Performance

Report

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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: | 19 March 2024 |
| Performance report date: | 24 April 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 Katrina Platt, 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, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 5 April 2024
* the performance report dated 20 September 2023 for the Assessment Contact conducted from 9 August 2023 to 10 August 2023
* the performance report dated 31 October 2022 for the Site Audit conducted from 4 October 2022 to 6 October 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not Applicable as not all Requirements assessed |
| **Standard 5** Organisation’s service environment | **Not Compliant** |
| **Standard 7** Human resources | **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.

* Requirement 5(3)(b) – the Approved Provider ensures the service environment is safe, clean, well maintained and comfortable for all consumers, and includes ensuring the general appearance and homeliness of the service is consistently maintained.
* Requirement 7(3)(a) – the Approved Provider ensures 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. This includes meeting mandatory workforce-related responsibilities relating to registered nurses and care minutes.

# 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. | Compliant |

Findings

Requirement 1(3)(a) was not compliant following an Assessment Contact conducted from 9 August 2023 to 10 August 2023. An Assessment Contact was conducted on 19 March 2024 to reassess the Requirement.

Consumers and consumer representatives felt respected and discussed being individually supported to pursue a diverse range of social and cultural interests. Staff were knowledgeable about consumer backgrounds and cultural identities and described using their knowledge to inform consumer care and services delivery and support consumer needs and preferences. Consumers were satisfied with improvement activities such as enhancement of the consumer dining experience, increased consumer socialisation and visitor dining, and additional lifestyle staff had positively impacted the consumer experience.

# 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. | Not Compliant |

Findings

Requirement 5(3)(b) was not compliant following a Site Audit conducted from 4 October 2022 to 6 October 2022. An Assessment Contact was conducted on 19 March 2024 to reassess the Requirement.

Consumers and consumer representatives provided mixed feedback about cleanliness, comfort and maintenance of the service environment, with some commenting they were required to complete additional cleaning in consumer rooms. Consumers moved freely indoors and accessed outdoor areas, including consumers with environmental restraint. Staff were knowledgeable about responsive maintenance reporting and described multiple reporting avenues, with most noting timely maintenance was undertaken. Some care staff discussed their cleaning responsibilities and insufficient time for completion. Whilst reporting deficiencies were identified in maintenance logbooks, maintenance staff were knowledgeable about maintenance needs and outstanding requests.

The Assessment Team observed multiple unclean areas including consumer bathrooms, utility rooms, storage cupboards, and handwashing stations. Unclean and stained equipment included privacy curtains, trolleys, and falls mats. Walls were unclean and marked and wooden skirting boards were chipped and scuffed. Window frames and windowsills in consumer bathrooms and utility rooms were unclean. Identified safety issues included full sharps containers and an open bathroom window. Management discussed several outstanding issues identified in the cleanliness quarterly audit and various improvement activities initiated including cleaning spot checks and increased frequency of formal cleaning audits.

In response to the Assessment Team report, the Approved Provider noted multiple improvement actions have been undertaken to address the previously raised concerns and acknowledged the cleaning standards were not meeting their expectations. Actions implemented include daily cleaning and maintenance governance meetings, education for all cleaners and maintenance staff on cleaning process and schedules and support for the overall cleaning strategy and implementation of the new general manager cleaning guide. New cleaners employed in the last 6 months are receiving ongoing education and identified time management issues are being addressed.

Cleaning expectations and responsibilities have been outlined for all staff and daily cleaning activities including dining table wiping, toilet cleaning, and cleaning of equipment and fridges have been discussed. External and internal windows were cleaned on 2 April 2024. The Approved Provider noted all outstanding cleaning issues have been addressed and ongoing monitoring through the plan for continuous improvement and daily maintenance and governance meetings will ensure these improvements are sustained.

The Approved Provider confirmed maintenance staff are being supported to complete all maintenance logbooks and daily meetings with the general manager will ensure the logbooks are completed appropriately. A new storage shed will be installed on 26 April 2024 and replacement of the memory support unit refrigerator and utility room sanitising machines, plus the addition of coded locks, is scheduled for completion by 30 April 2024. Building improvements include the need to repaint areas ‘due to unmovable marks’ and the plan for continuous improvement notes contractor quotes are being obtained.

And as their summary, the Approved Provider committed to improving the overall environment for consumers through several ongoing activities including daily cleaning checks by the leadership team, randomised daily spot checks and continued monthly audits to ensure the effectiveness and entrenchment of improvement actions.

In making my decision, I have considered the feedback from consumers and consumer representatives which indicates consumer representatives are often required to undertake cleaning activities for their individual consumers which goes beyond their roles as partners in care. I acknowledge the discussions which have subsequently occurred with staff about cleaning expectations and responsibilities and note staff feedback was primarily about the lack of time to complete their respective cleaning activities, not their unwillingness to undertake such tasks. Staffing and workforce planning will be discussed further in Requirement 7(3)(a).

I note the environment allows consumers, including those under environmental restraint, to move freely both indoors and outdoors and this meets the intent of this Requirement to promote the free movement of consumers. On the subject of intent, this Requirement also sets the expectations of the service environment to be safe, clean, well maintained and comfortable and covers all areas of the service including its general appearance and homeliness. Feedback from consumers and consumer representatives and observations made by the Assessment Team, indicates the general appearance and homeliness of the service environment has been unremarkable for some time. And whilst I acknowledge the intended repaint of areas which have ‘unmoveable marks’ as described in the plan for continuous improvement, I am of the view that the stated repairs may not provide any significant improvement to the appearance and homeliness of the service.

Whilst I acknowledge the actions undertaken and those identified which are being facilitated to improve the service environment, I am mindful that several issues have been previously identified as areas for improvement and there have been continued delays in their implementation within the service environment, which to consumers is their home. The delay to implementation impacts the level of confidence I have in their subsequent follow through and application of the actions intended to improve the general appearance and homeliness, and this has also been considered in reaching my decision. In weighing all the evidence, I therefore find this Requirement is not 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

Requirement 7(3)(a) was not compliant following a Site Audit conducted from 4 October 2022 to 6 October 2022. An Assessment Contact was conducted on 19 March 2024 to reassess the Requirement.

Consumers and consumer representatives discussed insufficient staffing and subsequent effects which included delayed consumer personal care provision, impacts on consumer dignity and provision of consumer personal care and cleaning by consumer representatives. Staff advised unfilled shifts were not replaced, shifts were removed, double shifts were often worked, and agency staff were not utilised to assist with unfilled or shorter shifts. Staff described multiple consumer impacts which included increased morning call bell activity, delayed consumer personal care provision, insufficient support for consumers during some mealtimes and insufficient staff support for consumers with increased behavioural needs.

Workforce planning and management documentation confirmed multiple shifts were unfilled, agency staff were not utilised and increased daily call bell response times exceeded 12 minutes. The rostering policy provided guidance on unfilled shift management based on occupancy and acuity and lacked a consumer risk management focus. Management advised that unfilled shifts were primarily related to bed vacancies and were unable to demonstrate a consumer-focussed risk management approach to staff rosters. Agency staff were utilised for night shifts only. Management acknowledged legislative requirements for minimum care minutes for the preceding reporting period were not met and discussed initiatives adopted including new lifestyle positions, which resulted in a marginal increase in care minutes. Management provided an updated plan for continuous improvement which identified various workforce planning and management initiatives including increased morning staff, additional lifestyle roles and recruitment of well-being officers.

In response to the Assessment Team report, the Approved Provider referenced feedback from a consumer and consumer representative survey conducted in March 2024 which highlighted a high proportion were satisfied with staff and noted no negative feedback has been received in 2024 about staffing resources. Supported by the lifestyle coordinator, 2 new leisure and well-being carer positions commenced from 26 February 2024 and are rostered during mornings and afternoons to provide additional activities and support for consumers whilst care staff undertake care provision. The Approved Provided noted that whilst the team is new and still being implemented, the benefits were already being seen based on (unspecified) feedback received from consumers and consumer representatives.

Occupancy levels have since increased and shifts are being backfilled. The Approved Provider noted a risk management approach was being undertaken to manage unfilled shifts during periods of decreased occupancy and analysis of clinical data also informs workforce planning. In discussing clinical data and consumer impacts, the Approved Provider noted falls had significantly decreased during 2024 and demonstrates an effective falls risk mitigation strategy. Pressure injuries decreased in 2024, and no pressure injuries were identified in late stages, demonstrating effective skin integrity management. For behaviour incidents, the Approved Provider acknowledged an increase in behaviours in March 2024 which have been investigated and actioned.

The Approved Provider discussed their recent analysis of call bell response times and noted in February 2024, the average response time was 2 minutes 9 seconds and only 1% of call bells were answered over 12 minutes. In March 2024, the average response time was 2 minutes 28 seconds and similarly, only 1% of call bells were answered over 12 minutes. The Approved Provider acknowledged delays in consumer care were ‘not ideal’ and noted any extended call bell response times are followed up in accordance with the care manager workplan to identify causation and prevent further delays from occurring. The Approved Provider noted their analysis of call bell response times supports that no consumers were at risk when shifts were not backfilled.

As a final comment, the Approved Provider indicated workforce planning will undergo continued effectiveness monitoring through roster monitoring, clinical data analysis, call bell response times and through consumer, consumer representative and staff feedback. And whilst no specific actions in the plan for continuous improvement relates to resourcing, actions taken across other improvement actions like cleaning and the lifestyle and well-being are contributing to the effectiveness of workforce planning.

In making my decision, I have considered the consumer and consumer representative feedback and the impacts experienced by consumers due to delays in personal care provision and the additional services provided by consumer representatives and other family members including personal care and cleaning. I note again that the additional services provided are outside the scope of that expected from consumer representatives and family members, who have provided care and services due to staff unavailability. I acknowledge the feedback referred to by the Approved Provider from the March 2024 survey, however it has not received significant weighting in my decision as full details of the surveyed information including date conducted have not been provided for consideration.

I acknowledge the call bell response analysis submitted and note the responses which exceeded 12 minutes are minimal. I am satisfied the highlighted care manager workplan supports a sufficient process is in place for the ongoing monitoring of call bell responses.

The evidence provided in relation to clinical analysis of falls, pressure injuries and behaviour management is also acknowledged. I am of the view the data provided does not necessarily demonstrate the workforce and mix of staff is providing safe and quality care and services delivery, and without more specific details about clinical care provision, which was not assessed during the Assessment Contact, I have not applied any weighting to the data for the purposes of assessing compliance with this Requirement.

In relation to care minutes, this issue was not addressed by the Approved Provider in response to the Assessment Team report. At the time of the Assessment Contact, management acknowledged the legislative requirements for care minutes was not being met and had only marginally increased on additional lifestyle staff commencing at the service. Management advised consumers were receiving 2.9 hours of care per day, which equates to 174 care minutes per consumer per day and an overall deficit of 26 minutes per consumer per day.

Regulatory Bulletin RB 2023-19 published on 30 January 2024 refers to the legal responsibilities of Approved Providers to employ enough skilled staff to meet their mandatory workforce-related responsibilities, which currently includes the delivery of 200 minutes of care for each consumer each day. This time also needs to include 40 minutes of care from a registered nurse each day. Based on information provided at the Assessment Contact and the current targets set from 1 October 2023, there is a shortfall of 26 minutes per consumer per day in relation to care minutes and no indication of the total registered nurse minutes included.

In reaching a decision on this Requirement, I have considered the feedback from consumers and consumer representatives about insufficient staffing and the impacts described on personal care and services provision and cleanliness. I have also placed considerable weight on the mandatory workforce-related responsibilities and legislated targets relating to care minutes and registered nurses, which has not been demonstrated. I find this is sufficient to demonstrate the workforce is not planned in a way that ensures the safe delivery and management of quality care and services to consumers. I therefore find this Requirement is not compliant.

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