Performance

Report

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| Name: | Bupa Seaforth |
| Commission ID: | 1034 |
| Address: | 550 Sydney Road, SEAFORTH, New South Wales, 2092 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 7 May 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 Katherine Richards, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.

The Approved Provider did not submit a response to the Site Audit report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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 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 |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant, as:

Consumers and representatives felt staff treated consumers in a kind, dignifying and respectful manner. Care planning documentation evidenced information regarding consumers’ diversity, background and culture were captured. Staff were familiar with consumers’ backgrounds and gave examples of how they treated consumers with respect.

Consumers and representatives confirmed consumers’ cultural backgrounds were recognised and respected. Staff described how they supported consumers’ cultural and personal preferences to ensure they were respected. Policies, procedures, and cultural awareness training for staff were in place to guide staff in identifying consumers’ cultural needs and to provide culturally safe care.

Consumers confirmed they were supported to be independent, and their decisions about when and how their care was delivered were respected. Staff were familiar with consumer choices, and described how married consumers residing in the service together were supported to maintain their relationship.

Consumers said they were supported to engage in their chosen activities which contained an element of risk and provided examples. Staff demonstrated an understanding of the risks consumers engaged in, and the preventative measures to mitigate risks and ensure consumers’ safety. Care and service plans evidenced the potential harms of consumers’ chosen activities and risk mitigation strategies were discussed with consumers.

Consumers and representatives confirmed they received up to date information regarding upcoming activities, meals and events. Staff advised they spoke with consumers to ensure they were aware of the lifestyle activities available, and to encourage them to participate. Daily menus were observed to be displayed at the entrance to all dining rooms. Documentation demonstrated consumer meetings were well attended, with minutes and newsletters available to inform consumers of happenings.

Consumers felt their privacy was respected, and staff knocked on their door prior to entering. Staff were observed to knock on consumers’ doors and close doors when providing personal care. Staff advised computers containing confidential information were kept password protected when not in use. Staff practice was informed through privacy policies.

# 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)(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 |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Care planning documentation evidenced a range of assessment forms guided staff practice during consumers’ entry into the service to identify the risks to their well-being. Representatives confirmed assessments were conducted during consumers’ entry to the service and on an ongoing basis to inform the delivery of their care. Staff were able to describe assessment and planning processes in detail, demonstrating awareness of risks to individual consumers and the strategies to minimise these risks.

Consumers confirmed their needs, goals and preferences were addressed during care planning, and staff were respectful of their choices. Care and service plans evidenced current needs, goals, and preferences, and advance care plans were in place for consumers. Staff advised advance care planning and end of life wishes were discussed during consumers’ entry to the service and during regular care plan reviews.

Consumers and representatives confirmed they were engaged in case conferences, care plan reviews and assessments in collaboration with their medical officer and allied health professionals. Staff described processes in place to ensure assessment and planning processes are in partnership with consumers, representatives, and other providers. Care planning documentation evidenced regular involvement with consumers, representatives, medical officers, and allied health professionals.

Consumers and representatives advised the outcomes of assessment and planning were communicated to them, and they were offered a copy of the care plan. Staff described the processes in place to document the outcomes of assessment and planning in care planning documentation, with documented care and services plans readily available for staff, consumers, representatives, and external providers of care. Care planning documentation reflected assessment outcomes were communicated consumers and representatives.

Care and service plans evidenced reviews on a regular basis, and when changes in condition or an incident occurred. Management advised care plan reviews were scheduled and tracked to ensure care plans were regularly reviewed. Staff advised care plans were reviewed regularly, or when an incident occurred. Representatives confirmed they were updated with changes to care and services following review.

# 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)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

The service was found non-compliant in Standard 3 in relation to Requirement 3(3)(a) following an Assessment Contact conducted from 24 to 25 October 2023, which indicated the service did not demonstrate best practice and individualised care in relation to incident management, pressure injuries, pain management, continence care, and manual handling. Evidence in the Site Audit report dated 26 to 28 March 2024 supports the service has implemented improvements to address the non-compliance and is now compliant with this Requirement. Improvement actions include staff training to ensure best practice care was delivered to consumers, and additional oversight of staff and care planning documentation by management.

Consumers and representatives confirmed consumers received personal and clinical care that met their individualised care needs. Staff demonstrated an understanding of consumers’ care needs, and described how care was delivered to consumers in line with best practice. Policies and procedures were in place to guide staff in the delivery of safe and effective personal and clinical care, and in alignment with consumers’ needs, goals and preferences.

Staff described the supports offered to consumers to ensure their high impact risks were managed and mitigated. Care planning documentation evidenced the effective management of risks to consumers’ well-being and risk mitigation strategies were in place and included monitoring processes. Consumers and representatives provided positive feedback regarding the understanding and management of consumers’ high impact and high prevalence risks.

Staff described how care delivery changed for consumers nearing end of life, outlining practical methods for maximising comfort, preserving dignity, and providing emotional and spiritual support. Care planning documentation for a consumer receiving palliative care demonstrated involvement of palliative care specialists and implementation of recommendations to maintain comfort and safety. Policies, procedures, and end of life pathways and guidelines informed staff practice for delivery of palliative and end of life care.

Care planning documentation evidenced changes in consumers’ health was recognised and responded to in a timely manner. Representatives felt staff were prompt to take appropriate action when deterioration in consumer health was identified. Staff outlined the process for identifying, reporting, and managing changes and deterioration in a consumer’s condition.

Consumers and representatives confirmed information regarding consumers’ condition, needs and preferences was effectively communicated. Care planning documentation evidenced regular case conferences between consumers, representatives and external providers of care and included input from visiting service providers to share information. Staff advised changes in consumers’ care and services were communicated through handover, progress notes, and clinical meetings.

Representatives advised they were aware of consumers’ referrals to allied health professionals, and referrals occurred when required. Care planning documentation evidenced prompt and timely referrals were made to allied health professionals in response to changes to the consumer’s condition. Staff described the referral process, and advised they had access to a wide range of external providers of care and services.

Staff demonstrated an understanding of the precautions to prevent and control infections, and the steps to ensure the appropriate use of antibiotics. Consumers provided positive feedback regarding the management of infectious outbreaks within the service, including COVID-19. Staff were observed to practice appropriate hand hygiene, and infection control signage was displayed throughout the service.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers gave examples of how they were supported to maintain their independence and quality of life in a meaningful manner. Staff advised consumers’ needs, goals and preferences were captured during their entry to the service and updated on a regular basis and could describe information for consumers in line with documentation.

Consumers and representatives felt consumers were supported to maintain their emotional, spiritual, and psychological well-being, such as through attending religious services. Care and service plans reflected the strategies and directives for staff to support consumers’ spiritual and psychological well-being. Staff were observed to engage in one-to-one conversations with consumers to provide emotional support, and explained how they would support consumers who were feeling low or needing someone to talk with.

Consumers and representatives confirmed consumers received supports to maintain social and personal relationships, and participate in community activities. Care and service plans identified consumers’ activity preferences and relationships of importance. Staff advised consumers were supported to participate in activities external to the service through bus outings and walks. Individual and group activities were developed aligning to consumer interests and feedback.

Consumers and representatives felt consumers’ needs and preferences were effectively communicated across the workforce. Staff advised consumers’ information was shared during handover, daily meetings attended by head of each department, and through the electronic care management system. Care planning documentation evidenced information regarding consumers’ needs and preferences was accessible to staff, relevant to role, and external providers of care.

Care planning documentation confirmed the collaboration with external organisations to support the diverse needs of consumers. Staff described how they referred consumers to community supports and volunteers to meet their needs. Consumers confirmed they were supported and visited by volunteers that spoke their native language, although whilst the referral was prompt it took a little while to find the right person, however, the service kept them informed of ongoing efforts until successful.

Consumers and representatives provided positive feedback regarding the quality and variety of meals provided to consumers. Staff advised menus were created in consultation with consumers and dietitians. The kitchen and meal serving stations were observed to be clean and well maintained, and menus were displayed at the entry to each dining room.

Consumers said their equipment was safe, clean and suitable, and were aware they raise any equipment issues with staff. Staff advised a mobility assessment was conducted for consumers to ensure consumers had access to suitable equipment, and confirmed shared equipment was cleaned after every use.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant, as:

Consumers and representatives felt the service environment was welcoming and easy to understand, and consumers could personalise their rooms with their personal belongings. A safe physical environment was observed, with well-lit corridors that were free of hazards and obstructions. Consumers were observed to spend time with their visitors within their rooms and various communal areas.

Consumers and representatives confirmed the service environment was clean and well maintained, and they could freely exit the service when they chose. Cleaning schedules and maintenance documentation evidenced the service environment was regularly cleaned and maintained. Staff described their responsibilities to ensure the cleanliness of the service environment, in alignment with their cleaning schedule.

Consumers and representatives said their equipment, furniture and fittings were safe, clean and well maintained. Staff described the maintenance process, and outlined how they logged maintenance requests. Preventative and reactive maintenance logs evidenced requests for repair and maintenance was completed in a timely manner.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives felt supported to raise their concerns or provide feedback and complaints to staff or within meetings. Feedback forms and suggestion boxes were accessible throughout the service. Management advised they regularly engaged with consumers, and feedback was often directly provided to them, and they maintained an ‘open door’ policy.

Consumers and representatives confirmed they were provided information about external complaint and advocacy services, and were aware they could contact the Commission to raise complaints. Pamphlets promoting access to advocacy and language services were displayed throughout the service. Staff demonstrated an understanding of external advocacy and language services available to consumers.

Consumers and representatives provided practical examples of actions taken in response their complaints and feedback, including the provision of further training to staff. Management and staff understood the open disclosure process, and advised upon receiving a complaint, they would acknowledge the complaint, provide an apology, investigate the complaint and discuss the investigation and outcome with the consumer and their representative. Complaints documentation evidenced open disclosure practices were applied when responding to complaints.

Management advised feedback and complaints were reviewed daily to ensure they were promptly responded to, and potential improvement actions were identified. Consumers outlined the improvements made resulting from their feedback. The plan for continuous improvement identified the complaints provided by consumers, and the improvement actions taken to resolve the complaints.

# 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)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives felt there were enough staff to meet consumers’ care needs, and consumers’ requests for assistance were promptly attended. Staff advised there were enough staff to deliver care to consumers, and vacant shifts were always filled. Management confirmed call bell times were monitored daily, and detailed the work being done on rostering and recruitment in preparation for care minute benchmarks and other changes within aged care.

Consumers and representatives said staff were kind, caring and supportive when engaging with consumers. Staff were knowledgeable of consumers’ needs and preferences, and referred to consumers by their preferred name. Respectful interactions were observed between consumers and staff, with staff knocking on consumers’ doors prior to entry, providing assistance during mealtimes and engaging in conversations. Management explained staff are vetted during recruitment processes and received mandatory training on the Aged Care Code of Conduct and dignity and respect to ensure interactions with consumer meet expectations.

Consumers and representatives confirmed staff were competent and skilled to perform their roles. Position descriptions outlined the necessary qualifications, registrations, knowledge and responsibilities for each role. Management advised the required police checks, registrations and qualifications for all staff was monitored.

Consumers and representatives mostly felt staff were well trained and supported to meet consumers’ needs. Management coordinated a case conference with one representative who described areas for improvement in knowledge, to understand concerns better and take necessary actions. Staff confirmed they had received a range of training to deliver outcomes within the Quality Standards, including on areas such as infection control, restrictive practices, and incident management, and felt comfortable to request additional training. Training records evidenced all staff had completed their annual mandatory training and competencies.

Staff described the performance appraisal process provided an opportunity to discuss their performance with their manager, receive constructive feedback and request further training. The performance appraisal register evidenced staff appraisals were up to date. Management advised performance was further monitored through feedback processes, consumer feedback and regular meetings, and gave examples of performance management actions taken when staff were not meeting expectations.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| 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 |
| 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives confirmed the organisation was well run, and they were involved in the development of their care and services, including through the Consumer advisory board. Management advised consumers and representatives were encouraged to provide their input through various meetings, feedback forms, and consumer surveys. Consumer meeting minutes and the complaints register evidenced consumers were engaged and supported in evaluating their care and services.

Management outlined the daily meetings and regular clinical reviews which were generated into reports and provided to the governing body to ensure effective oversight. The governing body monitored and evaluated the service’s performance against Quality Standards through regular reporting and analysis, ensuring delivery of best practice care. Management described the organisational structure which ensured the governing body’s accountability in providing quality care and services.

Effective organisation wide governance systems were in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management advised they were able to purchase the equipment required to meet consumers’ needs. The continuous improvement register outlined improvement opportunities were identified through various avenues including, audits, incident reports, data and trend analysis, and feedback processes. Changes to regulatory requirements were managed by the leadership team, and information was disseminated across the wider workforce.

Effective risk management systems, including policies and procedures, were in place to monitor and assess consumers’ high impact or high prevalence risks, and management confirmed risks were analysed incidents to identify trends. Staff outlined the incident reporting process and confirmed they had received training on the Serious Incident Response Scheme. Staff could also demonstrate shared understanding of elder abuse and neglect, explaining reporting responsibilities. Management and staff described how risk assessments were conducted, and consumers were supported to live their best lives.

A clinical governance framework and supporting policies were in place which addressed antimicrobial stewardship, minimising the use of restraint and open disclosure. Management advised the appropriate use of antibiotics was promoted through the monthly review of pharmacy records, checking antibiotic usage, and identifying and addressing trends to ensure antimicrobial stewardship principles have been followed. Staff described how restrictive practices were minimised through the trial of non-pharmacological interventions, regular reviews of medications and ensuring personalised care practices were implemented. Staff confirmed they had received open disclosure training and could outline the principles of open disclosure in alignment with respective policies and their roles.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)