Performance

Report

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| Name of service: | Performance report date: |
| Fig Tree Point Aged Care Facility | 7 July 2022 |
| Commission ID: | Activity type: |
| 0486 | Site audit |
| Approved provider: | Activity date: |
| Hunter Valley Care Pty Ltd | 30 May 2022 to 1 June 2022 |

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 Fig Tree Point Aged Care Facility (**the service**) has been considered by Melissa Frost, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 28 June 2022.
* 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 | Non-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 | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Non-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

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 1(3)(a) – the Approved Provider ensures all consumers are treated with dignity and respect, with their identity, culture and diversity valued.
* Requirement 5(3)(c) – the Approved Provider ensures fittings and equipment are safe, clean, well-maintained and suitable for consumers, including the call bell system at the service.
* Requirement 6(3)(d) – the Approved Provider ensures all feedback and complaints are recorded, monitored and reviewed and used to improve the quality of care and services.

# Standard 1

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| Consumer dignity and choice | | Non-compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Site Audit Report reflected most consumers stated they are treated with dignity and respect, and staff demonstrated an understanding of what is important to consumers. However, two named consumers described circumstances when they were not treated with dignity and respect, including when one named consumer was left inappropriately clothed after being assisted with personal hygiene and one named consumer experienced incontinence while waiting for over 30 minutes for staff assistance. The Assessment Team observed meals being served to consumers in bowls due to lack of plates, and some staff knocking on consumers’ room doors and entering without permission.

The Approved Provider responded on 28 June 2022 and included some clarifying information and actions taken to address the deficiencies raised in the report.

Regarding the two named consumers, the Approved Provider stated they have since apologised to one named consumer and the other named consumer had raised a complaint previously which was managed effectively, as demonstrated by the consumer feedback during the Site Audit. The Approved Provider gave reassurance to both consumers and required staff to complete mandatory education on dignity and respect following the Site Audit. I consider these examples demonstrate non-compliance with this requirement due to consumers’ reported experience prior to the Site Audit.

Regarding crockery for meal service, kitchen staff said insufficient plates were available for a few months, the issue was escalated and remained unresolved. The Approved Provider said an order was placed several times, however delivery did not occur, and upon being informed of the issue on commencement of the Site Audit suitable plates were ordered from an alternative supplier. I consider this example supports non-compliance with this requirement as the service’s processes and communication broke down in addressing the need for suitable items, and consumer meals were not consistently served in a dignified manner.

The deficiencies identified had impact to consumers. At the time of the Site Audit, the service did not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

Therefore, I find requirement 1(3)(a) is non-compliant.

I am satisfied that the remaining 5 requirements of Quality Standard 1 are compliant.

Consumers said staff knew about their background and what was important to them. Staff could identify consumers with religious preferences and had access to documentation on consumers’ diverse needs and preferences.

Consumers are supported to exercise choice and independence, including through maintaining relationships with others at the service. Staff described how they support consumers to make choices, including through providing meal and activity options or facilitating consumer meetings.

Consumers provided examples of risk-taking activities they are supported to do. Staff understand the service’s risk management processes and complete risk assessments in consultation with consumers and their representatives.

Consumers said information provided to them is timely and supports them to make choices. Staff described ways of providing information to consumers, including through noticeboards, newsletters or verbally.

Consumers said staff maintain their privacy. Most staff were observed knocking and seeking consent prior to entering a consumer’s room. Consumers’ personal information was observed to be generally securely stored.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 and their representatives stated they are involved in assessment and care planning process. Assessments are completed upon entry to the service to identify consumers’ needs and relevant risks, and guide staff in the delivery of safe and effective care. Care planning documents detail consumers’ current needs, goals and preferences. Advance care and end of life preferences are discussed with consumers or their representatives on entry to the service or when consumers’ condition warrants.

Consumers and their representatives confirmed staff explain relevant information about consumers’ care planning and they have access to copies of the plan. Care documentation reflected input from consumers, representatives and other organisations and services, including recommendations or directives from health professionals.

Care documentation showed care and services are reviewed every 3 months, and in response to incidents and changes to consumer’s condition or needs. Clinical indicators are monitored, trended and analysed monthly to inform practice improvements.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 their representatives said consumers receive personal and clinical care that is right for them and tailored to their needs. Consumers subject to restrictive practices have appropriate documentation, monitoring and review in place. Consumers requiring skin integrity and pain management care receive suitable care consistent with applicable directives.

Care documentation showed high impact and high prevalence risks associated with the care of consumers were identified and interventions to manage these risks were documented. Staff said they are guided by policies and procedures to deliver best practice care and described how they manage individual consumers’ risks.

Care documentation recorded consumers’ end of life needs, goals and preferences and staff provided examples of how they alter care for consumers nearing end of life. Care documentation showed deterioration or change in consumers’ condition is identified and responded to in a timely manner, including through referrals to other professionals, which was consistent with staff feedback and the service’s procedures.

Information relating to consumers’ condition, needs and preferences is reflected in care documentation and is shared through handover meetings. Staff notify appropriate health professionals and representatives if there is a change in a consumer’s condition, an incident or a medication change, and document details in progress notes.

Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to other individuals, external allied health providers or organisations.

Staff described how they minimise infection-related risks and manage the use of antibiotics, consistent with the service’s policies and procedures regarding infection prevention and antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 said they feel supported to do lifestyle activities that interest them. They said their emotional and spiritual well-being is supported. Staff described what is important to consumers, and how they support consumers’ independence and quality of life, including by tailoring activities. They described how they identify changes in consumers’ mood and give emotional support, including engaging with consumers or encouraging them to participate in activities. Care planning documents reflect what is important to consumers, including their emotional, spiritual and psychological needs.

Staff described how they support consumers to participate in activities within and outside of the service, and maintain social and personal relationships, which was consistent with consumer feedback. Staff were observed encouraging and assisting consumers during activities.

Information about consumers’ needs and preferences is communicated effectively, including dietary needs and preferences. Staff described how changes relating to consumers’ care and services is communicated through verbal and documented handover processes.

Care plans show referrals are made to other services and organisations to support consumers to maintain their interests and enhance their well-being. The service engages other individuals and organisations to supplement the lifestyle program.

Consumers expressed overall satisfaction with the quality and quantity of meals provided by the service, and said they have options to accommodate preferences. The kitchen environment was generally observed to be clean and tidy, with hygiene practices observed.

Consumers said they have access to items to support them to engage in lifestyle activities. Equipment was overall observed to be clean, suitable and stored appropriately. Staff reported some delays in receiving replacement equipment.

# Standard 5

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| Organisation’s service environment | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Furniture and fittings were observed to be clean and suitable. However, deficits were identified with equipment. The Site Audit Report identified call bells at the service do not work on a regular basis, and during outages some consumers relied on an older system and some had to call out for staff assistance. No further consumer impact was identified. Care staff interviewed stated there was no formal process or procedure to follow to assist consumers when the call bell system failed.

The Approved Provider responded on 28 June 2022 and stated the service does have a system in place when a call bell does not work, including conducting a comfort and safety check on the consumer at a minimum of every 10 minutes and consumers are provided with an alternative bell. The Approved Provider submitted evidence of approving the investigation of installing a new call bell system following the Site Audit.

While I acknowledge the Approved Provider’s response of having a contingency process in place, I note the ongoing issues with the call bell system and the possibility of rectifying the issues was only considered following the Site Audit. Staff did not have a shared understanding of the procedures to follow while the call bell system was malfunctioning. Since the deficiencies were identified to be occurring on a continual basis and the service had not actively addressed these issues in a timely manner, I consider the service did not demonstrate having well-maintained and suitable equipment for consumers at the time of the Site Audit.

Therefore, I find requirement 5(3)(c) is non-compliant.

I am satisfied the remaining 2 requirements of Quality Standard 5 are compliant.

Consumers said they feel at home and comfortable at the service. The service environment was observed to be clean, with adequate signage to support consumers to move freely. Consumers’ rooms are personalised with photographs and furnishings.

The service has communal areas, balconies, and gardens, for consumers to socialise, engage or relax and enjoy lake views. Consumers were observed moving between different areas of the service, and indoor and outdoor areas of the service were generally easily accessible to consumers. Staff described how they monitor safety and comfort of the service environment.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Site Audit Report identified that various complaints raised by consumers, including in relation to laundry processes, have not been recorded or trended in the complaints register, and therefore, have not been reflected in the service’s continuous improvement plan. Complaints related to higher impact systemic concerns were recorded. While the service had suitable policies in place regarding complaints, staff were not routinely adhering to these.

The Approved Provider responded on 28 June 2022 and did not refute the Site Audit Report’s findings. They acknowledged more significant complaints were registered and trended though complaints deemed less significant were not recorded as they were dealt with immediately. They also acknowledged all complaints should have been recorded for trending and continuous improvement processes. The Approved Provider has since commenced recording all feedback and complaints and is in the process of transitioning to a new complaints management system.

At the time of the Site Audit, due to lack of consistent recording of complaints, the service was unable to demonstrate that all feedback and complaints received are monitored and reviewed to improve the quality of care and services for consumers.

Therefore, I find the requirement 6(3)(d) is non-compliant.

I am satisfied the remaining 3 requirements of Quality Standard 6 are compliant.

Consumers and their representatives said they are encouraged to raise concerns about their care and services and felt comfortable to do so. Staff described how they handle complaints and concerns. Consumers are provided with written information about how to make complaints, and feedback forms and secured boxes are available throughout the service.

Consumers are made aware of and have access to advocates, language services and other methods of raising complaints. Staff said they are able to utilise interpreting services, refer consumers to advocacy services when relevant or approach senior staff for information on these services.

Consumers said appropriate action was taken in response to their concerns. Staff described using open disclosure in response to complaints.**Standard 7**

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| Human resources | | Compliant |
| 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 acknowledged staffing levels were low, however it did not impact on the quality of care provided by the service. While there were ongoing issues with the service’s call bell systems, most consumers were satisfied with the call bell response times. Staff felt they were short-staffed, specifically due to external difficulties with recruitment, however, this did not impact on consumers’ care. Review of rostering documentation and observations during the site audit demonstrated overall effective workforce planning.

Consumers expressed staff were kind, caring and respectful, which was consistent with the observations during the Site Audit. Consumers and their representatives stated staff are adequately trained and equipped to perform their roles. Staff qualifications and credentials are reflected in their position descriptions and staff handbook.

The service delivers formal and periodic training to support staff in delivering appropriate care. The service implemented a new training platform which includes modules for relevant areas and key competencies. Staff receive regular performance assessment, monitoring and review and are supported by management for additional training or development opportunities.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 their representatives said the service is well run and they can partner in improving the delivery of care and services. Consumers are engaged through consumer meetings and surveys.

The organisation’s governing body promotes and is accountable for the delivery of safe, quality care and services. The service’s performance is monitored through internal and external audits, self-assessment, and consumer and staff feedback.

The organisation has generally effective governance systems in place. Some opportunities for continuous improvement were inconsistently added to the service’s register, as reflected under requirement 6(3)(d). Staff are able to easily access relevant information through the service’s information management systems. Financial and workforce governance systems are suitably addressed. Regulatory compliance is addressed through regular staff communication and education.

The service has documented risk management framework. Staff gave examples of how they manage high impact and high prevalence risks, respond to abuse and report incidents consistent with policies and training received.

The service has a clinical governance framework that includes policies relating to the minimisation of restrictive practices, antimicrobial stewardship and open disclosure.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)