Performance

Report

**1800 951 822**

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| Name of service: | Fig Tree Point Aged Care Facility |
| Service address: | 7 Harris Street TORONTO NSW 2283 |
| Commission ID: | 0486 |
| Approved provider: | Hunter Valley Care Pty Ltd |
| Activity type: | Assessment Contact - Site |
| Activity date: | 7 February 2023 |
| Performance report date: | 23 March 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 Fig Tree Point Aged Care Facility (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 March 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-compliant |
| **Standard 5** Organisation’s service environment | **Non-compliant** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Requirement 1(3)(a)**

The service should:

* Ensure that staff can access direct communication with consumers, other staff and management, including location and duress functions to enhance safety and to reduce consumer wait times in critical situations.
* Provide education and training to staff related to consumer dignity and respect.
* Ensure a stable, consistent and accessible workforce is provided at the service to meet consumer needs, and alleviating consumer wait times within the service.

**Requirement 5(3)(c)**

The service should:

* Ensure the installation of a new call bell system to support staff and consumers.
* Provide education and training on the new call bell system to support staff and management usability and reduce the impact on consumer wait times.

# 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. | Non-compliant |

Findings

Requirement 1(3)(a) was found non-compliant following a site audit conducted from 30 May 2022 to 1 June 2022 relating to the service being unable to demonstrate how each consumer is treated in a respectful way. During the assessment contact visit of 7 February 2023, the Assessment Team reported that consumers and representatives advised they are treated with dignity and respect and their identity, culture and diversity is valued. The Assessment Team observed staff speaking to and about consumers respectfully and that staff were observed interacting with consumers in a respectful manner. The Assessment Team reported, however, that some consumers advised they were not consistently treated in a respectful and dignified manner. Staff advised that as a result of no laundry staff on the weekends, some residents can run out of clean clothing, for example singlets to give additional warmth. Staff said they wrap consumers in a blanket to keep them warm.

Staff advised the Assessment Team they are aware consumers are waiting long periods of time to receive assistance which can result in them being incontinent. Staff indicated having only two staff covering twenty-one consumers over two levels can be difficult to manage consumers’ needs in a timely manner. Staff also advised they have limited communication options with their team member when they are not together. When a consumer has a fall or needs two staff to assist them, they are required to leave the consumer to locate the other team member or use the phone at the nurse’s station to seek assistance. Staff explained that this can lead to consumers having to wait long periods of time for assistance.

Management advised the Assessment Team that they are aware communication between staff can be an issue and, in the past, have trialled mobile phones for communication. However, the service has had bad mobile phone service coverage and because of this mobile phones were not successful.

In their response to the Assessment Contact Site Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service has updated their call bell system to ensure that staff have direct communication with consumers, other staff and management. The system’s enhancements provide a location and duress function to enhance safety and is aimed to reduce the wait times in critical situations. Further, the service has assigned mandatory training to all staff related to consumer dignity and respect. The service has also communicated to all staff about the importance of knocking before entering a consumer’s room and waiting for a response. The organisation’s human resources team are overseeing attendance and completion of the staff training.

In their response to the Assessment Contact Site Report, the Approved Provider also explained that the service maintains ongoing advertising for recruitment to ensure they offer consumers a stable, consistent and accessible workforce to meet their needs, and thus alleviating consumer wait times within the service.

These response actions demonstrate appropriate measures are being taken to remediate the non-compliance at the service. However, in response to this assessment contact visit, I find the Assessment Team’s findings to be more compelling in regard to compliance for consumer dignity and choice. Therefore, I find the service non-compliant in Requirement 1(3)(a).

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Non-compliant |

Findings

Requirement 5(3)(c) was found non-compliant following the site audit conducted from 30 May 2022 to 1 June 2022. This related to consumer call bells not working on a consistent basis. The Assessment Team reported in their Assessment Contact Site Report that this issue has not been adequately remediated. Consumers, staff and management advised the Assessment Team that the call bell system continues to be ineffective, resulting in staff not always being aware that a call bell has been used by a consumer. Staff advised they struggle to hear the call bells sounding when they are attending to another consumer, and they are unable to see the call bell monitor in certain areas within the service.

In their response to the Assessment Contact Site Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service is progressing the installation of a new call bell system to commence from 15 April 2023. The upgraded call bell system will support staff and consumers by introducing a paging and location capability. The upgraded system will also provide staff direct communication with consumers, other staff and management.

The new call bell system provides a real-time facility status dashboard, call logs, data analytics and wide range reporting functions, smartphone, tablet or browser access. In addition there is a maintenance register for compliance reporting. The Approved Provider explained that until the upgraded system is implemented at the service, staff communication protocols has been updated to ensure that information related to call bell faults are relayed during shift handover and that those consumers identified with an issue are provided fifteen minute checks to ensure their care needs are being met. These checks are included in staff work logs thus ensuring accountability and oversight.

These response actions demonstrate appropriate measures are being undertaken by the service to remediate the non-compliance. In respect to the assessment contact visit of 7 February 2023 I find, however, the Assessment Team’s findings to be more compelling in regard to compliance for the organisation’s service environment. Therefore, I find the service non-compliant in Requirement 5(3)(c).

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Requirement 6(3)(d) was found non-compliant following a site audit conducted from 30 May 2022 to 1 June 2022. This was in relation to the service being unable to demonstrate that all complaints including minor or day-to-day complaints were being consistently recorded in the service’s complaints register, being responded to in a timely manner, and being linked to the service’s plan for continuous improvement to effectively capture trends and other data. During this assessment contact on 7 February 2023, The Assessment Team reported the service was unable to demonstrate remediation of this issue and that the service has not adequately implemented effective systems in relation to feedback and complaints to ensure improvements to consumer quality of care and services occur within the service.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service has communicated with staff and provided education to ensure that priority is given to complete feedback forms and record consumer information in the service’s complaints record management system, called Assurance (CompliCare). The Approved Provider explained that this system effectively links to the service’s plan for continuous improvement and provides prompts to the relevant staff or management to take action to manage a complaint in a timely manner. Further, the service has adopted a process where administration staff seek feedback from care staff at the end of every shift on any complaints or feedback received from consumers or representatives, The administration staff take carriage to record this information appropriately in the Assurance system. Consumer feedback forms are located throughout the service and are now scanned and attached to the corresponding complaint or feedback entry in the Assurance system.

In their response to the Assessment Team Report, the Approved Provider also demonstrated that the service has taken appropriate action in response to the individual consumer issues reported by the Assessment Team in their Assessment Contact Site Report. This includes explaining that the service has arranged maintenance on the WIFI connectivity within the service, new phone handsets are ordered for those consumers who experience problems, and the service has mandated appropriate labelling for all resident clothing and supplied additional hours for a designated staff member to be responsible for putting away consumer clothing, organising the laundry and folding clothing. Further, every consumer is now provided with a suitable laundry bag to allow their laundry to remain collated during the laundry process, thus reducing the risk of items getting mixed up with other consumer’s items.

The Approved Provider also explained that feedback from consumer and representative resident meetings are recorded as agenda items and openly discussed at each meeting, and consumer surveys are now routinely collated and imputed into the service’s feedback register and linked to the service’s plan for continuous improvement.

These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance in respect to feedback and complaints. Therefore, I find the service compliant in Requirement 6(3)(d).

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)