not consistently being afforded to consumers by staff. Feedback from consumers was their personal hygiene was not being attended to as per their preference. One consumer stated they had left them feeling depressed. The Assessment Team observed a consumer’s dignity was compromised as staff were not present to assist him. Several consumers were seen walking about with clothes that were stained with food. The Assessment Team witnessed disrespectfully behaviour by a staff member when addressing a consumer, another was observed assisting a consumer with their food by holding her arm whilst food was pushed into her mouth and multiple staff were observed assisting consumers with their meals by standing over them. Shared rooms, divided by curtains, did not afford consumers with adequate privacy as curtains often left open and doors ajar. Consumers rooms were also sparsely furnished and not personalised.

The Approved Provider provided a response to the Assessment Team’s report on 30 August 2023. The Approved Provider disputed that the Assessment team had seen a consumer’s arm being held down stating that they had watched the CCTV and ‘from the angle of what can be seen’ the staff member appeared to be stroking the consumer’s arm. The Approved Provider stated that the staff member denied holding the consumer’s arm. The Approved Provider also provided various explanations for staff behaviour and issues witnessed by the Assessment Team but acknowledged that remedial action was required. The Approved Provider submitted a Continuous Improvement Plan which outlined actions to be taken. This included consultation with consumers regarding their shower references, staff training in ensuring consumer dignity is maintained, initiatives to assist consumers personalise their rooms with improvements to the dining experience and auditing activity to monitor the effectiveness of changes. Whilst the Approved provider has commenced these activities, none have been fully completed.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 1(3)(a) Non-Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | 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. | Compliant |

Findings

This Requirement was found non-compliant following a Site Audit conducted on 4 October to 6 October 2022. Deficits were found in the management of wounds, pain, and diabetes for consumers at the service. The service undertook a range of improvement activities including staff education.

These initiatives have been largely effective. Wound dressings are mostly undertaken in line with directives outlined in the care plan however, pain assessments and charting were not consistently undertaken per wound, and the root cause of wounds not always fully investigated. Some gaps were noted in the assessment and management of skin integrity, catheter, pain and falls management, personal hygiene and restrictive practices.

The Approved Provider provided a response to the Assessment Team’s report on 30 August 2023. In their response the Approved Provider indicated they had identified, prior to the Assessment Contact, through their own auditing processes, that the cause of one wound had not been fully investigated and argued that this was an exception. The Approved Provider also stated that, for the one consumer who did not have a pain chart per wound that this was an isolated occurrence. Going forward, the Approved Provider has stated they will continue to monitor their effectiveness in this area. The Approved Provider acknowledged the catheter management issue and stated that action has been taken to address this and they will continue to monitor. Regarding falls management instructions not being followed, the Approved Provider stated that staff education had been undertaken with staff. To the address issues identified with personal care, as identified in Requirement 1(3)(a), the Approved Provider stated that all consumers will have a review of their showering preferences and their care plans updated accordingly.

With regard to restrictive practices, Approved Provider refuted the evidence from the Assessment team that six consumers were unable to move freely and denied access the garden, arguing that these consumers are immobile. The Approved Provider stated that a seventh consumer identified by the Assessment Team is living in the Dementia Specific unit by choice and is able to remember the key code to use the lift to go downstairs. The Approved Provider stated she understands that she needs to be supervised when smoking downstairs and therefore was not seen by the Assessment team to leave the unit without staff. The Approved Provider also refuted evidence from the Assessment Team the legislative requirements for restrictive practices had not been followed for the consumers with a low low bed or bed against the wall. The Approved Provider stated that only one consumer has a low low bed and has the necessary assessments and care plans in place, and consumers with beds against the wall have had the necessary assessment by the physiotherapist to confirm their abilities and were not impacted by having their bed against the wall.

The Approved Provider identified strategies to address the issues regarding skin integrity, catheter, pain and falls management including staff education and auditing of files to ensure documentation is completed satisfactorily. In the Continuous Improvement Plan submitted by the Approved Provider, all strategies except for auditing activities which will continue on an ongoing basis, have been conducted.

I am content that the issue regarding personal hygiene and treating consumers with dignity and respect is being addressed in Requirement 1(3)(a). I am satisfied that the remining issues have been addressed by the Approved Provider.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 3(3)(a) Compliant.

# 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. | Non-compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Requirement 5(3)(b)

This Requirement was found non-compliant following a Site Audit conducted on 4 October to 6 October 2022. Issues within the service included sticky floors, worn, stained and generally unclean carpets. Outside areas were unclean and unsuitable which included the smoking area without an ashtray.

The service undertook a range of improvement activities including staff education, carpet cleaning, ordering of new floor cleaner and improvements made to improve the ambiance in the dining and access to the garden area. The outside area was also improved and the smoking area supplied with an ashtray.

These initiatives have been partially effective. The carpets are clean but floors remain sticky. The outdoor area is much improved but the ashtray in the smoking area is not being emptied sufficiently often. A survey showed consumers were happier with the cleanliness of their rooms but consumers told the Assessment Team that toilets are not cleaned frequently enough and the common floors are sticky which poses a hazard as their feet stick to the floor. Staff raised concerns about the cleaning practices in place having been advised not to use chemicals on the sticky floors. Staff indicated staffing levels are not sufficient to maintain an acceptable standard of cleanliness throughout the service, particularly on weekends.

Consumers in the Memory Support Unit do not have free access to the outdoor balcony without staff to assist them. Management stated this is because the railing is low. Staff stated they do not have time to assist consumers to access this balcony area or the outdoor garden and the Assessment team did not observe consumers either accessing the balcony or the outdoors garden.

The Approved Provider provided a response the Assessment Team’s report on 30 August 2023.

With regard to the cleanliness of shared toilets and the outside areas, the Approved Provider stated that management would increase their monitoring of this through daily spot checks and monthly audits. The new floor cleaner has arrived and sticky floors seem to have been resolved. Regarding access to outside area including the balcony and garden, particularly for consumers in the Memory Support Unit, the Approved Provider stated that consumers are free to access the balcony with staff supervision and the garden as they wish, noting some consumers will require staff supervision to access the garden. A memo has been issued to staff reminding them consumers are allowed to go downstairs if they wish to. I find the response from the Approved Provider regarding this issue to be inadequate. Consumers, particularly those in the Memory Support Unit, may not be able to indicate their wishes to access the balcony or outside garden area to staff and therefore may be denied this opportunity due to staffing issues. Furthermore, improving access to outdoor areas for all consumers does not appear as an action item in the Approved Provider’s Continuous Improvement Plan.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 5(3)(b) Non-Compliant.

Requirement 5(3)(c)

This Requirement was found non-compliant following a Site Audit conducted on 4 October to 6 October 2022. Indoor and outdoor furniture was unclean and worn indicating it was not regularly cleaned and maintained by the service.

The service undertook a range of improvement activities including replacing or refurbishing furniture. These initiatives have been effective.

The Assessment Team found that new furniture has been purchased and communal equipment items cleaned. Recently acquired furnishings and equipment were being utilised by consumers. All equipment observed appeared to be well-maintained.

The Approved Provider did not dispute or provide a response to the Assessment Teams findings.

I am satisfied that the issues have been addressed by the Approved Provider.

Having considered the Assessment teams report, I find Requirement 5(3)(c) 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. | Non-compliant |

Findings

This Requirement was found non-compliant following a Site Audit conducted on 4 October to 6 October 2022. Staffing levels was adversely impacting on the quality of care and services being delivered to consumers.

The service undertook a range of improvement activities including increasing staffing levels in the Memory Support Unit and rostering Lifestyle Support during the weekends in the Memory Support Unit. These initiatives have not been effective.

Most consumers and/or representatives interviewed stated there has not been any significant improvement in staffing levels and the provision of care and services within the last 6 months. Consumers stated they felt rushed and their care needs were not being attended to (as outlined in Requirement 1(3)(a). Staff stated there are not enough staff to care adequately for consumers and cleaners stated there are not sufficient hours allocated to cleaning at the weekend. Management disagreed and pointed to call bell response times as indications of enough staff. The Assessment Team observed consumers to be either remaining in their beds, wandering the corridors or sitting in the activities/dining areas at the service when no activities were taking place.

The Approved Provider provided a response the Assessment Team’s report on 30 August 2023.

The Approved Provided stated staffing levels are adequate and pointed to call bell response times, their nil use of agency staff and decreasing numbers of falls and pressure injuries as indicators of quality care. The Approved Provider did not respond to the concerns raised by staff and consumers about staffing levels and how these are adversely impacting the quality of care and services being delivered to consumers. Furthermore, this issue does not appear as an action item in the Approved Provider’s Continuous Improvement Plan.

Having considered the Assessment teams report and the response from the Approved Provider, I find Requirement 7(3)(a) Non-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)