Performance

Report

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| Name: | Bupa Seaforth |
| Commission ID: | 1034 |
| Address: | 550 Sydney Road, SEAFORTH, New South Wales, 2092 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 19 June 2024 |
| Performance report date: | 18 July 2024 |
| Service included in this assessment: | Provider: 1297 Bupa Aged Care Australia Pty Ltd  Service: 20701 Bupa Seaforth |

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 Seaforth (**the service**) has been prepared by Jeorgia Cayabyab, 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 27 June 2024.

# Assessment summary

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| Standard 3 Personal care and clinical care | Compliant |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

Consumers provided positive feedback on the clinical care they receive from the service including the effective management of risks associated with their clinical care. Staff and management demonstrated shared understanding of individual consumer’s clinical care requirements and demonstrated appropriate strategies they implement to effectively manage consumer risks. The service demonstrated effective management of high impact and high prevalence risks in relation to falls management, wound care management, catheter care and behaviour management. The service demonstrated effective monitoring, trending, and analysis of incidents and high impact high prevalence risks to ensure actions implemented are effective and evaluated.

Based on the evidence, as summarised above, I find Requirement 3(3)(b) is 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

Consumers and representatives provided positive feedback on the sufficiency of staffing at the service and their availability to immediately respond to calls for assistance. Staff described their understanding of the consumers’ individual care and how the service ensures sufficient level and mix of qualified staff to manage their allocated tasks and assists them in providing safe and quality care and services. A review of the service roster and interview with management demonstrated adequate numbers and mix of appropriately skilled staff rostered on-site and on duty 24 hours a day 7 days a week. Management demonstrated they can source readily available staff to cover planned and unplanned leave through their other affiliated services and that they do not require to engage with labour hire companies.

In relation to the workforce responsibilities (including the 24/7 RN requirement and mandatory care minutes), a review of the roster and interview with consumers, management, and staff demonstrated there are RNs rostered on site and on duty across every shift 24 hours a day 7 days a week. Staff described and the service demonstrated a robust escalation process including an afterhours on-call clinical support provided by the care managers, the general manager, and a senior nurse consultant to staff on site.

In relation to meeting the mandatory care minutes requirements, service documentation review and interviews with management identified the service is currently not meeting its mandatory care minutes targets including their RN minute requirements. The service’s last quarter report showed they have a total of 7 minutes shortfall on their total care minutes target and one minute shortfall for RN minutes. Management interview demonstrated improvements which are ongoing or currently being developed to assist the service in meeting or exceeding their care minutes target including ongoing recruitment and roster review.

The Approved Provider response outlined their commitment and ongoing effort to continuously improve consumer care and services through their Plan for Continuous Improvement (PCI). I have considered the information within the Assessment Contact Report and the Approved Provider response, and I have placed weight on the positive feedback from consumers, representatives, and staff interviewed, the service’s escalation process in place including the staff knowledge, and the planned actions towards meeting its mandatory care minutes. As a result, I find Requirement 7(3)(a) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The organisation demonstrated a clinical governance framework which supports robust clinical care practice within the service and provides guidance to staff to ensure the delivery of quality care and services to consumers. The service demonstrated a clinical care practice governed by organisational policies and procedures in relation to high impact high prevalence risks, antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated appropriate understanding of the clinical policies and procedures and their effective implementation in line with consumers’ needs. Consumers and representatives provided positive feedback on how staff and management promptly address their concerns and practice open disclosure when things go wrong. A review of service documentation evidenced effective monitoring and review of high impact high prevalence risks associated with consumers’ clinical care.

In relation to workforce responsibilities, I have considered information contained in the Assessment Contact Report under this Requirement and Requirement 7(3)(a) which evidenced the service administers a suite of policies and procedures and education to guide staff including in relation to clinical escalations.

The Approved Provider response outlined their commitment and ongoing effort to continuously improve consumer care and services provided through their Plan for Continuous Improvement (PCI).

Based on the evidence, as summarised above, I find Requirement 8(3)(e) is Compliant.

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