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: | 20 July 2023 |
| Performance report date: | 16 August 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 8 August 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **Standard 5** Organisation’s service environment | **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

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

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

Findings

The service was found non-compliant following a site audit from 30 May 2022 to 1 June 2022. The non-compliance related to reports that consumers were not consistently being treated in a respectful and dignified manner. In response, the service implemented mandatory training to all staff on consumer dignity and respect. A memorandum for all staff to knock prior to entering a consumers’ room was circulated, and all resident clothing is now labelled by family or by the onsite laundry team upon admission to the service. In addition, extra care staff hours are added to shifts to assist laundry processes and individual consumer laundry bags are used to minimise misplaced laundry.

The service has also implemented a new call bell and improved internet systems, and has provided all relevant staff with new mobile devices for use throughout the service.

In response to the Assessment Contact undertaken on 20 July 2023, consumers advised that staff are kind and caring and treat them with dignity and respect, including calling them by their preferred names, knocking on doors prior to entering and involving them in choices such as which activity to attend and choice of location for meals and other activities.

With these considerations, I find the service 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. | Compliant |

Findings

The service was found non-compliant following a site audit from 30 May 2022 to 1 June 2022 specifically in relation to the inefficiency of the service’s call bell system and the related issues this creates in ensuring effective care and services for consumers. Consumers, staff, and management provided feedback on the service’s call bell system explaining that staff were not always aware that a call bell had been used by a consumer. In addition, staff struggled to hear the call bells sounding when they are attending to other consumers, and they were unable to observe the call bell monitor in certain areas within the service.

In their response to the Assessment Contact Report however, the Approved Provider demonstrated appropriate and proportionate action to address each individual consumer issue reported by the Assessment Team. The Approved Provider also explained that the service has implemented a new call bell alert system which facilitates linkage to staff phones and provides functionality for escalation, or additional staff assistance if necessary. Staff receive an immediate alert which includes the location of the call bell within the service. Staff are then able to call or text other members of staff if assistance is required. If the call bell is not attended within an appropriate time, the call will escalate to registered nursing staff and the staff supervisor, and further escalation to administration staff and management staff is automated if the situation arises.

After considering the Approved Provider’s response and the impact on each consumer, I find the Approved Provider’s findings to be more compelling in regard to the organisation’s service environment, and with these considerations, I find the service compliant in Requirement 5(3)(c).

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