Performance

Report

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| Name of service: | Finley Regional Care |
| Service address: | 26 Dawe Avenue FINLEY NSW 2713 |
| Commission ID: | 2765 |
| Approved provider: | Finley Regional Care Ltd |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 25 November 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 Finley Regional Care (**the service**) has been prepared by M. Nassif, 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 staff, consumers/representatives and others.

# 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 and representatives said they were treated with dignity and respect and their identity, culture and diversity was valued. Staff were aware of consumers from different backgrounds and cultures and could explain how their care and services were tailored around their culture and identity. Care planning documents detailed consumer’s life stories and backgrounds and interactions between staff and consumers were observed to be respectful.

Consumers and representatives confirmed the service recognised and respected their cultural traditions and preferences when delivering care. Staff identified consumers from culturally diverse backgrounds and described how they supported them with culturally safe care. Care planning documents and the lifestyle activities calendar reflected culturally appropriate care and services. The service had policies, procedures and staff training in relation to respecting and supporting consumers from culturally and linguistically diverse backgrounds.

Consumers and representatives felt supported to exercise choice and independence, involve who they want in their decision making and maintain connections and relationships that were important to them. Staff explained how they supported each consumer in their choices, decisions and relationships on a daily basis. Care planning documents identified consumer’s individual choices about their care delivery, who else was involved in their decisions and how to support their personal relationships.

Care planning documents identified areas of risk, consultation with consumers and agreed strategies to mitigate risk. Staff described the activities chosen by specific consumers and the risk mitigation strategies in place. The service had documented policies and procedures to guide staff practice in relation to the identification, assessment and management of risks.

Consumers and representatives said they were provided with current, accurate and timely information, to assist them make care and lifestyle choices such as events and activities, meal selections and external outings. Staff described various ways they provided information to consumers regarding the care and services and care planning documents indicated different communication strategies for consumers with communication difficulties.

Consumers and representatives said their privacy was respected, and their personal information kept confidential. Staff provided examples of ways they ensured each consumer’s privacy was maintained and how their personal information was kept confidential. The organisation had documented policies and procedures in relation to consumer privacy and the management of personal information.

# 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

Care planning documents evidenced assessment and planning to inform the delivery of safe and effective care and services, including consideration of risks to consumers’ health and well-being. Staff detailed the comprehensive assessment and planning process at the service for new and existing consumers and how they assessed risks. The service had documented clinical policies, procedures and tools to guide staff through the assessment and care planning process.

Consumers and representatives said assessment and planning identified their needs, goals and preferences including advance care plans and end of life wishes. Care planning documents identified and addressed the consumer’s current needs, goals and preferences and included advanced care planning and end of life planning where consumers wished.

Consumers and representatives felt involved as partners in the assessment, planning and review of their care and services. Care planning documents demonstrated consumers, representatives and other organisations and individuals were involved in the assessment and planning process. The service had documented policies setting out the process for partnering with consumers and involving other providers of care and services.

Representatives felt they were up to date with the health status of their loved ones and said the service provided regular updates. Consumers where aware they could ask for copies of their care planning documents. Staff detailed the processes for informing consumers and representatives of the outcomes of assessment and planning and keeping them up to date. The service had policies and procedures relating to communicating the outcomes of care assessments.

The service had a routine three monthly review schedule for each consumers care and services and involved the consumer and their representative in the review. Staff detailed the process and frequency for routine care plan reviews and provided examples of where care plans had been reviewed following an incident or change in care needs. Care planning documents showed care and services had been reviewed where consumer’s needs, goals or preferences had changed.

# 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 provided was safe and effective and tailored to meet consumer’s individual needs and optimise their health and well-being. Staff described best practice care and showed they understood the personal and clinical needs of each consumer. Care planning documents reflected individualised care that was safe, effective and tailored to their needs. The service had policies and procedures in place to support the delivery of care provided.

Consumers and representatives were satisfied high impact and high prevalence risks were effectively managed. The service had policies and procedures in place to manage high impact and high prevalence risks. Staff detailed processes in relation to the identification of high impact or high prevalence risk associated with the care of each consumer through ongoing assessment and planning. Care planning documents identified effective strategies to manage key risks and were recorded.

Care planning documents showed the needs, goals and preferences of consumers nearing the end of life were supported and their comfort maximised, and dignity preserved. Staff explained the policies and processes in place for supporting consumers nearing the end of life and ensuring their needs and preferences were met.

Staff described examples of identifying and responding promptly and appropriately to a deterioration or change in a consumer’s condition. Care planning documents showed the service was able to identify and respond to a deterioration or change in consumers’ health status.

Care planning documents included adequate and accurate information to support effective and safe sharing of consumers’ care. Consumers and representatives were satisfied with the delivery of care including the communication of changes to consumers’ condition. Staff described how any changes in consumers’ care and services were communicated through verbal handover, meetings and by accessing care plans, progress notes and alerts.

Consumers and representatives said there were timely and appropriate referrals to other individuals and organisations providing care and services. Care planning documents also evidenced this. The service had policies and procedures to guide staff in the involvement of other service providers such as conducting further clinical investigations by specialists. Staff gave examples of referrals to specialist services such for behaviour management, weight and nutrition support and complex care needs.

The service had policies and processes in place to minimise infection related risks and reduce the risk of antimicrobial resistance. Staff had received relevant training and detailed strategies and procedures to prevent and control infections and to reduce the use of antibiotics. Consumers and representatives said staff practised good hygiene and the service took steps to avoid infections spreading and managed the COVID-19 outbreak well.

# 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 and representatives said the services and supports for daily living met their needs, goals and preferences and optimised their overall health and well-being. Staff described how they partnered with the consumer/representative to conduct lifestyle and spiritual assessments to record leisure likes and dislikes, interests, social, emotional, cultural and spiritual needs.

Consumers said the services and supports for daily living promoted their emotional and spiritual well-being. Care planning documents outlined consumers’ emotional and spiritual needs with strategies in place to meet these needs. Staff described the services and supports in place to promote consumers’ emotional, spiritual and psychological well-being.

Consumers and representatives said the service helped them maintain their social and personal relationships, do the things of interest to them and participate in their community within and outside the service. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. Care planning documents identified how consumers were supported to participate in activities of interest and access the wider community.

Consumers and representatives said current information about the consumer's condition, needs and preferences was effectively communicated within the service and with others responsible for care. Staff described ways they shared information and were kept informed of the changing condition, needs and preferences of each consumer. Care planning documents provided adequate information to support appropriate daily care and services.

Consumers said the service referred them promptly to external providers to support their care and service needs. Care planning documents demonstrated the service collaborates with external providers. Staff described how consumers were referred to other providers of care and services and gave examples.

Consumers and representatives were satisfied with the variety, quality and quantity of meals at the service. Staff described how they met individual consumer’s dietary needs and preferences and how any changes were communicated. The dietary information held by the kitchen was consistent with consumers’ care planning documents and reflected consumers’ current needs and preferences.

Consumers and representatives reported having access to safe, clean and suitable equipment such as mobility aids, and resources for the leisure and lifestyle activities. Staff said they had access to equipment when they needed it and described how equipment was kept safe, clean, and well maintained.

# 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

Consumers said they can personalise their rooms and bring in furniture and possessions of their own choice. There were multiple common areas, dining rooms with kitchenettes, various lounge areas and outdoor garden areas observed to be available to consumers. Visual aids to assist navigation and handrails and ramps to support independence was also observed. Staff described how consumers were supported to make the facility feel like home, and how they support consumers to maintain independence.

Consumers and representatives reported the facility was cleaned very well, and maintenance works done quickly. Consumers were observed moving freely around the facility in the common areas and into the gardens. The service building and grounds were observed to be clean and well maintained.

A range of suitable and clean furniture, fittings and equipment was observed throughout the service. Consumers said the equipment provided was suitable for their needs, well maintained and clean. Staff said they had access to suitable equipment to support consumer care and it was well maintained and kept clean. Records showed the service had a scheduled maintenance program and reactive maintenance program which were prompt and effective.

# 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 said they felt comfortable and encouraged to provide feedback and make complaints. Management explained the different avenues for providing feedback or complaining such as by speaking to staff or management directly, email, feedback forms, resident meetings, and resident surveys. Written materials regarding feedback and complaints and support services were observed on display.

Consumers and representatives said they were provided with information about external avenues for complaints, translation and advocacy services. Leaflets providing details of translation, advocacy, and support services were observed to be readily available around the service. Staff described how they supported consumers to provide feedback or complain and confirmed that translation and advocacy services were available, if needed.

Consumers and representatives said management acts in response to complaints and feedback, and they receive an apology if something goes wrong. The service used an electronic system to support an effective feedback and complaints process and there were documented policies, procedures, and training, including for open disclosure. Meeting minutes and quality reports evidenced open disclosure being used and actions taken in response to complaints.

Consumers reported complaints and feedback were used to improve the delivery of care and services. Management provided the Quality Improvement Plan which showed the progress of proposed actions resulting from feedback and 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

Consumers said there were enough staff, they were not rushed when being provided with care, call bells were answered promptly, and they received the care they needed. Staff rosters demonstrated an adequate number and mix of staff to provide continuous safe and quality care and call bell reports showed calls were responded to promptly. Call bell reports evidenced calls were responded to promptly.

Consumers said staff were kind and caring and they respected their identity, culture, and diversity. Staff demonstrated how they provide care that is respectful to identify, culture and diversity. Staff were observed to be interacting with consumers in a caring and respectful manner.

Consumers said the staff were competent and knowledgeable. Staff said they have the necessary skills to perform their role and were supported by senior staff. Records showed there were systems in place to ensure that staff were qualified and remained skilled and certified for their roles.

Consumers and representatives felt staff were well trained and supported to do their job. Staff reported they received the training and supervision they needed to do their job well. Records showed that recruitment, onboarding and training is rigorous, and management demonstrated that training takes place according to roles and service needs.

Staff said they had an annual performance review where they assess performance against their role description. Records showed management monitors and reviews the performance of staff during probation, and on an ongoing basis. The performance appraisal review schedule confirmed that staff appraisals were up to date.

# 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 felt the service listened and responded to their suggestions and preferences. Management described how consumers were able to provide input to the delivery of care and services. Consumers could speak to the Chief Executive Officer if they wished and consumer feedback was shared directly with the Board so changes could be initiated at the governing level of the organisation.

The service had an organisational structure that governs the delivery of quality care and services across the organisation. Review of a variety of reports in relation to clinical data and analysis, feedback and complaints, and incident evaluation, demonstrated they allow for the broader management team and the Board to provide a culture of safe and inclusive care.

The service had effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. The service had policies and procedures available to guide staff understanding and support the implementation of the organisation’s governance arrangements.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Staff confirmed they could access the policies and had received training on these topics. Staff gave examples of how the policies applied in their daily work.

The service had a documented clinical governance framework with policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff explained they had received training and gave examples of how these policies applied to their work.

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-1)