Performance

Report

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| Name of service: | Ferndale Gardens Aged Care Facility |
| Service address: | 33 Jersey Avenue MORTDALE NSW 2223 |
| Commission ID: | 2494 |
| Approved provider: | Aspic Holdings Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 10 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 Ferndale Gardens Aged Care Facility (**the service**) has been prepared by K. Spurrell 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:

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* 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 staff, consumers/representatives and others.
* 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 | 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

Consumers said that they are treated with dignity and respect, with their identity, culture and diversity valued and described to the Assessment Team how staff support them to pursue individual interests and make decisions about their care. Staff spoke respectfully about consumers, demonstrated knowledge of individual cultural needs and explained how they support those consumers preferences. Care documentation identified the needs and preferences of consumers.

Consumers and representatives confirmed that the service recognises and respects their cultural background and provides care that is consistent with their preferences. Consumers are provided the opportunity to provide information about their cultural background and life history as part of the assessment process and staff were able to identify consumers from a culturally diverse background to the Assessment Team. Care plans confirmed information on cultural background and preferences formed part of the care and service provided.

Consumers are supported to make choices about their care, decide when family and friends should be involved in their care, and communicate their decisions and maintain relationships of choice. Care planning documents recorded individual choices around when care is delivered, who is involved in the care and how they are supported to maintain relationships.

Staff demonstrated that they are aware of risks taken by specific consumers, and said they support the consumer’s wishes to take risks to live the way they choose, such as consumers choosing to partake in activities with an element of risk and pursuing activities of interest independently, outside of the service environment. The Assessment team observed appropriate risk assessments in place for consumers where necessary.

The service provides information to each consumer in a range of ways, such as notices on the noticeboards displayed around the service, and brochures provided in different languages. Lifestyle staff and care staff were observed providing updates on the activities of the day to consumers. Information is clear, easy to understand and enables consumers to exercise choice. Representatives advised that they are kept up to date by management and any changes are provided through email, the service’s newsletter and the residents and representative meeting.

Staff described how they ensure that consumers’ personal information is kept confidential and explained that consumers’ files are kept locked, and all computers are password protected according to level of delegation. The service has protocols in place to protect consumer privacy.

# 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

Consumers considered their care is well planned, and said staff take the time to understand how to support them and felt confident that the staff have relevant skills to provide safe and effective care. Staff described the assessment and care planning processes and how they involve the consumer and representatives in the process. Validated assessment tools are consistently used by staff in the assessment and planning of consumers’ care and services.

Consumers and representatives said staff involve them in the assessment and planning of care through regular conversations with clinical staff or management either in person, by telephone or at case conferences. They said that their care and services are planned around what is important to them and include consideration of how they want their care and services delivered. Care plans reviewed by the Assessment Team shows that individual, tailored care, and service plans are documented for each consumer.

Consumers and representatives said they are actively involved in the assessment, planning and review of their care and services. Relevant staff explained how the service partners with consumers and representatives to assess, plan and review care and services. There are clear lines of staff responsible for the assessment, planning and review of care and services plans. Care and services plans show integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers.

All consumers sampled said that the service regularly communicates with them about their care. Care planning documents are updated at least every three months and when care needs change, and are relevant to consumer’s needs, goals and preferences. The service maintains an electronic care management system (ECMS) that incorporates assessments, daily charting and record keeping, progress notes and care plans. Specialist clinical needs such as catheter care and diabetes management are also included.

Consumers and representatives said they are notified when circumstances change or when incidents occur such as falls, the development of pressure injuries or incidents related to challenging behaviours. Registered and care staff said they report and record incidents according to their delegations in the electronic care management system. Incidents that required escalation to the Serious Incident Response Scheme (SIRS) are submitted within the required timeframes. The service is guided by policies and procedures for recording and reporting incidents and care plans are updated when circumstances change, such as a change in health or when incidents occur.

# 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

Consumers and representatives were satisfied the care meets their needs and optimises their health and well-being. Staff demonstrated that they were familiar with the personal and clinical needs of individual consumers, understand their roles in preventing pressure injuries, such as regular position changes and monitoring the consumers’ skin and completing wound care assessments and wound charts to track healing progress. The service has appropriate Behaviour Support Plans in place and restrictive practices are used as a last resort. The service uses an assessment tool to monitor the use of all psychotropic medications, antimicrobials and polypharmacy across the service. The results are discussed at the monthly clinical governance quality meeting. The service conducts skin integrity risk assessments and develops appropriate management plans for consumers.

The service effectively managed risks for each consumer, including managing delirium, pressure injuries, hydration and nutrition, medications, hearing loss and restrictive practices. Analysis and investigation are conducted by the clinical governance team for all incidents, such as falls, skin injury, challenging behaviours, and infections, to identify the contributing factors so that appropriate interventions or actions can be implemented to prevent recurrence.

Consumers felt confident that when they need end-of-life care, the organisation will support them to be free from pain, to have those important to them with them and receive care in line with their social, cultural, and religious preferences. Care and services plans contain information on consumers’ end of life care in line with the consumer’s end-of-life care needs, goals, and preferences. Staff were able to respectfully describe how they support consumers who are approaching the end of life, such as attending to consumer mouth care, skin care, repositioning and personal hygiene to prioritise comfort and dignity during end-of-life care.

Consumers were confident that members of the workforce identify changes in their condition, and that they are able to respond appropriately. Staff described how they identify signs of deterioration and were able to describe different situations where a change in a consumer’s condition, health or abilities should be identified and what response they should take. They also described how they communicate information if they observe a consumer’s condition, health or abilities deteriorating, who should be involved and what actions they should take. Consumer records show that changes in consumers’ care needs are recognised and responded to in a timely manner.

Staff described how changes in consumers’ care and services are communicated through verbal handover processes, meetings, accessing care plans, and accessing the daily consumer task reports or messages through electronic notifications. Clinical staff described how accurate, up-to-date, and relevant information is shared with others as consumers move between care settings, such as between the service and acute care. Consumer care and service plans show evidence of updates, reviews and communication alerts and clinical handover sheets contain current and accurate information relating to consumer care.

Consumers and representatives were satisfied with the delivery of care, including referral processes. Registered staff were able to describe the process for referring consumers to health professionals and allied health services. Consumers’ care planning documentation includes input from other providers of care, such as physiotherapists, podiatrists, speech pathologists, wound consultants, continence nurse specialists and dieticians.

The service has policies to guide infection control practices and all staff receive training on infection control practices, including donning and doffing and handwashing. Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and infection control practices. Staff interviewed said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and outbreak management processes.

# 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

Consumers were satisfied with the support for daily living they receive at the service and feel supported by staff to live the best life they can. Staff described what is important to consumers and were able to identify individual preferences. The Assessment Team reviewed activity programs and minutes from residents’ meeting that showed consumers have input into the leisure and lifestyle program. Residents’ meetings are conducted on a monthly basis, activity programs are reviewed at least monthly by the Lifestyle team and more frequently at consumer’s request.

The service has Catholic, Anglican and Baptist church services onsite and spiritual providers are available for individual visits and referrals. Care planning documents recorded consumers individual emotional and psychological support strategies. Consumers spoke positively about opportunities to participate in activities within and outside service and described how the service supported them in maintaining social and personal connections. Consumers described how they use iPads to connect with some family members and friends that they are unable to visit. Staff gave examples of how they support consumers to participate in things that interest them and connect with others outside the service.

Staff advised that information about consumers care, and needs is shared at shift handover, progress notes, communication books and in the services clinical database. Consumers said that staff were aware of their needs and preferences and that they do not have to repeat information to new staff.

Consumers and representatives advised that the services were prompt when organising an appointment when they require services from external providers. The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers of care and services to enhance the care and support provided to consumers. Consumers care planning documentation showed the service collaborates with external providers to support the needs of consumers.

Consumers and representatives were satisfied with the quality, variety and quantity of meals provide by the service. Details of preferences are located in the kitchen and the individual unit serveries. Following feedback from consumers, an after-hours menu has recently been introduced which consists of light, nutritious snacks approved by the dietitian. The Assessment Team observed several meal services; meals were well presented and of varying textures.

The Assessment Team reviewed the cleaning schedules for equipment in use throughout the facility. Staff confirmed that all equipment is cleaned after consumer use and a thorough weekly clean is also conducted and documented. Consumers said that they feel safe when staff use equipment, such as lifters, weight chairs and wheelchairs.

# 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

The service has a welcoming environment and consumers were observed to be moving around their units using mobility assistive equipment. The front reception area was welcoming, with staff available to assist or redirect consumers if required. There were quiet spaces throughout the service, including a library on the ground floor and the outside area on the ground floor was spacious and contained comfortable furniture.

The service had processes in place to ensure that the service environment is safe, clean, well maintained, and comfortable, and the service environment enables consumers to move freely, both indoors and outdoors. The Assessment Team reviewed the schedule of each cleaner and confirmed they clean each room, activities area, public toilets, and hallways on a daily basis. Consumers were observed to be familiar with the service and easily navigating the space.

The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained, including cleaning and maintenance schedules and audits. Consumers said that they felt their equipment was suitable for their needs. The Assessment Team observed all equipment and furniture to be clean, well maintained, and suitable for use.

# 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

Consumers and representatives were encouraged to provide feedback and make complaints. Consumers said that while they were aware of how to make a complaint using a written form or sending an email, they preferred to speak with staff directly. Consumers and representatives said they received information relating to the complaints and feedback processes on admission and in resident meetings, and feedback boxes are available throughout the service. Staff were able to describe how they supported consumers and representatives to access complaints and feedback mechanisms.

Consumers said they are provided with information on advocacy, language services and ways to raise complaints. Management provided an overview of the resolution process for complaints and information on the availability of translation services, advocacy, and specialist services that are made available to consumers. Printed material is provided to consumers and representatives on admission in the Resident Handbook and is reinforced through flyers, posters, and resident meetings. Staff demonstrated they understood the internal and external complaints and feedback avenues, and advocacy and translation services, that are available for consumers and representatives. Staff were able to describe how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Consumers and representatives said management promptly addresses and resolves their concerns following the making of a complaint, or when an incident has occurred., including providing an apology when a complaint is made or when things go wrong. Staff and management were able to describe the process that is followed when feedback or a complaint is received. Staff confirmed that if consumers and representatives were to raise an issue with them directly, they would escalate all complaints to management for investigation and follow-up. Staff had received training on complaints management and open disclosure and demonstrated a shared understanding of the principles of open disclosure, including providing an apology to the impacted person/s, and implementing actions to prevent recurrence of the incident or complaint.

Consumers and representatives were able to describe changes implemented at the service because of feedback and complaints, and said they are confident that these are used to improve the quality of care and services. Management said that the service trends and analyses feedback from consumers and representatives are used to inform continuous improvement activities across the service. A review of resident meeting minutes demonstrated, that changes and improvements made at the service are discussed at the monthly resident meetings. Through this feedback mechanism, the service evaluates the improvement activities and consumer satisfaction.

# 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

Consumers and representatives felt there are enough staff, that call bells are answered promptly, and that staff give them the care they need. Care delivery was observed to be calm, professional, and planned. A roster is developed and published every month based on the needs of consumers. The roster contained a mix of staff, including registered nurses, care workers, lifestyle, and hospitality services staff and maintenance staff. Allied health staff, including physiotherapists and podiatrists, provide regular planned care for consumers. The roster demonstrates that the service ensures there are enough staff to provide continuous safe and quality care.

Consumers said that staff are kind and caring and that they respect their identity, culture, heritage, and diversity. Staff explained how they provide care that is respectful to identity, culture and diversity. Interactions were observed to be caring and respectful, with staff taking time to interact with consumers. Care planning documents demonstrate that the consumer’s story, needs, and preferences are known. Staff receive training and support to deliver care in accordance with the organisations’ Choice Dignity and Diversity policy and procedure.

Consumers said that there are skilled care and clinical staff in the service to provide care, and that they are referred to specialist services when needed. Staff said they have the necessary skills to perform their role and that they are supported by senior staff. The service demonstrated that the workforce is competent, and members of the workforce have the qualifications and knowledge to perform their roles effectively. The service maintains an up-to-date register of staff qualifications and reviews this register regularly. Consumers and representatives said that staff are competent and meet the needs of consumers.

Staff are recruited using a formal recruitment process that includes interviews, referee checks, police, and qualification checks. Ongoing training and development opportunities are provided for all staff and their participation in the training programs is logged and recorded. Staff described the organisation’s training program and relevant processes for identifying staff training needs. Staff receive mandatory training upon commencement of their position, then annually or as required. The Assessment Team observed that staff have access to a large number of training modules on the online training platform.

Staff demonstrated an awareness of the service’s performance development processes, including performance appraisals, which include discussions of their performance and areas where they would like to develop their skills and knowledge. Documentation outlined the staff performance framework, including annual performance appraisals and mandatory education. A review of documentation identifies performance appraisals, mandatory training and competency assessments are scheduled and conducted every year.

# 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

Consumers and representatives said they provide ongoing input into how care and services are delivered. The service seeks their input in a variety of ways, such as resident and relative meetings, regular surveys and face-to-face discussions. They said that they feel included in the discussions around care planning and management. Management said that all feedback or suggestions made by the consumers and representatives are included in the service’s improvement register. Management explained that there is a service level ‘open door’ policy, and the Facility Manager conducts daily walkarounds to engage with consumers.

Management demonstrated that the organisation’s governing body promotes a culture of safe and inclusive care. The governance committees use information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance, and monitor care and service delivery. Reports to the executive include clinical governance and quality review summaries. The organisation drives improvements and innovations using data from internal audits, clinical indicator reports, incidents or near misses, consumer, and staff feedback.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service has an effective risk management system in place to identify and manage risks to the safety and wellbeing of consumers. Management described how incidents are analysed, used to identify risks to consumers and inform improvement actions. The clinical team has developed a tool to identify and list high impact and high prevalence risks for consumers at the service and uses this list to inform the mix of staff in each area and the training and development requirements for staff. The service provided a risk management framework, which included policies describing how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers is identified and responded to; and how incidents are managed and prevented.

The service had a clinical governance framework in place including antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management explained the areas of responsibility for clinical leadership, how they collect and use data to inform safety and quality, and the organisation’s approach to clinical audits and data. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework in relation to antimicrobial stewardship, the use of restrictive practices, and the open disclosure process.

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)