Performance

Report

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| Name: | Fitzgerald Memorial Aged Care Facility Limited |
| Commission ID: | 0383 |
| Address: | 1 Rum Corp Lane, WINDSOR, New South Wales, 2756 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 8 January 2024 to 9 January 2024 |
| Performance report date: | 21 February 2024 |
| Service included in this assessment: | Provider: 1030 Fitzgerald Memorial Aged Care Facility Limited  Service: 399 Fitzgerald Memorial Aged Care Facility Limited |

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 Fitzgerald Memorial Aged Care Facility Limited (**the service**) has been prepared by Katrina Platt, 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.
* the provider’s response to the assessment team’s report received on 6 February 2024 and attachments.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not Compliant |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements assessed** |

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

# 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 3(3)(a) – the Approved Provider ensures an ongoing commitment to continuous improvement and implementation of the continuous improvement actions in relation to personal care and clinical care, which ensures consumers receive care which is best practice, is tailored to their individual needs and optimises their health and well-being. Effective implementation is required to ensure each consumer receives optimal care in skin integrity and wound management, falls management, incident investigation and prevention, pain management, nutrition and hydration, behaviour management and support and restrictive practices.

# 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. | Not 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 consumer representatives were satisfied overall with personal and clinical care provision, however consumer representatives expressed some reservations in relation to consumer falls management and weight management. Restrictive practices were minimised where possible and behaviour support plans and risk care plans evidenced effective restraint management and supported consumer decision-making. Care documentation for 2 consumers with unplanned weight loss showed meal charting and weight monitoring were inconsistent with policy and procedures. Dietician recommendations were not always monitored for effectiveness or implemented as required, which contributed to consumer weight loss.

Timely skin assessments and registered nurse reviews were not completed for 2 consumers, which contributed to further pressure injury breakdown and delayed consumer treatment. Inconsistencies were identified in wound documentation, which lacked comprehensive detail and impacted effective wound monitoring and consumer healing. Delayed wound deterioration monitoring and medical officer review impacted infection management and timely treatment intervention for consumers. Uploading wound photography into care documentation could be delayed.

Falls prevention strategies and harm minimisation techniques were not fully implemented for 2 consumers, who experienced ongoing falls. Whilst post-fall management was timely and appropriate, physiotherapist recommendations for regular personal care schedules and specific mobility assistance were not consistently applied which increased falls risk for consumers. Incidents were not consistently investigated and preventative strategies were not always identified and monitored for effectiveness, particularly for falls and skin injuries. Some investigations about falls causation and prevention strategies were undertaken by the physiotherapist.

Inconsistencies were evidenced for 4 consumers in pain assessment and monitoring and evaluation of pain-relieving interventions for effectiveness. Evidence of specialist referral and internal escalations were not always documented. Care plans offered non-specific direction about pain scale use, which was contrary to policy and practice which directed use of Abbey pain assessments. Use of the Abbey pain scale was not evidenced in pain charts or pain assessments for consumers able to voice pain concerns.

In response to the Assessment Team report, the Approved Provider supplied their continuous improvement plan and various clinical documents for consideration. A detailed training matrix was submitted for January 2024 and February 2024, which covered a range of topics including wound management, incident management, skin observation and planning, nutrition and hydration, malnutrition and dehydration, falls management and prevention strategies, practical manual handling, pain management, documentation and communication.

For consumers requiring nutritional management, the continuous improvement plan noted consumer assessments were completed within 10 days, with monthly monitoring to follow which included regular weight and health checks. In addition, clinical meetings were held and staff modules and toolbox talks for nutrition and hydration were completed. For the individual consumers noted in the Assessment Team report, food and fluid intake records for one consumer demonstrated increased regular monitoring and improved management of dietician recommendations. For the additional consumer, dietician review occurred and updated dietician recommendations were made based on consumer needs and preferences.

For consumer wound management, the continuous improvement plan detailed communication with staff and discussions to reinforce the importance of root cause analysis for all wound incidents to understand the cause and prevent recurrence. Improvements to wound observations and tracking were also captured. Education records showed recent staff training on wound assessment enhancement, skin observation and planning, and face-to-face training with a NSW Health nurse practitioner on best practice wound care. In addition to specific care documentation, progress notes were submitted for several consumers which detailed wound identifications and incident notifications made to medical officers and consumer representatives. Wound management plans included detailed wound monitoring and healing status, and wound photography.

The continuous improvement plan details falls risk assessments to be completed for consumers in the coming months to July 2024, complemented by incident investigations conducted in accordance with the incident management framework and falls monitoring to ensure prevention plan effectiveness and root cause analysis. Falls meeting minutes for November 2023 and December 2023 were submitted and detailed discussions about consumer-focused fall prevention measures and interventions and the need for ongoing strategy evaluations.

For 2 consumer with increased falls risks, the care plans submitted evidenced identified risks and safety issues and interventions to mitigate risk of further falls and injury, and the falls risk assessment tools detailed regular monitoring and personal care interventions. For one of the consumers, evidence of consistent monitoring was provided in an engagement and interaction chart.

Pain assessments were reviewed and updated for consumers, including consideration of non-pharmacological and pharmacological interventions and appropriate documentation. Clinical staff meetings were held to review care procedures and reinforce the importance of adherence to established procedures and consistency in practice and documentation. Staff toolbox talks were completed on pain management and discussions occurred to reinforce roles and responsibilities and reporting, documenting and managing pain in accordance with pain management procedures.

The continuous improvement plan details reviews of dignity of risk assessments have been completed for consumers with restrictive practices. Review of consent documentation has also been completed to ensure informed consent is effectively documented. Further education was provided to staff about restrictive practices management and documentation. Behaviour support and management plans submitted detailed behaviour influences, triggers and behaviour management strategies.

In making my decision, I have considered the intent of the Requirement which details the expectations for organisations to ensure each consumer receives safe and effective personal and clinical care which is delivered in accordance with best practice, tailored to their individual needs and preferences, and improves their health and well-being.

I acknowledge the actions undertaken by the Approved Provider as detailed in the continuous improvement plan and the clinical reviews conducted for consumers, and those scheduled to be undertaken, and I am satisfied these actions support a commitment to improving personal and clinical care delivery for consumers. The clinical documentation submitted for consideration details actions taken for individual consumers and other supplementary documents detailed the engagement of management and staff and improvements being undertaken in incident prevention and management, clinical practices, policies and procedures. The staff education program submitted for review is also acknowledged.

The improvements in incident prevention and management, clinical practice, policies and procedures highlighted for implementation require a longer-term commitment to be safely and effectively established within staff practice, and to have a positive and long-lasting impact on consumer health and well-being outcomes. As such, I find Requirement 3(3)(a) is not compliant.

Consumers and consumer representatives provided positive feedback about precautions taken to keep consumers safe during COVID-19 outbreaks and were satisfied with the cleanliness of their rooms and equipment. The Assessment Team observed effective infection control practices and care documentation evidenced consumer vaccination status, antiviral medication consent and isolation procedures, which were readily available for staff when required. Care documentation evidenced appropriate use of antibiotics and antiviral treatments for consumers. Staff described antimicrobial stewardship and the appropriate use of antibiotics, and records evidenced staff participation in handwashing and personal protective equipment training.

# Standard 4

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| Services and supports for daily living | |  |
| 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 |

Findings

Consumers described being supported to keep engaged with family and friends and participate in a variety of activities. The Assessment Team observed consumers involved in group activities and engaged socially during mealtimes, and in lounge areas. Care plans contained relevant consumer life history and relaxation activity preferences which were consistent with consumer feedback. Additional support programs provided to consumers included school children visits, religious services, and a partnership in care program which includes relatives and volunteers. Management provided the activities calendar which displayed a variety of engaging activities. Progress notes inconsistently documented consumer activity participation, and alternate methods of capturing consumer activities participation were being considered.

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)