Performance

Report

**1800 951 822**

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| Name: | Finncare Aged Care |
| Commission ID: | 5131 |
| Address: | 343 Cleveland-Redland Bay Road, THORNLANDS, Queensland, 4164 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | on 17 July 2024 |
| Performance report date: | 30 July 2024 |
| Service included in this assessment: | Provider: 331 Finncare Incorporated  Service: 3488 Finncare Aged Care |

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 Finncare Aged Care (**the service**) has been prepared by S Turner, 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 (performance assessment) – site 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 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **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 3

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| Personal care and clinical care | |  |
| 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 |

Findings

The Performance Report dated 9 April 2024 for the Assessment Contact conducted 12 March 2024 identified deficiencies in relation to the identification and management of deterioration in a consumer. The Assessment Contact conducted 17 July 2024 identified the service has taken action to improve its performance in this area. Actions included:

* Staff were provided with additional training over a 12-week period from March 2024 to June 2024. Care staff reported they were more confident in their knowledge and understanding of identifying and responding to a change in a consumer’s condition; they said they had been well supported by registered staff in this process.
* The Comprehensive Aged Residents Emergency Partners in Assessment, Care and Treatment Program (CarePact) provided training to staff in relation to the management and escalation of a deteriorating consumer in May 2024. Registered staff reported confidence in the competency-based training and said they were applying their learnings to their practice.
* Training relating to the management of consumers discharged from hospital was delivered to registered staff in April 2024. Registered staff described the processes they follow when this occurs, including reviewing the consumer’s care plan, communicating with the consumer’s representatives and informing other registered and care staff who are involved in care provision.

Consumers said they were confident in care staff’s ability to recognise a change in their condition and notify the registered nurse who would undertake and assessment and refer them to the appropriate health service.

There were policies and procedures relating to identifying and responding to consumer deterioration and management described how they monitored care documentation to ensure escalation processes had been initiated when required. Care staff and registered staff described their responsibilities in relation to recognising and responding to a change in a consumer’s condition and examples of this were reflected in consumers’ care documentation and through representative interviews. For example:

* For a consumer whose condition was deteriorating and who had experienced a fall there was evidence that registered nurses monitored the consumer’s condition and appropriate observations were made, the medical officer was involved in the consumer’s care, pain medication was provided, and appropriate pathology collected.
* For consumers with complex health conditions there was evidence of close monitoring by registered nurses, involvement of allied health professionals and regular review by the medical officer.
* One representative reported high levels of satisfaction with the care provided to their relative. They said the service supported the consumer and maintained their comfort during a period where there had been a change in the consumer’s condition. They said the medical officer was involved in the consumer’s care and the consumer’s medication was reviewed.

The service demonstrated care staff were identifying and reporting to registered staff changes in a consumer’s condition in a timely manner. Registered staff were conducting assessments and responding to a consumer’s condition as required, and in a timely manner to improve care and reduce the risk of harm.

For the reasons detailed I am satisfied Requirement 3(3)(d) is Compliant.

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Performance Report dated 9 April 2024 for the Assessment Contact conducted 12 March 2024 identified deficiencies in relation to the identification and management of reportable incidents under the Serious Incident Response Scheme. The Assessment Contact conducted 17 July 2024 identified the service has taken action to improve its performance in this area. Actions included:

* The service has provided online training and toolbox training sessions in relation to incident management and the Serious Incident Response Scheme from March 2024 to June 2024. Staff said they were following the incident management processes and escalating appropriately.
* The relevant policies and procedures were updated, and clinical oversight has been embedded in the process; this was confirmed through interviews with management and staff and through review of consumers’ files.
* Monitoring processes including auditing and reporting have been established to ensure compliance with policies and procedures relating to incident management.

Consumers and representatives were satisfied the service had systems in place to monitor and respond to changes in in their care and that staff escalated issues and incidents including to external organisations where a need was identified. The service demonstrated staff were trained and were able to identify reportable incidents under the Serious Incident Response Scheme and these incidents were reported within appropriate timeframes. Staff demonstrated a shared understanding of how to identify and respond to incidents including escalation processes.

Management demonstrated clinical oversight of the process. Clinical management staff discussed incidents at daily handover meetings and at weekly quality management meetings; analysis of incidents occurred with monthly reporting to the Chief Executive Officer. Additionally, the Clinical Advisory Working Group includes a review of incidents reported under the Serious Incident Response Scheme. Care documentation demonstrated incidents and follow up actions had been recorded and closed. Incidents reportable under the Serious Incident Response Scheme had been addressed and reported within the required timeframes.

Quality management staff explained all incidents reported under the Serious Incident Response Scheme had a root cause analysis completed with action items informing the continuous improvement register. A regular audit cycle was in place with spot audits being completed that included a review of files for those consumers who had experienced a recent incident. Audit results were reported to the Chief Executive Officer monthly.

For the reasons detailed, I am satisfied Requirement 8(3)(d) is Compliant.

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)