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: | 24 October 2023 to 25 October 2023 |
| Performance report date: | 30 November 2023 |
| 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 G Cherry, 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 28 November 2023
* Performance Report dated 15 May 2023.

# 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 Compliant** |
| **Standard 4** Services and supports for daily living | **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

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) – ensure an effective system to provide safe, effective personal/clinical care relating to pressure injury/wound care, pain management, incident reporting/management and nutrition/hydration.

# 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

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate an effective process to ensure staff treat consumers in a respectful manner. Feedback included staff being rude and rough with consumers, lack of personal, hygiene and continence care, and staff not providing timely assistance when requested. Responsive actions include review/update of care plans to reflect consumer preferences, provision of staff education/training and daily monitoring by management team to check staff adherence.

Overall, most sampled consumers/representatives consider staff are polite, treat consumers with respect and maintain their dignity when providing care. Consumers consider staff treat them respectfully and representatives describe staff as respectful and polite. Staff were observed interacting with consumers in a friendly and respectful manner. Policies guide staff regarding diversity, dignity, respect, documentation relating to organisational values, and key points of inclusivity, dignity of risk, freedom of movement, and open disclosure processes. Reviewed care plans reflect consumers’ diversity including information relating to cultural and religious beliefs and preferences. Monitoring processes gather consumer feedback to ensure satisfaction.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate effective systems to ensure assessment and planning meet consumers’ needs relating to personal care, behaviour support, pain management, physiotherapy/exercises, and advanced care planning. Responsive actions include undertaking a range of improvement activities focused on staff education, review of progress notes to ensure compliance and clinical review meetings.

While management and staff demonstrate a commitment to ongoing improvement the assessment team bought forward evidence recent improvement activities have not fully address previous issues. They bought forward evidence the service does not demonstrate effective assessment and planning to address consumers current needs relating to pain management, wound assessment, unplanned weight loss, monitoring/assessment of bruising, behaviour support, restrictive practices, and lack of incident investigation to support subsequent assessment and planning.

Review of consumer files demonstrate:

* lack of consideration relating to changes in care due to the development of a pressure injury, lack of information relating to unplanned weight loss and incident investigation for 1 consumer,
* assessment and planning did not identify/respond to pain experienced by 1 consumer, nor record an incident and conduct analysis to identify causal issues relating to unexplained bruising,
* lack of assessment/planning for 1 consumer to determine suitable bedding/recliner chair to support comfortable sleeping arrangements,
* assessment and planning relating to restrictive practices did not contain individualised strategies/interventions regarding medications deemed as a chemical restrictive practice for 4 consumers.

In their response, the approved provider supplied evidence of weight loss monitoring/management and pressure area care, physiotherapist review to ensure suitability of sleeping choice and evidence of pain management for named consumers. While acknowledging documentation relating to restrictive practices contained similarities, they purport directives are relevant to named consumers, however conducted a review of medications, amended care planning guidance and subsequent specialist referral to assist in additional strategies to minimise use of psychotropic medications.

In consideration of compliance, while noting some gaps in documentation (and evidence of immediate rectification by the approved provider) I am swayed by these responsive actions and have considered consumer impact within requirement 3 (3)(a). As such I find requirement 2 (3)(b) is 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. | Not Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found non-compliant.

Previously the service did not demonstrate effective management of physiotherapy review, mobility assistance, continence care, medication, wound and pain management, pressure area care/skin integrity, hygiene care, unplanned weight loss, nutrition and hydration, and behaviour support. Responsive actions focused on staff education, review of progress notes to ensure compliance and clinical review meetings.

The service does not demonstrate systems to ensure safe, effective personal/clinical care reflective of best practice, tailored to consumers individualised needs to optimise health and well-being. The assessment team bought forward evidence, while management and staff demonstrate commitment to ongoing improvement, responsive actions have not demonstrated sustainability in changed systems/processes. Via interview with consumers/representatives, management/staff and review of documentation, the assessment team bought forward lack of personal/clinical care, prevention/management of pressure injuries, incident identification/investigation, pain management, nutrition and hydration, continence care and manual handling.

One consumer sustained a pressure injury (deemed stage 3) not identified by staff in a timely manner, plus a lack of appropriate response to wound care, and documentation containing limited information relating to wound condition. In response, referral to a wound consultant occurred. Incident documentation relating to 2 pressure injuries does not demonstrate investigation to identify causal factors. Pain identified for 1 consumer (resulting from bruising) did not result in photography to assist in monitoring of healing, pain monitoring to ensure appropriate pain relief, nor incident investigation to identify causal factors. Care for another consumer is not reflective of best practice resulting in negative impact regarding nutrition/hydration, personal care, pain management, manual handling, and skin care. Management implemented immediate responsive actions, including staff education, noting the service’s self-monitoring system had identified incident management as an area requiring improvement, and demonstrated incident investigation had commenced for some consumers.

In their response, the approved provider supplied evidence of pain monitoring/management for named consumers, plus provision of staff training/education, and acknowledge further improvement required in identifying, responding to, and managing pain and incident reporting. Review of named consumers pain management and incident investigation occurred plus review of all pressure injuries to ensure appropriate management plans. The approved provider evidenced responsive pressure area care, noting subsequent improvement for named consumer, plus plans for additional staff education/training in relation to areas of clinical care. They note improvement is required for incident investigations to ensure identification/documentation of causal issues, actions and ongoing evaluation occurs. Evidence of overall weight management was demonstrated however they acknowledge recording/documenting of food/fluid intake is required, implementing additional monitoring processes and planned provision of staff training to achieve this. Ongoing monitoring actions by senior Clinical Leadership Team are planned, plus consultation with consumers/representatives to ensure compliance and sustainability is achieved.

In consideration of compliance, while I note self-identification by the approved provider of some deficits and responsive actions occurred to ensure appropriate care provision for named consumers, I am concerned of negative impact experienced by some consumers due to lack of appropriate clinical care provision. I acknowledge planned actions, including monitoring processes, provision of staff education/training however I consider it will take time to imbed new systems/processes/training plus evaluate effectiveness in ensuring sustainability to achieve ongoing compliance. I find requirement 3 (3)(a) is non-compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

The Quality Standard was not fully assessed. One requirement was assessed and found compliant.

Previously the service did not demonstrate effective processes to ensure consumer satisfaction with meals – some consumers found meal choices not of quality/suitability, including special dietary needs. Others did not receive timely assistance with meals and expressed dissatisfaction food was cold, lacking appropriate presentation/preparation. Responsive actions include provision of staff education/training and encouraging regular consumer input/engagement in menu planning.

Effective methods of ensuring meals are varied and of suitable quality/quantity is evident. Sampled consumers generally express satisfaction with meal choices and dining experiences, noting receipt of weekly menu to enable choice and availability of alternatives if required. They acknowledge awareness of methods to provide feedback/have input relating to menus and/or suggested changes. Menus are dietitian approved and photographs assist consumer decision making/choice, and guide staff in presentation. Staff were observed serving/assisting consumers in a calm, relaxed manner. Negative feedback was received from 3 consumers, however management committed to review their individual needs.

In consideration of compliance, I am persuaded by the volume of satisfied consumers and management’s commitment to immediately review individual consumer needs. I find requirement 4 (3)(f) is 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

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Previously the service did not demonstrate effective processes to appropriately address feedback/complaints with consumers noting no action was taken, expressing concerns of inadequate communication and/or escalation processes to ensure satisfactory outcome. Responsive actions include provision of staff education/training relating to open disclosure practices, complaints, and incident management system (IMS), monitoring processes to ensure adherence and discussion at meeting forums.

The service demonstrates principles of open disclosure used in complaint management. However, feedback from consumers/representatives demonstrates complaints management responses continue to be unsatisfactory for most. Sampled consumers express concerns relating to complaint resolution, noting however management are open/honest and offering an apology. Interviewed representatives note recent improvement in communication however timely response/follow-up to complaints/feedback is lacking and management team members acknowledge deficits relating to appropriate/timely complaints management. Some consumers/representatives lacked awareness of external complaint mechanisms available, nor alternative means of escalating concerns when issues are not satisfactory resolved.

In their response, the approved provider advised of management team engagement/communication with named consumers/representatives to ascertain reasons for dissatisfaction and to obtain agreeable outcome and implement process change to minimise/prevent ongoing dissatisfaction. They advised of survey detailing feedback procedures, and receipt of complaints via external avenues, however implemented additional measures to ensure consumers/representatives are aware of all methods available to them. In consideration of compliance, I am persuaded by the immediate/responsive actions taken and evidence to support appropriate action taken in response to complaints. I find requirement 6 (3)(c) is compliant.

In relation to requirement 6 (3)(d) - previously the service did not demonstrate feedback/complaints relating to meal and laundry services plus dissatisfaction with staffing resulted in review, analysis and/or responsive actions to inform improvement activities. Responsive actions include demonstrated improvements relating to some aspects previously bought forward (meal/laundry services and staffing), however did not demonstrate an overall effective system of trending/analysis and timely response to feedback/complaints as a method of improving quality care and services.

Document review detail recording of improvements however did not demonstrate improvements/outcomes relating to feedback/complaints, nor that trending/analysis occurs. Sampled consumers/representatives did not identify sustainable improvements resulting from feedback/complaints. In their response, the approved provider supplied evidence of trending and analysis demonstrating improvement actions implemented as a result, included analysis of data demonstrating improved satisfaction and engagement/communication with named consumers/representatives to obtain positive outcome. As a means of continuous improvement advised of recording process change within continuous improvement documentation. In consideration of compliance, I am swayed by the approved provider’s evidence, and I find requirement 6 (3)(d) 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. | Compliant |

Findings

The Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Previously the service did not demonstrate an effective process to ensure sufficient staffing numbers. Feedback included staff shortages resulting in consumers’ needs not being met in a timely manner and interviewed staff did not demonstrate knowledge of consumer’s needs/preferences.

Most sampled consumers/representatives gave positive feedback regarding workforce availability and responsiveness to requests for assistance however 3 express dissatisfaction relating to communication difficulties, timely receipt of hygiene care and lack of consistency re cleaning/laundry/lifestyle. Interviewed staff consider in general they have sufficient time to complete required tasks, noting improved changes to the workforce, an increase in staffing and replacements for unplanned leave. Management personnel explained recent recruitment activity resulted in new registered nurses, cleaning/catering staff and provision of education/training to all. They demonstrated the process for replacement of unplanned leave, monitoring of response times and ensuring sufficient staffing as per legislative requirements.

In consideration of compliance, while noting some consumer dissatisfaction I am persuaded by positive feedback relating to improved staffing and methods to monitor/adjust rostering to ensure consumers’ needs are met. I find requirement 7 (3)(a) is compliant.

In relation to requirement 7 (3)(d) - previously the service did not demonstrate staff have the required knowledge or training for their role particularly relating to delivery of personal and clinical care, behaviour management, communication, and manual handling.

Most sampled consumers/representatives consider staff have the necessary skills and knowledge to perform their roles. Interviewed staff interviewed said they receive annual mandatory and competency training and demonstrate understanding of antimicrobial stewardship, open disclosure, incident management and legislative reporting requirements. The assessment team bought forward deficiencies in clinical care provision questioning effectiveness of previous education attaining staff knowledge. Management attribute issues relating to incident management due to new staff not yet provided with incident management education, advising of some completed and further planned education/training/competency assessments.

In consideration of compliance, I am persuaded by the volume of positive feedback received from consumers/representatives/staff and management’s demonstrated commitment to ensuring further ongoing staff education/training. I find requirement 7 (3)(d) 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)(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 Quality Standard was not fully assessed. Two requirements were assessed and found compliant.

Previously the service did not demonstrate effective organisational governance systems for all aspects of requirement 8 (3)(c).

Evidence gathered through interviews, observations, and document review is detailed below. The organisation publishes financial and annual reports in accordance with financial governance requirements. Management personnel demonstrated organisational improvements to address workforce issues including recruitment activities resulting in additional staff, plus monitoring processes to ensure replacement of staff when unplanned leave occurs. While registered nurse shortages are covered by management team, ongoing strategies to mitigate future staff shortages is occurring. A process to manage staff performance exists including implementation of a performance plan and/or re-education. Staff training/education is occurring however monitoring processes to determine effectiveness not consistently conducted.

The assessment team bought forward evidence organisational information management systems do not provide sufficient, consistent information to enable management and staff to effectively perform their roles. Overarching systems are not effective in identify a lack of sufficient and/or accurate information to guide care delivery; care plans and BSP’s contain generic strategies; conflicting information is within incident reports; a lack of incident investigation limit’s ability to collect accurate data regarding contributing factors.

Organisation and service level continuous improvement plans (CPI’s) exist, however monitoring processed to address previous non-compliance does not identify individual mitigation actions nor evaluation of effectiveness. Overarching systems have not ensured sufficiently robust incident reporting/management. Organisational systems for managing/supporting feedback and complaints exist, however not consistently executed at service level.

In their response, the approved provider supplied evidence of organisational systems and processes including overarching support/guidance by management teams. While I acknowledge gaps in clinical care, I have considered consumer impact in requirement 3 (3)(a). I accept the approved providers completed and planned ongoing monitoring/support processes and demonstration of organisationally wide governance systems. I find requirement 8 (3)(c) is compliant.

In relation to requirement 8 (3)(e) - previously the service did not demonstrate effective organisational clinical governance and oversight to ensure safe, quality clinical care, including principles of best practice relating to restrictive practices and behaviour support plans.

Management demonstrated recent improvement activities. The organisation’s clinical governance framework guides staff in expectations regarding safe and effective clinical care. However, the assessment team bought forward deficits in managing consumer personal and clinical care; considered in requirements 2 (3)(b) and 3 (3)(a). Care plans in relation to psychotropic medications deemed as a restrictive practice are not individualised.

In their response, the approved provider supplied evidence of organisational systems and processes including overarching support/guidance by management teams, plus evidence of review/update relating to individualisation of BSP’s and medication management. I have considered consumer impact in requirement 3 (3)(a). I accept the approved providers completed and planned ongoing monitoring/support processes and demonstration of organisationally wide governance systems. I find requirement 8 (3)(d) is 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)