Performance

Report

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| Name of service: | Bupa Seaforth |
| Service address: | 550 Sydney Road SEAFORTH NSW 2092 |
| Commission ID: | 1034 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 20 December 2022 |
| Performance report date: | 20 January 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 Seaforth (**the service**) has been prepared by M Buhagiar, 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 17 January 2023
* the following information given to the Commission, or to the Assessment Team for the Assessment Contact - Site of the service: Performance report dated 2 June 2021 following Site Audit 14 April to 16 April 2021.

# Assessment summary

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| Standard 3 Personal care and clinical care | 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 3(3)(a) The approved provider must ensure that pain assessments are conducted prior to wound care and neurological and vital sign observations must be completed as directed post falls.

# 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. | Non-compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |

Findings

The previous Performance Report dated 2 June 2021 from Site Audit 14 to 16 April 2021, identified deficiencies in relation to wound management, behaviour management, weight loss and restrictive practices. The Site Audit identified that significant or consecutive weight loss was not always discussed at the weekly clinical risk meetings, and recommendations from reviews were not always updated in consumer care plans. The Site Audit identified that strategies to minimise consumers behaviours are not always implemented by staff or updated in the relevant documentation.

During the Assessment Contact 20 December 2022, it was identified that improvements have been made with unplanned weight loss, behaviour management and restrictive practices. However, for some consumers sampled, pain management was not consistently provided prior to wound dressing changes, neurological and vital sign monitoring was not consistently being monitored according to the services fall management policy.

During this Assessment Contact, clinical risk meeting agenda items included nutrition, hydration, weight, swallowing changes and significant weight loss was discussed. Consumer file review indicated that recommendations made from the dietician were incorporated in the care plan. The Assessment Team found that strategies for non-pharmacological interventions were explored by the service and consumer care plan was updated. The service has worked to complete risk assessments where consumers are subject to mechanical or physical restraints.

The service has improved their method of deprescribing the use of psychotropic medications. Previously, paper-based consent authorisation forms were being used and deprescribing was occurring every 12 weeks. Since October 2022 the service implemented the use of an electronic medication management system where all deprescribing occurs on the system every 3 months. The medical officer receives an alert prompting to review use of the psychotropic medication and make any medication changes including reasons for re-prescribing, circumstances for use, how consent was obtained, date behaviour support plan was developed, monitoring plan and date of next review. The care manager reviews the changes then updates consumer behaviour support plans accordingly and introduces a monitoring chart to monitor any side effects from the reduction of the psychotropic medication if required.

However, for some consumers sampled, pain management is not consistently provided prior to wound dressing changes, neurological and vital sign monitoring is not consistently being monitored according to the services fall management policy.

Previously it was identified at the Site Audit 14 to 16 April 2021, that wounds were not always reviewed, and measurements of wounds not always taken. Review of 3 consumer files show that the service has made improvement in reviewing and measuring wounds, however, did not consistently monitor pain and provide pain relief prior to attending to wound dressing changes and pressure area care was not always followed.

The service’s falls management policy states that vital sign and neurological observation monitoring must be completed at least hourly for a minimum of four hours as if the consumer had a head strike post fall or if their fall was unwitnessed. A review of consumer care plans identified that this was not always happening for a consumer who had recurrent falls during November and December 2022. On one occasion the consumer was checked twice 15 minutes apart, and on another two occasions the consumer was checked once at the time of fall. The Assessment Team provided this feedback to management who said the consumers are transferred to hospital after a head strike and if they’re on anticoagulant therapy which was the reason why there were gaps in monitoring. However, review of incident reports and progress notes for the above-mentioned consumer indicate there was no transfer to hospital after the unwitnessed falls.

The Assessment Team spoke with representatives for one consumer who provided negative feedback about the personal and clinical care that their consumer receives. The representatives advised there are a number of unresolved issues with the service, however the service was of the understanding there weren’t any outstanding. The Assessment Team observed the staff attending to the consumer in a kind and respectful way and took time to ensure the consumer was not rushed.

The approved provider responded to the Assessment Team’s report and provided evidence of pain management; however, they acknowledged that pain assessments had not always been completed prior to wound dressings. The provider also advised that although there were inconsistencies in neurological and vital observations post fall, there was record of observations being conducted. The provider advised that they have taken actions to address the issues raised including improved documentation with the monitoring and evaluation of pain assessments and accurate completion of observations following a fall embedded. The Plan for Continuous Improvement has been updated with the Quality Education Manager commencing toolbox presentations for all levels of care staff regarding charting, observations and documentation. Pain assessment prior to wound care will be discussed at the next clinical risk meeting with minutes circulated to all Registered Nurses and additional training will be conducted for Registered Nurses. The Service has introduced Clinical Tip Cards for Registered Nurses and vital sign boxes will be introduced by the end of January to ensure all equipment to complete observations is stored together and quickly accessible. I acknowledge the immediate and ongoing actions that the approved provider has initiated, however feel that it will take some time to reflect that pain assessments and post falls observations are completed effectively. I find the approved provider is non-compliant with this requirement.

The previous Performance Report dated 2 June 2021 from Site Audit 14 to 16 April 2021, identified deficiencies in consumer documentation where they did not always evidence the input of doctors and allied health providers and/or timely referrals to manage changes in consumers, including wounds and behaviours of concern.

The provider acknowledged that there was a lack of documentation available to evidence that the service has made timely referrals to GPs and other specialists. To address the identified areas for improvement, they discussed the issue at a registered nurses’ meeting, and further education was planned for staff to improve their skills relevant to this requirement.

The Assessment Team found at the Assessment Contact on 20 December 2022, it was still not evident for some consumers that the service makes timely and appropriate referrals to manage behaviours of concern and how restrictive practices are used to address these behaviours.

The approved provider responded to the Assessment Team’s report and advised that the restrictive practice to manage behaviours had ceased prior to the Assessment Team’s visit and also provided evidence of ongoing referrals to wound specialist and other Older Persons Mental Health Unit and medical services. The provider also furnished further contextual documentation to support their compliance with referrals and notes relating to physiotherapist reviews.

I have considered the information supplied by the approved provider and find that Requirement 3(3)(f) 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)