Performance

Report

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| Name of service: | Bupa Pottsville Beach |
| Service address: | 41-51 Ballina Street POTTSVILLE BEACH NSW 2489 |
| Commission ID: | 0862 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 9 May 2023 to 10 May 2023 |
| Performance report date: | 7 June 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 Pottsville Beach (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 May 2023 accepting the Assessment Team’s findings
* the provider’s response to the Request for information or documents under s 67 of the Aged Care Quality and Safety Commission Rules 2018, received 31 May 2023
* the performance report dated 11 October 2022 for the site audit conducted 08 August 2022 to 10 August 2022
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 2** Ongoing assessment and planning with consumers | **Not applicable as not all requirements have been assessed** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

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

# 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 required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

Following a site audit conducted 08-10 August 2022 the service was found Non-compliant in Requirement 3(3)(a). Deficiencies related to the delayed provision of hygiene and the impact this had on consumers’ dignity.

The assessment contact conducted 09-10 May 2023 found the service had taken action to improve performance under this requirement. Actions included:

* + An external continence aid provider was engaged by the service and education was provided to staff; this education commenced in September 2022 and follow up sessions are scheduled for 2023.
  + Training records indicated and staff confirmed education has been provided and is scheduled in the 2023 education calendar in areas that included:
    - dignity of risk
    - respectful behaviour
    - choice and decision making
    - continence, hygiene, and pressure area charting.
  + The service, in partnership with consumers and their representatives has reviewed consumers’ care to ensure care plans reflected consumers’ choices.
  + All consumer continence assessments have been reviewed and were comprehensively documented in the electronic care management system. Continence assessments had been reviewed within the service’s three monthly review time frame.
  + Management has commenced and interviews with key personnel confirmed, daily monitoring of staff practice including through direct observation, in relation to consumer grooming and hygiene delivery, incident review and staff communication processes.
  + Management completes a daily review of progress notes and where deficiencies in documentation are identified these are addressed with staff. Management stated documentation is comprehensive, timely and contemporaneous and this was confirmed by the Assessment Team.
  + The service conducts weekly clinical review meetings which address dignity of risk and this was evidenced in meeting minutes.

The service demonstrated how consumers are treated with dignity and respect and that care and services are delivered in a way that values their identity, culture, and diversity.

Consumers and representatives provided positive feedback about consumers’ care including the provision of their hygiene. They felt consumers were treated with dignity and that their choices were respected.

Staff were familiar with consumers’ preferences including in relation to their hygiene and documentation demonstrated hygiene was being delivered in accordance with consumers’ wishes. Staff described how they support consumers’ independence and respect their choices including when consumers decline to have care provided at that time.

The Assessment Team observed consumers to be well groomed and clean.

For the reasons detailed, I find Requirement 1(3)(a) is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | 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. | Compliant |
| Requirement 2(3)(e) | 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. | Compliant |

Findings

Following a site audit conducted 08-10 August 2022 the service was found Non-compliant in Requirement 2(3)(a) and 2(3)(e). The service did not consistently consider risk when assessing and planning consumers’ care and service needs and care and services were not consistently reviewed following an incident or change in the consumer’s needs.

The assessment contact conducted 09-10 May 2023 found the service had taken action to improve performance under these requirements. Actions included:

* + - Staff were provided with training on the documentation to be completed when a consumer enters the service. The education included the assessments that are to be completed and the timeframes for completion.
    - Senior clinical staff have reviewed consumers’ wounds, falls, changed behaviours, weight, and pain assessments to ensure they are completed and to ensure that risks have been considered as an element of assessment and planning.
    - Senior clinical staff advised they are reviewing care plans as an element of planning for the weekly clinical review meetings.
    - Senior clinical staff attend handover in the morning and in the afternoon and provide staff with information about risks to consumers’ health and well-being and address occasions where documentation is incomplete. The Assessment Team observed the handover process and confirmed that it is a forum to share information about consumers.
    - Senior clinical staff monitor consumers’ care documentation on a daily basis to identify incidents and changes to consumers’ care needs.
    - The service has introduced a tool that supports a resident of the day process. The tool supports the service to identify changes in consumers’ needs. Care documentation demonstrated the resident of the day process was completed by care staff and reviewed by registered nurses.
    - A seven day handover sheet has been embedded within the service that identifies consumer incidents and associated changes to consumer care needs. Review of handover sheets confirmed this.
    - Revision of the 30 day planner has occurred; registered staff confirmed the 30 day planner is used for all consumers entering the service and that senior clinical staff monitor this daily for completion.
    - The continuous improvement plan identified the service was implementing a form to monitor the use of restrictive practices in the electronic care management system and that this was due to occur shortly.
    - Falls management is a standing agenda item at all clinical meetings.
    - The 2023 staff education calendar includes topics addressing personal and clinical care. Training records demonstrated and staff confirmed they have received education and training in:
* wound care management and care plan documentation
* behaviour management
* pressure area care and repositioning of consumers
* falls prevention and falls management
* hygiene assessment
* management of unplanned weight loss
* incident reporting.

The service demonstrated assessment and care planning included consideration of risks to consumers’ health and well-being and addressed the management of pain, falls, weight, and changed behaviours in care and service delivery. Care and services were reviewed regularly for effectiveness and when circumstances changed or incidents occurred.

Consumers and representatives provided positive feedback. One representative reported that care and services had ‘improved immensely’ and a consumer said, ‘the place is great and staff are good’. Consumers and representatives provided examples of how staff manage risks associated with consumers’ care including risks associated with complex behaviours, weight loss and falls.

Care documentation demonstrated consumers’ needs and preferences had been identified and assessed and that referrals to allied health specialists occurred; strategies to minimise risk to consumers were documented. Care documentation evidenced a discussion of risk and dignity of risk forms were in place where this was appropriate.

Care documentation demonstrated that actions taken by staff were aligned with the service’s policies including actions taken following an incident. Incidents were reported and discussed at the weekly clinical review meeting and assessments were updated post incident. The Assessment Team reviewed the care documentation of consumers including those who had experienced a fall or had experienced weight loss and identified that regular review had occurred.

Staff said they had access to consumer’s information through care plans in the electronic care management system and through handover processes. Staff had a sound understanding of consumers’ care needs and staff knowledge aligned with assessment and care planning documentation.

I am satisfied the service is considering risk as an element of assessment and care planning and that consumers’ care is being regularly reviewed to ensure care and services are effective.

For the reasons detailed I find Requirements 2(3)(a) and 2(3)(e) are 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

Following a site audit conducted 08-10 August 2022 the service was found Non-compliant in Requirement 3(3)(a), 3(3)(b) and 3(3)(f). The service did not ensure consumers received safe and effective personal and clinical care and high impact, high prevalence risks were not effectively managed particularly risks associated with the management of pain, weight, complex behaviours, and diabetes mellitus. Further, some consumers had not been referred to other health professionals such as wound consultants and dietitians when a need was identified.

An assessment contact conducted 09-10 May 2023 found the service had taken action to improve performance under these requirements. Actions included:

* + Two clinical care managers commenced in November 2022; their role includes supervision and monitoring of care practices, support for staff, daily review of progress notes and monthly review of care plans.
  + The establishment of a clinical risk profile and the implementation of weekly clinical risk meetings to discuss emerging clinical needs, the identification of clinical risks including weight loss, skin integrity and pain management and staff allocations. Staff advised these meetings assist with the identification of workloads and ensure staffing levels are adequate to meet care requirements. Review of the clinical risk profile and meeting minutes from February 2023 to May 2023 identified the service trends, analyses and responds to high impact and high prevalence risks to consumers.
  + Introduction of a monthly review of consumers’ care needs through a resident of the day process.
  + Referral processes are reviewed by senior clinical staff to ensure that referrals are being made when a need arises and that they occur in accordance with the service’s work instructions. Referrals are being monitored through the weekly clinical risk meeting.
  + Staff education has been provided including in relation to toileting, clinical emergency, care planning, continence care, wound care, diabetes management, pain management, weight loss, complex behaviours, pressure area care, referrals, documentation, and handover processes. Staff confirmed they had participated in the education sessions/toolbox talks.
  + All consumers’ continence assessments were reviewed and completed in partnership with the consumers and those involved in their care; this information was reflected in consumers’ care plans. The Assessment Team reviewed these assessments and confirmed they had been completed within the previous three months.
  + A review of all consumers’ weights was completed to identify any unplanned or consecutive weight loss and to confirm those who would benefit from further intervention. The Assessment Team confirmed weight loss is a standing agenda item at the clinical risk meetings and where appropriate, referrals have been made to the dietitian and speech pathologist. Some consumers have had changes made to their nutritional supplementation.
  + A continence aid champion program has been re-introduced and changes made to continence aid storage to improve access.

Consumers and representatives reported satisfaction with consumers’ personal and clinical care including hygiene care, wound care, pain management and pressure area care. Consumer feedback included statements that staff are caring and check on them. Consumers and representatives provided examples of the way staff care for them. Consumers and representatives reported that consumers are referred to other health specialists when a need is identified and provided examples of when this had occurred.

The service has policies and procedures that guide clinical practice and an education program supports staff knowledge and skills. The service monitors the delivery of care through direct supervision, spot checks and analysis of clinical indicator data.

Consumers wounds were attended to in accordance with wound management plans and pressure area care was completed as prescribed.

For consumers with chronic pain there was evidence of regular pain assessments and specialised tools used to support those consumers who were unable to verbalise their pain. Pharmacological and non-pharmacological strategies were included in care plans and when pain relief was used it was reviewed for effectiveness by registered staff. Consumers reported an improvement in their sense of wellbeing with one consumer saying their pain ‘has improved over the past few weeks’; the consumer advised the Assessment Team that staff look after them very well. A second consumer said they receive medication regularly for their pain and that they are also seeing the physiotherapist to assist them with their rehabilitation following a fracture.

For consumers who have specialised nursing care needs and chronic illness such as diabetes mellitus and chronic pain there was evidence of monitoring by registered nurses, the involvement of a medical officer, engagement of allied health specialists, and the use of clinical equipment.

The service demonstrated that for consumers who received psychotropic medications and other high risk medications, that risks were identified through assessment processes, there was consultation with specialist healthcare providers including for example dementia advisory services, and regular review of the consumers’ care. Representatives and consumers were engaged in discussions about medication management and where appropriate consent was sought. There were processes in place to closely supervise consumers and this was documented. Usage of ‘as required’ psychotropic medications was monitored and medications were ceased when no longer required. A medication management committee meets regularly and items for discussion included audits, adverse drug reactions, psychotropic medication useage, and continuous improvement; meeting minutes were included in the information submitted by the approved provider and demonstrated these areas for discussion were included as a standing agenda item.

High impact and high prevalence risks associated with the care of consumers including for example weight loss, skin integrity, swallowing difficulties and complex behaviours were addressed in care documentation and staff were familiar with strategies to minimise risk to consumers.

Care documentation demonstrated consumers with identified needs are referred to other health specialists when a need is identified. For example, consumers had been referred to wound care specialists, dietitian, geriatrician, physiotherapists, and speech pathologist.

Staff were familiar with consumers’ care needs and the Assessment Team observed strategies to minimise risk to consumers were in place. For example, the use of pressure relieving devices for consumers with compromised skin integrity.

Staff confirmed clinical indicator data is tabled at meetings and is used to identify improvements in the delivery of consumers’ care.

Registered staff described how referrals are completed through the electronic care management system and said that a report is generated for the service providers. Allied health specialists visit the service on a regular schedule and there are processes to support an urgent referral if this is required.

For the reasons detailed I am satisfied that the service has improved its performance under Standard 3 and I find requirements 3(3)(a), 3(3)(b) and 3(3)(f) are Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Following a site audit conducted 08-10 August 2022 the service was found Non-compliant in Requirement 6(3)(c) and 6(3)(d). The service was not able to demonstrate that action was taken in response to complaints and feedback and this information was not consistently documented and used to inform continuous improvement.

An assessment contact conducted 09-10 May 2023 found the service had taken action to improve performance under these requirements. Actions included:

* The service provided information to consumers in consumer meetings on ways to raise a complaint including accessing external complaints processes and how to use advocacy services.
* The service’s leadership team have completed education and training in relation to documentation and the electronic feedback system associated with feedback and complaints.
* The service reviewed all complaints received since August 2022 to ensure feedback had been actioned and resolved. The Assessment Team reviewed a sample of 20 complaints that had been logged into the electronic feedback system. Complaints related to staffing concerns, medication management and delays in care delivery; all 20 complaints had been finalised.
* Consumer meetings now include discussion on feedback received from consumers and actions taken in response to feedback to improve care and services. Consumer meeting minutes included evidence of discussions relating to staffing arrangements and the project relating to improving garden areas within the service.
* Staff meetings now include discussion about feedback and complaints and actions taken. Staff meeting minutes included discussions about tray delivery services and the cleaning of chairs and wheelchairs.
* Complaints and actions taken have been added to the monthly newsletters to demonstrate to consumers that the service is acknowledging and actioning feedback. This was evidenced on the ‘You said, we did’ flyers within the newsletters. Consumers commented that they read the newsletters and found this to be a positive initiative. The flyers are also posted on consumer noticeboards throughout the service. Identified improvement initiatives included increased musical concerts and entertainers; a memorial table to celebrate the life of deceased consumers and the purchase of new equipment to facilitate the notification of call bell alerts.

Consumers and representatives said they had seen an improvement in the way the service managed and responded to feedback over recent months. Consumers and representatives said they know how to provide feedback and raise a concern; they said the service actions areas of concern that they raise. One consumer provided an example of a recent complaint they had made and described how their concerns were actioned using an open disclosure process and resolved to their satisfaction.

Management and staff demonstrated an understanding of complaints processes including the use of an open disclosure process and entering complaints into the electronic feedback system. The electronic feedback system records complaints and captures actions taken to address the situation. The Assessment Team reviewed the complaints logged since August 2022 and this demonstrated that complaints had been actioned and resolved. The Assessment Team brought forward information demonstrating that comments and complaints informed continuous improvement processes and staff had an understanding of complaints processes and its relation to improving the quality of care and services.

The service utilises various monitoring mechanisms to ensure feedback and complaints mechanisms are effective including consumer experience surveys, consumer and staff meetings, management’s open door policy and direct supervision by senior staff including ‘walkarounds’ where senior staff are available to receive feedback directly.

For the reasons detailed I am satisfied Requirements 6(3)(c) and 6(3)(d) are 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. | Compliant |

Findings

Following a site audit conducted 08-10 August 2022 the service was found Non-compliant in Requirement 7(3)(a). The service was not able to demonstrate the workforce was planned to ensure the delivery of safe, quality, care and services.

An assessment contact conducted 09-10 May 2023 found the service had taken action to improve performance under this requirement and a detailed workforce plan was in place. Actions included:

* Management staff have conducted detailed reviews of the staff roster to ensure staff are sufficient to support consumer care and service needs. Interviews with management and staff advised this has resulted in consultation with staff, changes to shift times and ongoing monitoring of the roster to address changing consumers’ needs and shifting workloads. Staff spoke positively of these improvements and said the service has been responsive to their requests.
* The service has continued to hire new staff and in the previous six months 25 new staff have been recruited. These include senior clinical staff, registered nurses, care staff, hospitality staff, and customer service staff.
* Staff are being recruited under a government scheme that aims to fill workforce shortages by sourcing staff from overseas; four care staff have been recruited under this scheme.
* The service is using social media to establish a presence within local community groups in order to enhance recruitment. Management said this had resulted in employment enquiries.
* The service has reduced occupancy to minimise reliance on agency staff and to support existing staff to provide consistent care and services. Staffing hours have not been reduced during this period. Staff said this had been a positive change ensuring they had sufficient staff to care for consumers.
* A new position has been established to manage the roster fulltime with oversight and monitoring by management staff.
* The service is monitoring staffing through a number of avenues in order to proactively respond to changing consumers’ needs. Monitoring mechanisms include call bell response times, feedback from consumers and representatives including via meetings and consumer experience surveys. Call bell response times indicate the majority of requests for assistance are answered promptly, with delayed responses investigated by management. Meeting minutes reflected consumer satisfaction with staffing levels and consumer surveys demonstrated high levels of satisfaction with staffing.

Consumers and representatives said there are sufficient staff to support consumers’ daily care and service needs in a way that meets their needs and preferences. Consumers spoke highly of staff and said they responded to requests for assistance in a timely manner.

Staff provided feedback that they generally have sufficient time to complete their tasks and that they can request assistance from the registered nurses and clinical care managers. Staff advised the service is actively recruiting new staff and providing incentives for staff to work.

Management advised that unplanned leave is covered through the use of agency staff, extending shifts and recruitment processes.

I am satisfied that the workforce is planned to deliver safe, quality care and services. For the reasons detailed, I find Requirement 7(3)(a) is 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. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |

Findings

Following a site audit conducted 08-10 August 2022 the service was found Non-compliant in Requirements 8(3)(c) and 8(3)(d). The service was not able to demonstrate effective governance processes in relation to feedback and complaints mechanisms and workforce management; and deficits were identified in the management of risks associated with the care of consumers.

An assessment contact conducted 09-10 May 2023 found the service had taken action to improve performance under these requirements.

The service has re-established effective processes relating to feedback and complaints. Consumers and representatives understood how to make a complaint and were satisfied with the actions taken in response to their feedback. Management and staff understood their responsibilities in the complaints process including the requirement to lodge the complaint in the service’s electronic feedback system. Feedback and complaints informed continuous improvement processes and the Assessment Team brought forward a number of improvements that had arisen as a result of consumer feedback.

Consumers and representatives were satisfied with staff and said that consumers received care and services that met their needs and preferences. The service has ongoing recruitment processes in place and there has been a significant recruitment of staff into various roles including senior clinical staff, registered nurses, and care staff. Senior clinical staff supervise and monitor staff on a daily basis to ensure consumers’ needs are being met. Additional mechanisms to monitor staffing includes consumer feedback and complaints, monitoring of call bell response times and consumer experience surveys. Staff report they have sufficient time to complete their work and there are mechanisms for managing unplanned leave.

The service has effective governance processes in place to support both the workforce and feedback and complaints processes. The organisation has a corporate office committee structure to support services in providing high quality care and services to consumers. The organisation has a human resource department to oversee staffing and recruitment and a customer engagement and feedback team to oversee consumer feedback. At the service level organisational quality governance meetings have occurred on a weekly basis to support the service in improving its performance under these requirements.

The service demonstrated there are governance processes in place to effectively manage high impact, high prevalence risks associated with the care of consumers. The organisation has developed a risk management procedure formalising and communicating the management of risk.

Procedures in relation to assessment and care planning, incident management, serious incident reporting, collection of clinical incident data, unplanned weight loss, wound healing and infectious outbreaks are available to guide managers and staff. Assessment processes identify high impact and high prevalence risks that impact consumers; risk minimisation strategies are detailed in care planning documentation and are understood by staff.

The organisational governance structure oversees the operation of the governance framework. The Board receives progress reports and data on risk with identified risks recorded on the service’s clinical risk register. Monitoring and discussion of incidents and events is a standing agenda item at the service’s clinical governance committee meeting. The treatment of risk and compliance issues and response to risk is overseen by the organisation’s senior management team who then report to the Board.

For the reasons detailed under this and other requirements, I am satisfied that Requirements 8(3)(c) and 8(3)(d) are 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-2)